

Lumbar Fusion

How Long is the Hospital Stay?

The time spent in the hospital after a lumbar fusion depends on several factors, including your overall health and the extent of your particular surgery. Many people will return home after one to two days in the hospital.

How Long Will it Take to Recover?

Recovery time after lumbar fusion varies depending on your particular situation, the number of levels involved, as well as your general health. The key to a successful recovery is maintaining a positive attitude. You will be able to take short walks while in the hospital, and need to gradually increase the distance and frequency of your walks once at home. It can take up to three to four months for the bones to completely fuse together. During this time you may need to wear a brace to protect the operative area. Your doctor will give you specific instructions on activity levels, including when you can resume driving and return to work.



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What if I Have Other Questions?

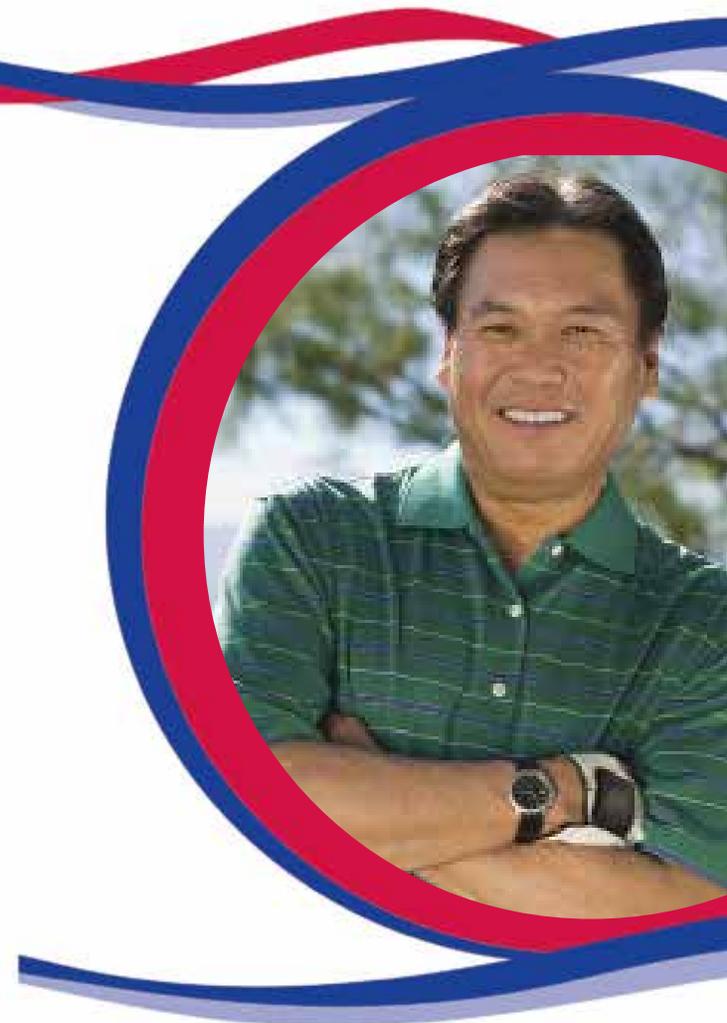
Just give us a call. We'll be happy to answer any questions you may have. And be sure to ask us about our upcoming seminars on back and neck pain – we'd love to see you!



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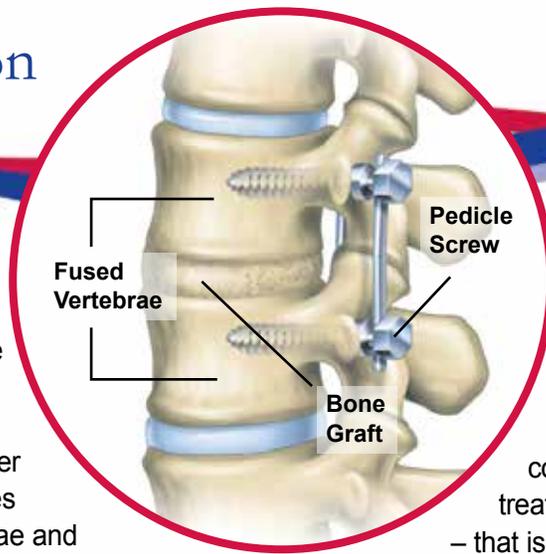
Lumbar Fusion

What is a Lumbar Fusion?

The lumbar area of the spine is better known as the lower back. A lumbar fusion is an operation to stabilize the lower back by creating bony bridges between at least two vertebrae and eliminating motion between them. It can be done by fusing the vertebral bodies in front (anterior) or by fusing the lamina in the back (posterior). Bone or bone substitutes can be placed on and between the lamina and the facet joints. Metal screws and rods or plates may be attached to the bones to secure the fixation while the bony bridge heals.

During the operation, an incision is made in your lower back and the muscles supporting the spine are divided. A small window is made in the sheet of bone (lamina) covering the spinal cord. Next, the surgeon removes any ruptured disc material or bone spurs that are pinching the nerves or spinal cord. The site is then prepared for fusion by obtaining bone graft and/or bone substitute and laying it on the bone. Metal screws and rods or plates may be attached to the bones to secure fixation while the bone heals.

The operation typically takes two to three hours; however it may be longer, depending on the complexity of the problem and the number of vertebrae to be fused.



Who is a Candidate?

Lumbar fusion may be recommended to treat a number of spine problems. However, the majority of people with these conditions will be successfully treated with conservative measures – that is, without surgery. Problems that may be treated with lumbar fusion include:

Sciatica – Sciatica is one of the most common reasons for lumbar fusion. It is the irritation of a spinal nerve or nerves, usually by a herniated or bulging disc.

Spondylolisthesis – This term describes a particular type of abnormal movement of the vertebrae. With spondylolisthesis, one vertebra has slipped forward over another. If the vertebra continues to slip back and forth, the spinal nerves may be affected, causing leg pain, numbness, tingling and/or weakness.

Degenerative Disc Disease – Age and wear and tear can cause the discs that act as cushions between each vertebrae to shrink, allowing abnormal movement. This abnormal movement can again result in an unstable area in the spine, and compress the nerves, causing leg pain and numbness.

Arthritis – Arthritis of the spine can lead to spinal stenosis, a narrowing of the spinal canal

caused by bony spurs forming on the vertebrae, narrowing the openings through which the nerves and nerve roots must travel. This narrowing can cause pressure on the nerves, resulting in pain, numbness, tingling or weakness down the legs.

Where Does the Bone for a Fusion Come From?

The bone graft can be taken from you or a bone graft substitute may be used. If using your own bone, the bone is removed from the back of your pelvis adjacent to the spine; sometimes a second incision is needed, but often the donor site can be reached from the spinal incision. Bone graft substitute is a good option if your own bone is weak or damaged from osteoporosis.

What Are the Risks?

While uncommon, complications can occur during and after surgery. Nerves are exposed and nerve damage is therefore a risk. There is also a risk that the bony bridge will not form and thus a fusion is not established. Breakage or loosening of the screws or plates can also occur. These complications could result in the need for another operation. Other complications that may occur with any surgery include wound infection, blood loss requiring transfusions, and blood clots. General medical issues such as pneumonia or heart issues can be precipitated by surgery. Your surgeon and health care team will be taking great care to help prevent these and other complications.