

Procedure Information Sheet – Lumbar Microdiskectomy

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No. :	

1. Introduction

- 1.1. Herniated, ruptured or slipping lumbar intervertebral disk may cause low back or leg pain, numbness or weakness that affects daily activities.
- 1.2. Microdiskectomy should be considered if the patient suffers from symptoms that fail to improve after nonsurgical treatment or when the surgery is likely to improve sensation and function upon examination.
- 1.3. This surgery is not required much work on the bones, joints, ligaments or muscles of the spine.

2. Procedural Preparation

- 2.1. Tests may be ordered include blood test, type and screen, X-Ray, Magnetic Resonance Imaging (MRI) or CT scan +/- contrast of the spine before the procedure.
- 2.2. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.3. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.4. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.5. Do not eat or drink at least 6 hours before operation if under general anesthesia.

3. Procedure

- 3.1. The operation will be performed under general or spinal anesthesia.
- 3.2. You will lie face down on the operating table.
- 3.3. The surgeon will make an incision in the lumbar area and use a microscope to identify the problem disk during surgery.
- 3.4. The surgeon will then remove the problem disk tissue with protection of nerve root nearby.
- 3.5. The surgeon will close the wound with stitches or staples at the end.
- 3.6. The surgery takes about 1 to 2 hours.

4. Recovery Phase

- 4.1. Patient will be closely monitored until fully awake in recovery room.
- 4.2. Diet will be resumed when fully conscious.
- 4.3. Wound pain can be minimized by taking and injecting analgesic. PCA will be considered if indicated.
- 4.4. Keep wound clean and dry.
- 4.5. Patient can ambulate under health care professional's supervision when the spine is stable.
- 4.6. Avoid bending and twisting of back.
- 4.7. Follow physiotherapy (around 6 weeks) according to surgeon's rehabilitation plan.
- 4.8. Wound stitches will be removed around two weeks after the operation.

5. Possible Risks and Complications

- 5.1. There are complications that relate to surgery in general. These include the risks associated with anesthesia, pneumonia, wound infection, damage blood vessels, bleeding or blood clots.
- 5.2. Rare complications like damage to a spinal nerve causing weakness or loss of feeling; recurrent pain due to slipping disc again may happen.
- 5.3. Sometimes the surgery might not be effective to make any notable difference in comparison with other treatment.

6. Remark

- 6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

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7. Reference

- 7.1. Chou R, Loeser JD, Owens DK, Rosenquist RW, et al; American Pain Society Low Back Pain Guideline Panel. Interventional therapies, surgery, and interdisciplinary rehabilitation for low back pain: an evidence-based clinical practice guideline from the American Pain Society. *Spine*. 2009;34(10):1066-77.
- 7.2. Gardocki RJ and Park AL. Lower Back Pain and Disorders of Intervertebral Discs. In: Canale ST, Beaty JH, eds. *Campbell's Operative Orthopaedics*. 12th ed. Philadelphia, PA: Elsevier Mosby; 2013: chap 42.
- 7.3. Protocol for Lumbar disc replacement. Retrieved from Gleneagles Hong Kong, Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

