

Anterior Lumbar Fusion

Who needs this operation?

This operation is performed for back pain, when this is found to be coming from a disc rather than the other areas in the spine, such as the nerve roots or joints. This can be difficult to determine and may require careful investigation with MRI scanning and discogram. The aim of the operation is to fuse the vertebra above to the vertebra below the affected disc. This may be done at one or two levels (discs and neighboring vertebrae) as required and as determined by the investigations.

Pre operative advice.

48 hours before surgery, take some gentle laxatives (lactulose, senna) to ensure you have your bowels opened on the day of surgery.

On the day of your surgery it is important to remain Nil By Mouth. Please do not eat anything past midnight, but may continue to drink water up to two hours before admission, where you will be advised further.

It is not necessary to bring your medications with you, as these are supplied from Pharmacy at The London Clinic (you can use your medications when you return home). However, if you take a number of medications, please bring a list of names and doses so they can be appropriately supplied by the pharmacy department.

Please bring your scans with you to The London Clinic.

Please find enclosed an information booklet from The London Clinic, with information on items to bring with you for your stay.

How is it done?

This is performed under anaesthetic (general), with the patient lying on their back. The spine is approached from the front, through the abdomen. This is achieved using a retro-peritoneal approach, thereby avoiding contact with the bowel altogether. The spine is then visualised and the blood vessels over it, the aorta and the vena cava can be gently retracted to gain access to the spine and, specifically the discs. The vascular team will perform this part of your operation.

Virtually the whole disc can then be removed and the spinal alignment can be restored using a series of distraction plugs in the disc space. The bones can then be fixed in position using a variety of devices - our favoured one is an interbody fusion cage, which locks the bones together and allows them to heal whilst maintaining the alignment of the spine.

Post operative Care.

You will wake up in theatre recovery, where you will spend a short time recovering from the anaesthetic.

You will then be transferred to the Progressive Care Unit (PCU) to be closely monitored overnight. Visiting is between 10:00- 14:00 and 16:00-22:00, but there aren't any facilities for visitors to stay overnight.

You will remain to be Nil By Mouth until you begin having bowel sounds again. The bowels maybe slow to begin working again, and it is important not to eat or drink too quickly post operatively to avoid sickness and further complications. You will have maintenance fluids intravenously to keep you hydrated.

You may be given a Patient Controlled Analgesia pump (PCA). You will be given a button to press for a dose of pain relief from the pump, and there is a lockout period so it is not possible to have too much. This is an effective way of controlling your pain, especially while you can't eat and drink.

On day 1 post operatively, you will be seen by the physiotherapy team on the ward. They will start teaching you how to safely get out of bed, and will help you to start walking again. You may feel lightheaded or dizzy the first few times you get up – this is normal, and will wear off. The physiotherapist may also fit you with a brace to support your spine. You will have to wear this for 6 Weeks. There may be opportunity to use the hydrotherapy pool during your inpatient stay.

Your wounds will be managed by the nursing staff, they will be dressed as needed. They will also provide you with the appropriate information for discharge.

When you go home.

For the first 6-8 weeks, it is important that you take things easy. Do not start lifting or exercising during this period. You may walk about as pain allows, whilst wearing the brace, but not too vigorously. Several short walks, rather than one big walk.

You will not be permitted to drive for 6 weeks, until you feel fit to perform the emergency stop. You may not be insured! However you may be a passenger during this time, as long as you take regular rest periods to adjust your position.

Flying is not a problem, but airports are. Avoid carrying luggage, especially off the carousel. Try to avoid sitting for too long – get up and exercise when it is safe to do safe. Please also check with your airline before flying.

With regards to working, please discuss this with your surgeon, as this varies depending on the work you do.

The Nursing staff on the ward will have given you some information on wound care prior to discharge. If you have any concerns regarding your wound, please don't hesitate to contact the nurse at your GP practice. The stitches are dissolvable and will not need removing.

Pain killers can be constipating so we encourage you to eat food that will help to keep your bowels working well. Drink plenty of water.

Rehabilitation.

From 6 weeks post op, assuming the x-ray appearances are satisfactory, you will start physiotherapy. These exercises are very gentle initially and increase over 6 weeks, so that by 12 weeks post-op you will be in the gym, swimming or cycling regularly.

Clinic visits are routinely performed at 6 weeks and then at 3, 6 and 12 months post-operatively. X-rays are taken on each occasion to ensure that the bones are fusing (healing) and that the spinal alignment maintained has been maintained

What are the results?

Most people will have an improvement in their pain, but, obviously, there are many factors determining success. These need to be discussed in detail with your surgeon. **SMOKING** is known to badly affect the outcomes in fusion surgery as the bones may not heal. Osteoporosis may also affect the outcomes.

BOA Brace with Chairback lumbar support.

After your operation you will need to wear a brace to support your muscles and spine (Similar to wearing a cast on your arm after surgery). It should be worn when you are out of the house, walking, shopping, when you are sitting in the car, bus, train or tube. You don't need to wear it in bed or when you are sitting at home.

You may need to wear this for several weeks. Xrays may be used to see when it is safe to start weaning off it. The brace costs between £250 - £350, depending on the amount of support required. Occasionally, insurance companies will not cover the cost of the brace.

You will be fitted with the appropriate size by the physiotherapist on the ward, and then be taught how to put it on correctly.

Skin care.

- The brace should be worn over the top of a vest, or light t-shirt to prevent skin abrasions.
- Don't wear any greasy or oily lotions, or talcum powder, and fully dry the skin before applying the brace.
- The brace may leave some small red marks on the skin. These should disappear within 30 minutes of removing the brace. This is normal, the skin will gradually build up resistance to the brace. If it does not disappear after 30 minutes, contact the clinic as below.
- Clean your brace regularly with a damp cloth and soapy water. Wipe and dry thoroughly before re-applying.



Contact us.

London Spine Clinic,
116 Harley Street
W1G 7JL
Spinal Practice Nurse Sian Newbury
Email: nursespineclinic@gmail.com

These contact numbers will be available to you between the hours of 9-5, Monday to Friday. If you have any concerns out of hours, please don't hesitate to contact the ward at The London Clinic, or your GP. If you need any urgent care, please visit your local Accident and Emergency.

- 6th Floor nursing station (+44) 020 7616 7736. All day Visiting
- Progressive Care Unit (+44) 020 7616 3421
Visiting here is 10:00-14:00 and 16:00-22:00/ between 14:00 and 16:00 is a patient rest period.