

Thoracolumbar Fusion

What Is A Thoroacolumbar Fusion?

Thoracolumbar fusion is a surgical procedure that involves decompressing nerves and inserting metal screws and rods to fuse the spine from the thoracic spine to the sacrum or pelvis.

In a thoracolumbar fusion, the surgeon accesses the spine through an incision in the back. The nerves are decompressed by removing some of the bone covering the nerves (spinous process and lamina) and at some of the levels the facet joints and discs are removed. Where the discs are removed, metal or plastic cages are placed. Screws and rods are inserted to stabilize the spine and allow the bones to fuse both in the front and back of the spine. The screws and rods are manipulated to straighten the spine and improve the normal lordotic curve in the lumbar spine. Terming the procedure a “fusion” is a little bit of a misnomer because the bones do not immediately fuse during or after the procedure. Fusion, or growth of the bones together, does not actually occur for 6 to 12 months following the procedure.

This procedure is not performed in a minimally invasive fashion. A large incision is used and the multiple spinal levels need to be widely exposed to straighten the spine. This simply cannot be easily achieved with small incisions.

Why Do I Need This Procedure?

A thoracolumbar fusion may be recommended as a surgical treatment option for patients with scoliosis, extensive spine disease at multiple levels, or patients who have tried smaller fusions that need to be revised or extended. Patients have not responded to conservative treatment measures (rest, physical therapy or medication) and cannot be treated with less invasive options.

The symptoms may include pain, numbness and/or muscle weakness in the low back, hips and legs.

Dr. Smith will take a number of factors into consideration before recommending a thoracolumbar fusion, including the condition to be treated, your age, health and lifestyle and your anticipated level of activity following surgery.

It is extremely important to understand that as we get older, we all develop “changes” in our spines but not all of us have pain or neurologic problems. Your MRI report may

mention many of these changes, but not all of them may explain your pain or neurologic problems. Dr. Smith will discuss which of the changes are causing problems and which are not causing problems. As a result, surgery is not intended to make your spine look “perfect” but instead to only address the changes that are causing your problem.

How Do I Prepare For This Surgery?

- 1) **Stop smoking.** If you smoke, try to stop before your surgery. People who smoke have more disc problems and back/ leg pain than people who don't. The complications of surgery are lower and recovery is quicker in non-smokers. Smoking may prevent fusion from occurring.
- 2) **Stop certain medications.** If you are on blood thinners such as Coumadin (Warfarin), Plavix, Pradaxa, Xarelto, Eliquis, notify Dr. Smith and your primary care physician. These medications will need to be stopped prior to surgery and you will need to remain off them for a period following surgery.
- 3) **Weight loss.** If you are overweight, then weight loss before surgery may lower complications and improve your recovery. Discuss with Dr. Smith and your primary care physician if it is recommended for you to try weight loss before surgery and how to go about the weight loss.
- 4) **Ask for time off work.** You will need to be off work for at least 4 to 8 weeks following surgery. It may be longer in certain circumstances. Make arrangements with your employer. We understand the financial constraints of many patients and the need to return to work as soon as possible. But please understand that if you return too early this may impair your healing and limit the beneficial effects of surgery.
- 5) **Stop eating and drinking the night before surgery.** It is standard to stop all food and drink the midnight before your surgery, even if your surgery is not first thing in the morning. You may also be asked to stop certain medications as well. If you are allowed to take some of your medications, you may take them with small sips of water. Definitely no coffee or juices the morning of surgery.
- 6) **Be a little early to the hospital.** The hospital will call you the day before surgery to notify you when to arrive at the hospital. Please be a little early. Dr. Smith performs many surgeries in a day and so your surgery time may be moved earlier than scheduled. Please be near your phone the day before and the day of surgery in case you are called of scheduling changes. Unfortunately, your surgery may also be delayed and we will notify you of this as well.
- 7) **Ask someone to drive you home and be available after surgery.** You will be admitted to the hospital for a few days following surgery, but when you are discharged you cannot drive yourself home. You need to make these arrangements ahead of time.

How Is A Thoracolumbar Fusion Performed?

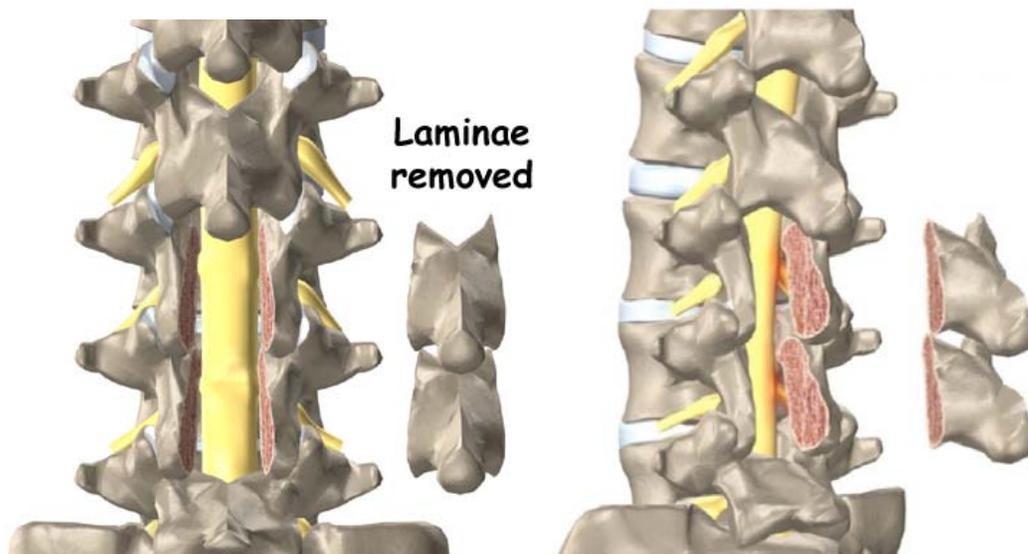
The Operation

The operation is performed with the patient positioned on his or her stomach. You are completely asleep for the procedure, which usually lasts 6-8 hours, depending on how many levels are addressed and if a revision of a prior surgery is performed.

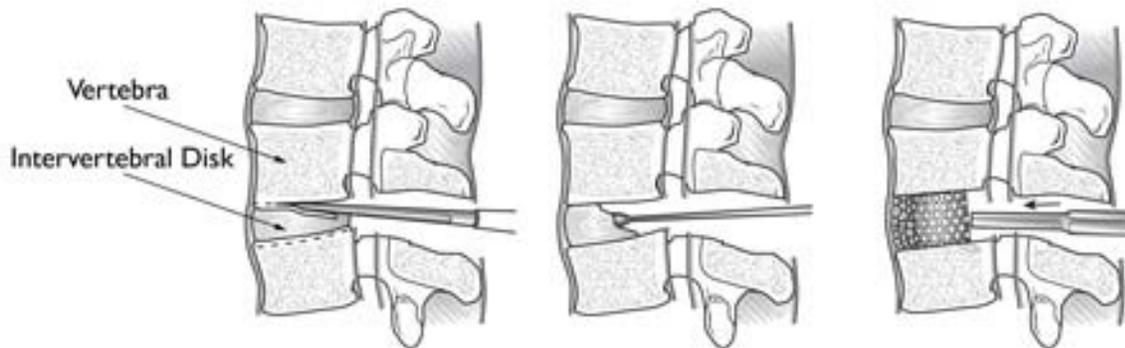


Decompression and Fusion

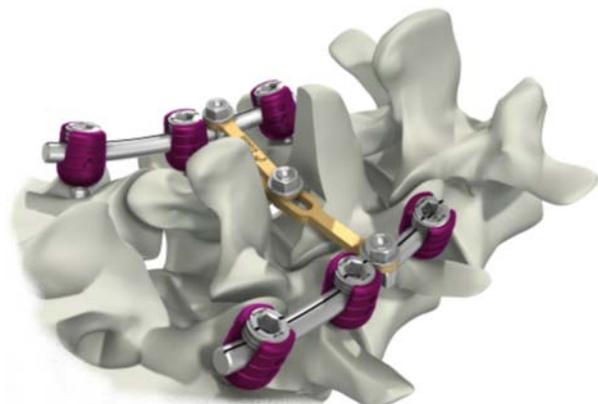
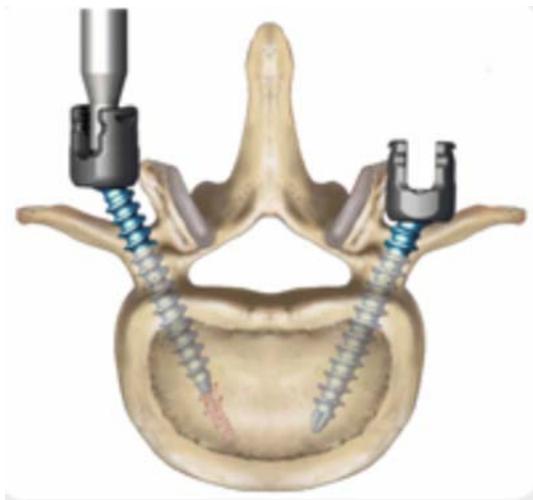
After the incision is made, the muscles are elevated off the bone. The bone covering the levels (spinous process and lamina) are removed.



At some of the levels, the facet joints and discs may be removed. Some of your own bone collected from your hip will be mixed with cadaver bone and potentially other materials that promote bone growth. These materials are packed into a plastic cage, which is placed between the vertebra in place of the disc. This acts as a bridge, or scaffold, between the vertebra on which new bone can grow.



Screws and rods are then inserted to stabilize the spine to act as a “cast” while the bones grow, or fuse, together. It takes 6-12 months after the procedure for the bones to grow together or “fuse”.





The screws and rods are then manipulated to straighten the spine and correct the scoliosis. Some patients are frightened by the number of screws used. Its important to remember that your spine is very strong and therefore numerous screws are needed to pull the spine straight again and keep it in place.



The screws and rods are also used to restore the normal lordotic curve in the low back.



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What Happens After Surgery??

You will wake up from surgery in the operating room or recovery area. After about 45 minutes, your family will be allowed to see you. Often the pain you are experiencing before surgery will be better but that is not always the case and sometimes takes longer to improve. You will experience a new soreness and muscle spasms around the incision from the surgery itself. This will improve with time and controlled with pain medications and muscle relaxers. Weakness and numbness often take days to weeks to months to improve. This is an inpatient procedure so you will be admitted to the hospital for 3-5 days. You will be up and walking the day after surgery with your brace.

What Happens When I Get Home??

After 3-5 days most patients need to go to rehab although some are discharged home. You still will be sore following surgery but it is important to be active following, walking and leaving your house occasionally. It will be much harder to fully recover if you stay in bed or sit in chairs all day. However you must not be too active. You cannot drive a car while in pain or on narcotics. You must avoid bending, twisting or turning and you must wear your brace whenever you sit in a chair or walk. No lifting anything heavier than a gallon of milk. You must leave your bandage on the incision. You may shower the day following surgery but leave the bandage alone, do not remove the bandage and do not submerge the bandage under water. If your bandage comes off on its own, do not attempt to cover it with your own bandage at home. If you start to see any redness or drainage call our office. You must avoid constipation following surgery. Pain medications and muscle relaxers may make you constipated so start taking a stool softener. If after a few days you still have not had a bowel movement, you may need to take a laxative, enema or even a suppository. It sounds trivial, but prolonged constipation will make you feel awful quickly. You need to make an appointment to see Dr. Smith ~2 weeks after surgery. If you were taking NSAIDs (ibuprofen, advil, aleve, aspirin, etc) before surgery, you must stop them for at least 6 months following surgery as this could prevent the bones from fusing. It is also imperative to completely stop smoking after surgery as this also will prevent your bones from fusing.

If you have any questions after surgery, please call our office between 8:30 and 5pm. If you need medications, remember you need to come to our office to pick them up. We cannot legally call in narcotic or muscle relaxing medications to your pharmacy. So if you are getting low on these medications, call our office ahead of time between 8:30 and 5pm Monday through Friday so you can pick up a prescription. If you take your medication more than we prescribe, we will not refill it early.

How Long Will It Take Me To Recover?

Dr. Smith will explain your recovery program. You will be in the hospital for 3-5 days. Most patients require some rehab. After your 2 week office visit Dr. Smith will discuss how you are progressing. At one month it is possible for you to return to work depending on what type of work and if it can be light duty desk work. You will wear your brace for 2-3 months after surgery and even after the brace is removed we ask you do not bend, twist or turn for up to 6 months. We often do not start formal therapy after surgery until after 3 months when you can be more mobile.

Are There Any Potential Risks Or Complications?

All treatment and outcome results are specific to the individual patient. Results may vary. Dr. Smith cannot guarantee pain or neurologic deficit improvement. It is important to understand the risks to surgery and we have listed some below. Additionally, there may be risks we have not listed.

Risks:

- 1) **Blood loss.** Blood loss is usually very small. But as with any surgery, there is the potential for major or even life-threatening blood loss.
- 2) **Infection.** Even with antibiotics and careful technique, there is still a small risk of developing infection. This could require antibiotics or even further surgery to resolve. Infections may result in residual pain or neurologic deficits including weakness, sensory changes or bowel/bladder incontinence. Unfortunately this could become permanent.
- 3) **Reaction to anesthesia.** Anytime you are given medications you can experience an adverse reaction. Even if given medications you have tolerated in the past, you can develop new reactions.
- 4) **Cerebrospinal Fluid (CSF) leak.** Your nerves sit in a sac, which contains your nerves and spinal fluid. During surgery the sac may accidentally be punctured or opened. When Dr. Smith observes this he will attempt to fix it during surgery. However the fluid may still leak or Dr. Smith may not see it leaking. This may lead to headaches after surgery. At the surgery site a bump under your skin may occur or the fluid may even leak out of the incision. This could lead to infection or other problems requiring further surgery.
- 5) **Damage to the spinal cord or nerves.** The surgery is performed around your nerves. In the process of decompressing your nerves, injury to the nerves can occur including pain, weakness, sensory changes or bowel/bladder incontinence. Unfortunately this could become permanent. It may require additional surgery to improve.
- 6) **Pseudoarthrosis or hardware failure.** After surgery the screws and rods could

break or loosen in the bone. This may prevent the bones from fusing, or growing together. This is called pseudoarthrosis. Not everyone has symptoms if they do not fuse, but some do including recurrence of pain or neurologic deficits. Sometimes additional procedures are required to help the bones fuse.

- 7) **Loss of range of motion.** You will lose some range of motion.
- 8) **Hematoma.** There is always bleeding during surgery and unfortunately a small amount of blood can collect and press into the nerves. This sometimes requires further surgery to decompress.
- 9) **Adjacent level disease.** The surgery involves inserting rods and screws and attempting to make the bones fuse together. This may result in other spinal levels degenerating faster and need for additional surgery.
- 10) **Failure to relieve symptoms.** Dr. Smith will do everything possible to give you the best results with the surgery. However, surgery may not relieve all or any of your symptoms.
- 11) **Reoperation.** As listed above, there are numerous scenarios which may require additional surgery in the future. Whether for reasons listed above or reasons not listed, undergoing surgery now does not preclude you from potentially needing surgery in the future.
- 12) **Death.** As with any surgical procedure, there is a risk of death. This is rare.