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LUMBAR DISCECTOMY

INDICATIONS:

The indications for this operation generally speaking is for a disc herniation or a bone spur pressing on your nerve root on one side. Once the pain down your leg becomes unbearable or you start to lose strength or sensation down the leg, it is time to consider an operation. Back pain all by itself is rarely an independent indication for a discectomy.

GOALS:

The real goals of the operation are simply to get the pressure off the nerve roots to allow them to heal. By doing this surgery, greater than 90% of the time, I can eliminate all the pain from your buttock and down your leg. Once the pressure is off the nerve it will maximize its ability to heal and you hopefully will regain some function of strength or sensation. Certainly, the surgery will prevent further weakness or numbness in your leg.

PROCEDURE:

You are put asleep under general anesthesia. I use local anesthetic also to diminish your pain. I generally place a 2-inch incision in your low back. I dissect down to the disc space. I will remove part of the bone or lamina, called a laminotomy. I then dissect down and find your nerve root and the sac full of nerve roots and cerebral spinal fluid called the thecal sac. I elevate that up and over the disc herniation so that I can see the actual disc herniation itself. I then remove that disc herniation and/or bone spurs to free up your nerve root. Once I have completed that, I put your nerve roots back where they properly should be and then I close your wound in three to four layers of stitches and a plastic surgery final closure.

RISKS:

The risks of this operation include but are not limited to the following:

1. Risk of bleeding. There is a very small risk of bleeding. My average blood loss is less than one ounce and I have never had to give a transfusion in my career for this operation. I have likely done this operation approximately 4,000 times over the last 20 years.
2. Infection. The national average for an infection for an American Neurosurgeon is about 3%. My infection rate is much lower than that and is in the order of one-half of 1%.
3. Stroke or death. These are both primarily anesthetic complications and I have never had anyone have a stroke or die during one of these operations but is a possibility anytime anyone undergoes general anesthesia.

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4. Cerebral spinal fluid leak. The national average is almost 5% depending on your local anatomy. My risk is about one-half of 1%. If you do have a cerebral spinal fluid leak, your surgeon needs to be microneuro trained to be able to find the leak and properly sew it up. I am microneuro trained and I have never had a leak that I could not fix.
5. Nerve root damage. If you have weakness or numbness prior to the surgery, understand that your nerve is already dying and it is especially vulnerable during this operation to further dissection and manipulation. Therefore, it is possible for you to have even greater loss of strength or sensation from this operation. It is largely due to the size of the disc herniation that you have. My risk of causing increased numbness and weakness is extremely low.

I know these potential risks and complications are frightening and indeed, if they occur they are very serious. However, I want you to recognize how rare they happen in my hands and I think you should feel confident that we can do this surgery very successfully. The operation itself does not hurt very much and generally speaking, you will be able to go home the next morning. I do not use a catheter in your bladder during the operation. If you want more information on this procedure, please visit my website at www.timjohansmd.com.

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