

Lumbar Interbody Fusion

A lumbar interbody fusion is a type of spine surgery that involves approaching the spine from the back, or posterior, of the body to place bone graft between two vertebrae.

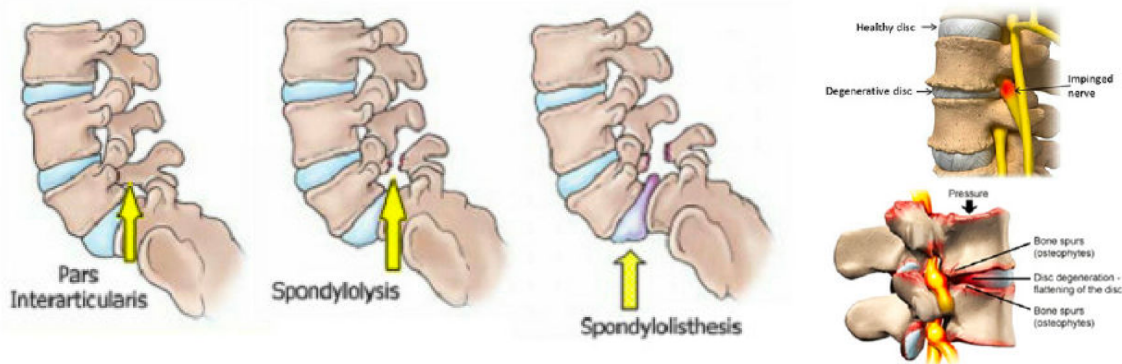


What Is A Lumbar Fusion?

Posterior lumbar interbody fusion is a type of spine surgery that involves approaching the spine from the back (posterior) of the body to place bone graft material between two adjacent vertebrae (interbody) to promote bone growth that joins together, or “fuses,” the two structures (fusion). The bone graft material acts as a bridge, or scaffold, on which new bone can grow. The ultimate goal of the procedure is to restore spinal stability.

Why Do I Need This Procedure?

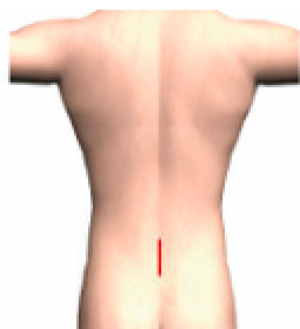
A spinal fusion procedure may be recommended as a surgical treatment option for patients with a condition causing spinal instability in their lower back, such as degenerative disc disease, spondylolisthesis or spinal stenosis that has not responded to conservative treatment measures (rest, physical therapy or medication). The symptoms of lumbar spinal instability may include pain, numbness and/or muscle weakness in the low back, hips and legs. Your surgeon will take a number of factors into consideration before recommending a fusion, including the condition to be treated, your age, health and lifestyle and your anticipated level of activity following surgery. Please discuss this treatment option thoroughly with your spinal care provider.

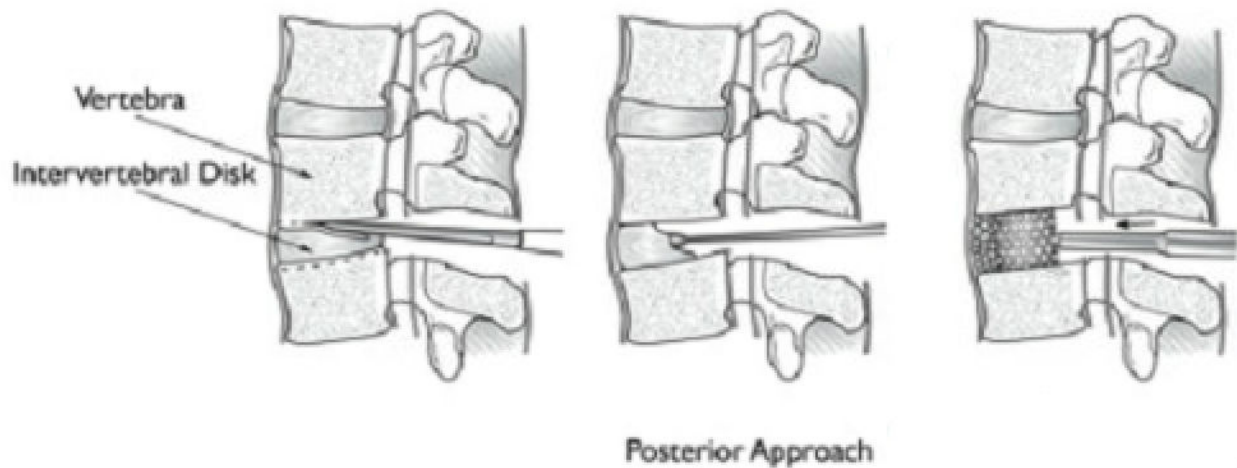


How Is Lumbar Fusion Performed?

First, your surgeon will make a small incision in the skin of your back over the vertebra(e) to be treated. The muscles surrounding the spine will then be removed off the bone to allow access to the section of spine to be stabilized. After the spine is accessed, the lamina (the “roof” of the vertebra) is removed to allow visualization of the nerve roots. The facet joints, which are directly over the nerve roots, may be trimmed to give the nerve roots more room.

The nerve roots are then moved to one side and disc material is removed from the front (anterior) of the spine. Bone graft is then inserted into the disc space. Screws and rods are inserted to stabilize the spine while the treated area heals and fusion occurs.





How Long Will It Take Me To Recover?

Some patients may be discharged the day after surgery; however, some patients may require a longer hospital stay. Many patients will notice immediate improvement of some or all of their symptoms; other symptoms may improve more gradually. A positive attitude, reasonable expectations and compliance with your doctor's post-surgery instructions all may contribute to a satisfactory outcome. Many patients are able to return to their regular activities within several weeks.

Are There Any Potential Risks Or Complications?

All treatment and outcome results are specific to the individual patient. Results may vary. Complications such as infection, nerve damage, blood clots, blood loss and bowel and bladder problems, along with complications associated with anesthesia, are some of the potential risks of spinal surgery. A potential risk inherent to spinal fusion is failure of the vertebral bone and graft to properly fuse, a condition that may require additional surgery.

