



Coastal Neuro Surgery

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Consent Lumbar Fusion

There is no area in spinal surgery as confusing and controversial as lumbar fusion. There are multiple techniques and several indications for this procedure.

Patient selection, not the specific technique, is the most important factor in the success of lumbar fusion. This practice is very selective in choosing patients who might benefit from this procedure.

A full description of this procedure and potential complications is provided below.

1. Description of Procedure:

Pedicule Fixation and Lateral Fusion:

After the affected levels of the spine have been decompressed with the bone taken off of the backside of the nerve roots, the pedicles are identified and under x-ray guidance are sounded with probes. After the x-ray confirms that the probes are completely encased in the pedicles, pedicle screws are then placed in under x-ray guidance. These are then connected to plates that are made of titanium.

The fusion is then performed out to the side of this using bone graft that may taken from the posterior iliac spine (back of your pelvis).

An Interbody Implant may be also used:

The involved disc at the level that will be fused will be removed in the standard fashion. An implant will be placed on either side of the midline in the spine under x-ray guidance. Bone that is generally harvested from the back of the pelvis is then packed on either side and in between the two implants.

The nerve roots are protected throughout the procedure with retractors. A fusion outside of the vertebral bodies involved then may or may not be performed.

2. Potential Complications:

As with any surgical procedure there is a 2% risk of infection. This could range from a minor superficial infection to a deep infection that possibly could require removal of the hardware. Another potential complication would be a failure to fuse that could require a subsequent operation.

Generally people do require blood transfusions for this operation due to blood loss. A Patient is always offered the option of donating their own blood for elective procedure or taking blood bank blood. There is an inherent risk to injury to the nerve roots for this surgical procedure that could result in paralysis or numbness in the lower extremities. Although it is rare, loss of bowel and bladder function has been reported after this type of surgical procedure in the literature.



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As with any surgical procedure under general anesthesia, death, all be it an extremely rare complication can occur. Failure to relieve the preoperative pain is also a potential complication of the surgical procedure and exacerbation of back pain is almost always incurred in the immediate postoperative period and is a possibility for a long term side effect of the operation.

There is also a risk of tearing the lining around the nerves that would require repair. Rarely a tear to the nerve lining is unrecognized and requires a later procedure for treatment.