Discectomy

Discectomy is done to remove a herniated disc from the spinal canal. When a disc herniation occurs, a fragment of the normal spinal disc is dislodged. This fragment may press against the spinal cord or the nerves that surround the spinal cord. This pressure causes the symptoms that are characteristic of herniated discs, including electric shock pain, numbness/tingling, and weakness.

The surgical treatment of a herniated disc is to remove the fragment of spinal disc that is causing the pressure on the nerve. This procedure is called a discectomy. The traditional surgery is called an open discectomy. An open discectomy is an operation where the surgeon uses a small incision and looks at the actual herniated disc in order to remove the disc and relieve the pressure on the nerve.

A discectomy is performed under general anesthesia. The surgery takes about an hour, depending on the extent of the disc herniation, the size of the patient, and other factors. A discectomy is done with the patient lying face down, and the back pointing upwards. In order to remove the fragment of herniated disc, your surgeon will make an incision over the center of your back.

The incision is usually about 3 centimeters in length. Your surgeon then carefully dissects the muscles away from the bone of your spine. Using special instruments, your surgeon removes a small amount of bone and ligament from the back of the spine. This part of the procedure is called a laminotomy.

Once this bone and ligament is removed, your surgeon can see, and protect, the spinal nerves. Once the disc herniation is found, the herniated disc fragment is removed. Depending on the appearance and the condition of the remaining disc, more disc material may be removed in hopes of avoiding another fragment of disc from herniating in the future. Once the disc has been cleaned out from the area around the nerves, the incision is closed and a bandage is applied.

Risks of Discectomy Surgery

The most common problem of a discectomy is that there is a chance that another fragment of disc will herniate and cause similar symptoms in the future. This is a so-called recurrent disc herniation, and the risk of this occurring is about 10-15%. 10% of patients who undergo a discectomy will still have persistent symptoms.

Patients who have symptoms for long periods of time prior to having surgery, or severe neurologic deficits (such as significant weakness) are at higher risk of incomplete recovery. Other risks of surgery include spinal fluid leaks, bleeding, and infection.

Boden, SD, et al. "Abnormal magnetic-resonance scans of the lumbar spine in asymptomatic subjects. A prospective investigation" J Bone Joint Surg Am. 1990 Mar;72(3):403-8. Mathews HH and Long BH "Minimally Invasive Techniques for the Treatment of Intervertebral Disk Herniation" J. Am. Acad. Ortho. Surg., March/April 2002; 10: 80 - 85.

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