

SpineFAQs

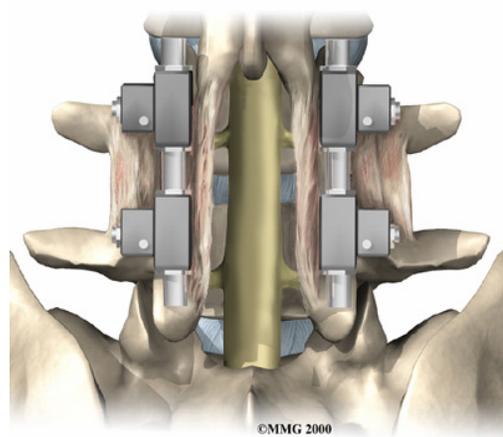
Lumbar Spine Fusion

Why a spine fusion?

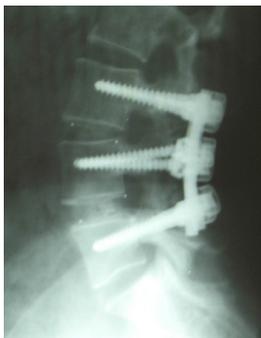
In general, spine fusion surgery is recommended for patients with instability of the spine, severe degenerative changes, or for those who are undergoing major spinal surgery that might cause instability afterwards. It is an attempt to stabilize the spine, and to decrease your pain.

What is spinal fusion?

The goal of spinal fusion surgery is to stop the motion between the spinal bones. We accomplish this by some trickery to the body. In effect, we try to 'fool' the body into thinking that there is a broken bone, and encourage healing by creating new bone. This bridging bone will weld together, or 'fuse', the bones, thus stopping motion. Often we will take bone graft from your pelvis to add to the area for fusion to promote more aggressive bone formation. Occasionally, more bone from the bone bank, called allograft (al-o-graft), will be added. Finally, we often use hardware such as metallic screws, plates, rods or cages to assist in the formation of a fusion.



Why would you use hardware?



The hardware (or instrumentation) acts like an internal splint. It makes the spine immediately stiff, which in the appropriate circumstances will increase the likelihood of a successful fusion. Hardware is not required in all circumstances. Your doctor can give you a better idea of why hardware is recommended, and what type he will use.

What are the risks of spine fusion surgery?

As with any operation, especially of the spine, there are risks. Aside from infection or bleeding, the major risks associated with lumbar spine fusion include failure of fusion (also known as pseudarthrosis (sewd-ar-thro-sis)), breakage of the hardware, pain at the bone graft donor site, and continued lower back pain. If hardware is used, there is a risk of injury to the nerves, blood vessels or spinal fluid sack. If allograft bone is used there is a tiny (less than one in a million) risk of disease transmission such as HIV or hepatitis.

How long will I be in the hospital?

While everyone is different, on average someone who undergoes lumbar spine fusion surgery is usually in the hospital for 2-5 nights. You will usually be allowed to be up and walking the day of your surgery. Some patients will need a brace for a while after surgery. Some patients are prescribed an electronic bone growth stimulator to help the bone grow.

What happens after I'm discharged?

Once discharged from the hospital, most patients will be allowed, and in fact encouraged to walk. You will be restricted from lifting, bending, and twisting for up to 3-6 months. It takes a minimum of 3 months for the fusion to 'take', and may be up to a year or more before the fusion is solid. I will follow the progress of your fusion regularly with exams and x-rays.