

Anterior Lumbar Interbody Fusion

University Neurosurgery Information Sheet

General Indications for the Procedure:

This procedure is used to treat single or multiple level(s) symptomatic degenerative disc disease.

Description of the Procedure:

The abdomen is opened and the front part of the lumbar spine exposed. The proper level(s) are verified with an x-ray. Large vessels carrying blood to and from the legs are mobilized to provide safe access to the disc space. The disc at each symptomatic level is removed and either cadaver bone or a spacer constructed of titanium or a polymer is placed in the region once occupied by the disk(s). The spacer is filled with bone, a chemical that makes bone grow, or both. A stabilizing plate may be applied to the bones above and below the graft or spacer. The wound is then closed.

Risks of Procedure:

The risks and possible complications of this procedure are quite rare. They include, but are not limited to infection, bleeding, and injury to the nerves which could result in permanent paralysis and/or numbness in the leg. The blood vessels in front of the spine could be injured which may require additional surgery or could result in significant problems due to poor blood flow into or out of the legs. There is a remote risk of injury to the abdominal contents including the bowel and ureters. Retrograde ejaculation may rarely develop in men which would significantly impact their ability to have children. Occasionally the bone grafts do not heal solidly and if this becomes symptomatic further surgery may be necessary. There is no guarantee that this operation will alleviate the symptoms.

Procedure Alternatives, if any:

A lateral or posterior interbody fusion or a posterior lateral fusion could be performed in selected situations. The surgeon can describe the advantages and disadvantages of each of these if desired.

Probable Consequences of Refusing the Procedure:

Symptoms will persist and/or worsen.

Person(s) Performing the Procedure:

The surgical team for this procedure is large. This involves, but is not limited to, the attending surgeons, resident surgeons, surgical nurses, physician assistants, surgical technologists and anesthesiologists. Everyone involved will be performing important tasks related to the surgery in accordance with the hospital policies, and based on their skill set and under the supervision of the responsible practitioners.