

# Direct Lateral Lumbar Fusion

## *University Neurosurgery Information Sheet*

### **General Indications for the Procedure:**

The indications for this procedure are single or multiple levels of symptomatic degenerative disc disease and/or slippage of the bones of the spine.

### **Description of the Procedure:**

The operation is performed by making a small incision on the patient's side. The soft tissues are dissected until the spine is exposed. X-ray guidance and a nerve stimulator are used to increase the safety of the approach. The disc is removed and a polymer spacer is positioned in the area once occupied by the disc. The spacer is filled with bone, a chemical that makes bone grow, or both. The incision is 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 operative approach is close to the abdominal contents (bowel, ureters, and blood vessels) and although the risk of injuring these structures is very small such injuries have occurred. Occasionally the fusion does not heal solidly, which may cause pain requiring further surgery. There is no guarantee that this operation will alleviate the symptoms.

### **Procedure Alternatives, if any:**

A posterior interbody fusion may be performed. This requires dissection of the muscles of the back and much greater manipulation of the nerves. A posterior lateral fusion may be performed but such an operation does not place the graft in the best location for healing. An anterior interbody fusion or arthroplasty could be performed in selected patients. The surgeon can describe the advantages and disadvantages of each of these alternatives.

### **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.