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| **2J — Lumbar Discectomy** |
| **Summary of Intervention** |
| A discectomy is the surgical removal of intervertebral disc material to treat the symptoms resulting from compression of one or more spinal nerve roots.  This loose material, which is part of the natural degeneration of the disc with age, is often described as bulging, prolapsed, herniated or slipped, resulting in pressure on usually one, but sometimes more nerve roots. The symptoms it causes are called radiculopathy or sciatica and can include pain, tingling, pins and needles, numbness, weakness, and rarely bowel and bladder problems. As more often than not, the symptoms will settle naturally, nonoperative treatment is the preferred initial option. |
| **Number of interventions in 18/19** |
| **2,291** |
| **Proposal** |
| Patients presenting with radiculopathy who show objective evidence of clinical improvement within six weeks (e.g. VAS pain scores, ODI), are more likely than not to continue improving with non-operative treatment as the natural history of most intervertebral disc herniations is favourable.  Primary care management typically includes reassurance, advice on continuation of activity with modification, weight-loss, analgesia, manual therapy and screening patients who are high risk of developing chronic pain  (i.e. STaRT Back).  Persistent symptoms may warrant onward referral to spinal services for consideration of interventional pain management injections (e.g. nerve root blocks / caudal epidural injections) or surgery.  In the presence of concordant MRI changes, Discectomy may be offered to patients with compressive nerve root signs and symptoms lasting three months (except in severe cases) despite best efforts with non-operative  management.  *Please note: This guideline is not intended to cover patients who demonstrate a deterioration in neurological function (e.g. objective weakness, sexual dysfunction, cauda equina syndrome). These patients require an urgent*  *referral to an acute spinal centre for further evaluation and imaging, as nonoperative treatment may lead to irreversible harm*.  **This guidance applies to adults aged 19 years and over.** |
| **Rationale for Recommendation** |
| There remains a reasonable body of evidence to show that in carefully selected patients, lumbar discectomy may lead to a greater and quicker improvement in pain scores than in non-operatively treated patients.  In other studies however, because of the irreversible degenerative changes, surgery has not shown a benefit over non-operative treatment in mid and long-term follow-up.  Lengthy periods of ineffective non-operative care may prompt repeated emergency department attendances, issues with chronic pain, significant neurological dysfunction and time off work. |
| **References** |
| 1. NICE Low back pain and sciatica in over 16s: assessment and management (November 2016): https://www.nice.org.uk/guidance/ng59.  2. National Low Back and Radicular Pain Pathway 2017: https://www.ukssb.com/improving-spinal-care-project.  3. STarT Back: https://www.nice.org.uk/guidance/ng59/resources/endorsed-resource-start-back-screening-tool-with-matched-treatmentoptions-4906309933.  4. Back Skills Training (BeST): Group cognitive behavioural treatment for low-back pain in primary care: a randomised controlled trial and cost effectiveness analysis. Prof Sarah E Lamb DPhil et al on behalf of the Back  Skills Training Trial investigators: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)62164-4/fulltext.  5. Surgical versus Non-Operative Treatment for Lumbar Disc Herniation: Four-Year Results for the Spine Patient Outcomes Research Trial (SPORT). Weinstein JN et al. Spine (Phila Pa 1976). 2008 Dec 1; 33(25): 2789–2800.doi:  10.1097/BRS.0b013e31818ed8f4.  6. Surgical versus Non-Operative Treatment for Lumbar Disc Herniation: Eight-Year Results for the Spine Patient Outcomes Research Trial (SPORT). Weinstein JN et al. Spine (Phila Pa 1976). 2014 January 1; 39(1): 3–16.  doi:10.1097/BRS.0000000000000088  7. Surgical versus non-operative treatment for lumbar disc herniation: a systematic review and meta-analysis. Chen BL et al. Clin Rehabil. 2018 Feb;32(2):146-160. doi: 10.1177/0269215517719952.  8. Surgery versus prolonged conservative treatment for sciatica: 5-year results of a randomised controlled trial. Lequin MB et al. BMJ Open 2013;3:e002534. doi:10.1136/bmjopen-2012- 002534.  9. Prolonged Physiotherapy versus Early Surgical Intervention in Patients with Lumbar Disk Herniation: Short-term Outcomes of Clinical Randomized Trial. Abou-Elroos DA et al. Asian Spin J 2017; 11(4):531-537. doi:10.4184/  asj.2017.11.4.531. |