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| **2Y — Fusion surgery for mechanical axial low back pain** |
| **Summary of Intervention** |
| Spinal fusion is when two individual spinal vertebrae become joined together by bone formed as a result of surgery. This may involve the use of bone graft and/or surgical implants. The aim of the surgery is to stop motion at that joint in order to stabilise the joint. Spinal fusion is not recommended for patients with non-specific, mechanical back pain.**This guidance applies to adults aged 19 years and over.** |
| **Number of interventions in 18/19** |
| **41** |
| **Proposal** |
| Spinal fusion is not indicated for the treatment of non-specific, mechanical back pain. The NICE exclusion criteria are:— Conditions of a non-mechanical nature, including:— inflammatory causes of back pain (for example, ankylosing spondylitis or diseases of the viscera)— serious spinal pathology (for example, neoplasms, infections or osteoporotic collapse)— scoliosis— Pregnancy-related back pain— Sacroiliac joint dysfunction— Adjacent-segment disease— Failed back surgery syndrome— Spondylolisthesis.Instead, spinal fusion is usually reserved for,— Patients with a symptomatic spinal deformity (e.g. scoliosis)— Instability (e.g. spondylolisthesis; trauma)— An adjunct during spinal decompression surgery, where a more extensive exposure of the affected neurological structures is required and would otherwise render the spine unstable.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). Use combined physical and psychological programme for management of sub-acute and chronic low back pain e.g. Back Skills Training (BeST). |
| **Rationale for Recommendation** |
| Mechanical low-back pain is common, often multifactorial and amenable to multimodal non-operative treatment (e.g. lifestyle modifications, weight loss, analgesia, manual therapy, exercise). Imaging (e.g. plain film radiographs, MRI) in the absence of focal neurology (e.g. sciatica) or ‘red-flags’ may identify incidental, if not trivial, findings of age-related ‘wear and tear’ which can unnecessarily create a health-anxiety for some patients, where simple reassurance would otherwise usually suffice.By the nature of the description ‘non-specific low back pain,’ a focal site of pathology is usually never found. In many cases, symptoms may be underpinned by a centralised pain disorder that exists outside the spine.In the absence of a focal structural pathology (see above) and concordant mechanical or neurological symptoms, there remains a distinct lack of high quality evidence to support fusion of the spine as a treatment of mechanicalaxial back pain. NICE Guideline NG59 established formal, multi-disciplinary consensus on the management of back pain, with which is implemented through the National Back Pain Pathway. This NICE-endorsed pathway offers all patients timely, evidence-based care for back pain. |
| **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. Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline. Chau R et al. Spine (Phila Pa 1976). 2009 May 1;34(10):1094-109. doi: 10.1097/BRS.0b013e3181a105fc.4. STarT Back: https://www.nice.org.uk/guidance/ng59/resources/endorsed-resource-start-back-screening-tool-with-matched-treatmentoptions-4906309933.5. 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://doi.org/10.1016/S0140-6736(09)62164-6. Evidence for surgery in degenerative lumbar spine disorders. Jacobs WC et al. Best Pract Res Clin Rheumatol. 2013 Oct;27(5):673-84. doi: 10.1016/j.berh.2013.09.009. Epub 2013 Oct 5.7. https://choosingwiselycanada.org/spine/.8. NICE CG173 Neuropathic pain in adults: pharmacological management in non-specialist settings (2014): https://www.nice.org.uk/guidance/cg173.9. Transaxial interbody lumbosacral fusion IPG 387: https://www.nice.org.uk/guidance/ipg387. |