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WHAT IS POST LAMINECTOMY OR

FAILED BACK SYNDROME: It is a condition characterized by continued pain after back surgery. Failed Back Syndrome is commonly referred to as Failed Back Surgery Syndrome or FBSS. It is sort of a catchall name that covers the various causes of continuing pain after disc surgery. The true incidence of failed versus successful surgery is difficult to calculate. Failed back syndrome (FBS) refers to chronic back and/or leg pain that occurs after back (spinal) surgery.

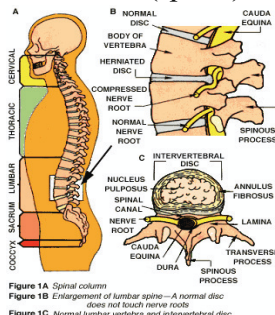
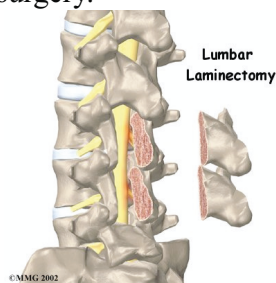


Figure 1A Spinal column
Figure 1B Enlargement of lumbar spine—A normal disc does not touch nerve roots
Figure 1C Normal lumbar vertebra and intervertebral disc

CAUSES: Multiple factors can contribute to its development. Among them are recurrent or residual disc herniation, persistent pressure on a spinal nerve, altered joint mobility of the spine, instability of the spine, scar tissue, small nerve fiber damage, de-conditioning of spine muscles, depression, anxiety and smoking. Patients with conditions such as diabetes, autoimmune disease, and peripheral vascular disease may be predisposed to this condition.

WHAT YOU FEEL AND WHAT THE DOCTOR

LOOKS FOR: The patient complaints of some form of residual pain or an atypical kind of discomfort in his back or legs after having undergone surgery of his back. The discomfort can appear shortly after surgery or sometime later. The characteristics of the pain are usually different from the pain that prompted the initial surgery but at times is so similar that it makes the patient feel that the surgery was worthless. At other times a totally different kind of pain appears after the surgery. The discomfort can be a dull aching pain of the back, buttocks or legs. Sharp, pricking or stabbing leg pain may also be present.

TESTING: After your surgeon has determined that more surgery is not indicated and after a history and physical examination are performed, other diagnostic tests will need to be obtained. Please keep in mind that determining what is causing the pain is very difficult and many factors can often contribute to it. In your back, bones, discs, muscles, ligaments, tendons and various other tissues are arranged like a three-dimensional puzzle to make up the spine. This complex make up can easily mask the exact cause of back pain.

Determining and isolating where the pain generator is will most likely require an MRI of the spine, nerve conduction studies, and/or several interventional procedures by a pain management specialist to try to pinpoint what is causing the pain. For example mechanical instability of the spine can play a great part if for example there is severe narrowing of the disc space. This can place greater stress on the facet joints in the posterior aspect of your spine causing pain. It can also narrow the passageway by which the nerves exits the spinal canal.

TREATMENT: It will depend on the patients complaint, the findings at the time of exam, the original surgery performed and how long has passed since the surgery.

Conservative therapy. It should be tried first most of the time. This may include mild analgesics at home such as Tylenol combined with oral antiinflammatories and other medications . Also alternating ice and heat applied to the area along with some physical therapy including electrical stimulation and ultrasound may be indicated. Massage therapy can also be tried.

Interventional techniques. Pain management specialist may recommend procedures such as epidural steroid injection, facet block, transforaminal injections etc. in combination with physical therapy and massage therapy. Neurostimulators are at times recommended. With them, electrical leads are placed in the spinal canal and a minute current is delivered by a generator implanted subcutaneously.

Surgical therapy. If for example residual disc material is found, or if a nerve is compressed at the exit point from the spinal canal due to collapse of the intravertebral space, more surgery may be in order. Scar tissue can also be the cause of the pain which may require surgery when the scar tissue entraps a nerve.

Surgeons for the above reasons, avoid spine surgery that leads to an unsuccessful result by only performing operations that have a high degree of success and by making sure that an anatomic lesion that is amenable to surgical correction is identified before surgery.