



(continued from inside)

that may occur with any surgery include wound infection, blood loss requiring transfusions, and blood clots. General medical issues such as pneumonia or heart issues can be precipitated by surgery. Your surgeon and health care team will be taking great care to help prevent these and other complications.

### How Long is the Hospital Stay?

The time spent in the hospital after a lumbar fusion depends on several factors, including your overall health and the extent of your particular surgery. Many people return home after two to three days in the hospital.

### How Long Will it Take to Recover?

Recovery time after lumbar fusion varies depending on your particular situation, the number of levels involved, and your general health. One key to a successful recovery is maintaining a positive attitude and following the advice of your surgeon and health care team. You will be encouraged to take short

walks while in the hospital and to gradually increase the distance and frequency of your walks once at home. It can take up to three to four months for the bones to completely fuse together. During this time, you may need to wear a brace to protect the operative area. Your doctor will give you specific instructions on activity levels, including when you can resume driving and return to work.

### What if I Have Other Questions?

Just give us a call. We'll be happy to answer any of your questions. We are committed to providing you with the highest quality of comprehensive spine care. If you have suggestions or comments, do not hesitate to let us know.

### Center for Spine Health

*A destination for comprehensive, quality spine care*

18035 Brookhurst St.  
Fountain Valley, CA 92708

**714-861-4830**

[Memorialcare.org/OCSpineHealth](http://Memorialcare.org/OCSpineHealth)

Underlying Content © 2014 Stryker Performance Solutions. All Rights Reserved.  
Modifications © 2016. 2016 04v1



# Lumbar Fusion



Center for Spine Health

*A destination for comprehensive, quality spine care*

## What is a Lumbar Fusion?

The lower back area is also called the lumbar spine. A lumbar fusion is an operation to stabilize the lower back by creating bony bridges between at least two vertebrae and eliminating motion between them. This can be accomplished by fusing the vertebral bodies in front (anterior fusion) or by fusing the facet joints and lamina in the back (posterior fusion). Bone or bone substitutes can be placed on and between the lamina and the facet joints. Metal screws and rods or plates may be attached to the bones to secure the fixation while the bony bridge heals.

During the operation, a four- to- five inch incision is made in your lower back and the muscles supporting the spine are divided. A small window is made in the sheet of bone (lamina) covering the spinal cord. Next, the surgeon removes any ruptured disc material or bone spurs that are pinching the nerves or spinal cord. The site is then prepared for fusion by obtaining bone graft and/or bone substitute and laying it on the bone. Metal screws and rods or plates may be attached to the bones to secure fixation while the bone heals.

The operation typically takes two to three hours; however it may be longer, depending on the complexity of the problem and the number of vertebrae needing to be fused.

## Who is a Candidate?

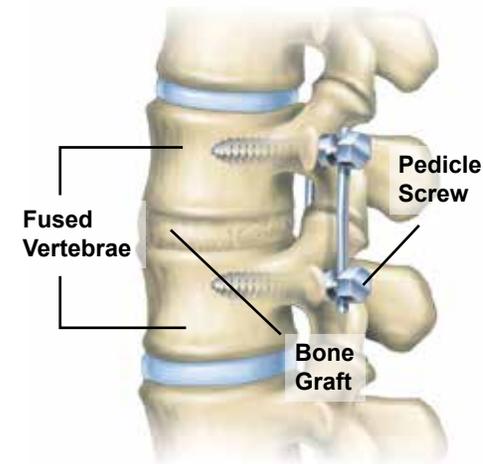
Lumbar fusion may be recommended to treat a number of spine problems. However, the majority of people with these conditions can be successfully treated with conservative care measures. Only after conservative measures have failed to relieve symptoms will surgery be considered. Problems that may be treated with lumbar fusion include:

**Sciatica** – Sciatica is one of the most common reasons for lumbar fusion. It results from the irritation of a spinal nerve or nerves, usually by a herniated or bulging disc.

**Spondylolisthesis** – This term describes a particular type of abnormal movement of the vertebrae. With spondylolisthesis, one vertebra has slipped forward over another. If the vertebra continues to slip back and forth, the spinal nerves may be affected, causing leg pain, numbness, tingling and/or weakness.

**Degenerative Disc Disease** – Aging and “wear and tear” can cause the discs that act as cushions between each vertebrae to shrink, allowing abnormal movement. This abnormal movement can result in an unstable area in the spine, and compress the nerves, causing leg pain and numbness.

**Arthritis** – Arthritis of the spine can lead to spinal stenosis, a narrowing of the spinal canal caused by bone spurs forming on the vertebrae. This narrowing causes pressure on the nerves as they exit the spine resulting in pain, numbness, tingling or weakness down the legs.



## Where Does the Bone for a Fusion Come From?

The bone graft can be taken from you or from a bone bank. If using your own bone, the bone is removed from the back of your pelvis, adjacent to the spine. Sometimes a second incision is needed. Using bone from a bone bank is a good option if your own bone is weak or damaged from osteoporosis.

## What Are the Risks?

While uncommon, complications can occur during and after surgery. Nerves are exposed and nerve damage is therefore a risk. There is also a risk that the bony bridge will not form and thus a fusion is not established. Breakage or loosening of the screws or plates can also occur. These complications could result in the need for an additional operation. Other complications

(continued on flap)