

**Hours of Operation**

Monday–Thursday,  
8 a.m.–5 p.m.

Friday,  
8 a.m.–4 p.m.

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## Discectomy

### What is a discectomy?

A discectomy is the surgical removal of **herniated disc** material that presses on a nerve root or the spinal cord.

### How will it help me?

The procedure involves removing the central portion of an intervertebral disc, the nucleus pulposus, that causes pain by stressing the spinal cord or radiating nerves.

### How is it performed?

A discectomy is performed under general anesthesia. The procedure takes about an hour, depending on the extent of the disc herniation, the size of the patient, and other factors.

#### *Laminotomy*

During the operation, you will be lying face down, with your back pointing upwards. In order to remove the fragment of herniated disc, your surgeon will make an incision of approximately three centimeters over the center of your back. Muscle is carefully dissected away from the bone of your spine. Using special instruments, your surgeon removes a small amount of bone and ligament from the back of the spine. This part of the procedure is called a laminotomy.

#### *Discectomy*

After the bone and ligament are removed, your surgeon can see and protect the spinal nerves. The herniated disc fragment is then removed. Depending on the appearance and the condition of the remaining disc, more disc fragments may be removed in the hope of avoiding another fragment of disc from herniating in the future. After the disc has been cleaned out from the area around the nerves, the incision is closed and a bandage is applied.

### Will it be painful?

Patients often awaken from surgery with complete resolution of their leg pain; however it is also not unusual for these symptoms to take several weeks to slowly dissipate. Pain around the incision is common, but usually well controlled with oral pain medications. Patients often spend one night in the hospital, but are usually discharged the following day. A lumbar corset brace may help with some symptoms of pain, but is not necessary in all cases.

Gentle activities are encouraged after surgery, such as sitting upright and walking. Do not lift heavy objects, and try not to bend or twist your back excessively. Avoid strenuous activities or exercise until cleared by your doctor.

**What are the risks and side effects?**

The most common problem is a chance that another fragment of disc will herniate and cause similar symptoms in the future. This is a so-called recurrent disc herniation, and the risk of it occurring is about 10 - 15%. Most patients find relief of most, if not all, of their symptoms from a discectomy. However, the success of the procedure is about 85-90%, meaning that 10% of patients who undergo a discectomy will still have persistent symptoms.

Patients who have symptoms for long periods of time, or severe neurologic deficits (such as significant weakness) are at a higher risk of incomplete recovery. Other risks of surgery include spinal fluid leaks, bleeding, and infection. All of these can usually be treated, but may require a longer hospitalization or additional surgery.