

Double Consecutive Lumbar Discectomy: Is Fixation a Rule?

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Abstract

Background: Lumbar Disc Prolapse (LDP) represents less than 5% of all low back problems. Most of cases treated with conservative management. Surgery is needed in only 10% of cases. We will evaluate the need for hardware fixation after double consecutive lumbar discectomies.

Aim of Study: Our study aims to answer the question of whether decompression-only surgery is sufficient for patients with double consecutive lumbar disc prolapse or they necessarily require spinal fixation and fusion.

Patients and Methods: Our work was conducted on 30 patients with double consecutive LDP from January, 2016 to December, 2017 at Fayoum University Hospital. Double consecutive lumbar discectomy was done in all patients. Regular follow-up was done up to 6 months.

Results: All cases had no instability 6 months after surgery. Four patients experienced mechanical low back pain 3 months postoperatively. MR images revealed facet joint arthropathy in two cases improved by medical treatment and the others required facet joint injection.

Conclusion: Double consecutive lumbar discectomy is not considered a risk of instability but larger studies might be needed.