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# CHAPTER 10

## What You Can Do To Avoid ‘Failed Back Syndrome’

Failed back syndrome (FBS) refers to persistent or recurrent symptoms following previous back surgery. The original surgery may have failed to relieve the pain, or it only relieved it for a period of time and then the original pain recurred, or a different pain occurred.

*What is a failed back syndrome? Why does it happen? How do I get rid of it? How do I keep that from happening to me?*

### **The most common reason for failed back syndrome**

I have found that the most common reason for failed back-pain surgery is that the patient was not prepared for the original surgery before it was performed. People who are on high doses of painkillers and who are deconditioned will experience little relief from spine surgery for back pain. Because of this they are difficult to mobilize and impossible to rehabilitate following surgery. Often the original source of pain was magnified by the pain medication they were taking before surgery, and the surgical procedure made the pain even worse. I suspect that if these patients had been weaned off of pain medications and rehabilitated before the surgery, the majority would have obtained enough relief from their original problem to avoid the surgery all together.

Scar tissue is also a cause of failed back syndrome. Scar formation is a normal healing process following any surgery on the body. Most scars on our skin are not painful unless a nerve is injured and forms a neuroma (enlargement of the end of a cut nerve, which may be painful or may not). The same is true for spine surgery. It is rare to see an injured nerve as the cause of failed back surgery. Scarring around the spinal nerves following surgery is rarely the cause of the pain. The exception is when the scar tightly attaches a spinal nerve to an adjacent disc or facet joint. When this happens the nerve can be repeatedly stretched by abnormal motion in the degenerated unstable disc. One of the rationales for performing spinal fusion is to prevent this from happening by immobilizing the abnormal disc space.

Another thing that I have seen blamed on scar tissue as the reason for failed back surgery is that a partially cut ligamentum flavum (the yellow ligament between the lamina which is cut in every laminectomy) can bunch up and compress or stretch a spinal nerve. This is a common cause for failed micro-discectomy where portions of the ligament are cut but not completely removed. The entire cut portion of the ligament is removed during a standard discectomy so that retained ligament is not a problem following this procedure.

## **Failed disc surgery**

There are several other reasons why failed back syndrome can occur following disc excision. I have surgically removed a fragment of disc the size of your thumb and was sure there were no more fragments to remove. On closer inspection, I have found another fragment of disc the same size as the first one! This happens more often than you would think. When a disc herniation is composed of several large fragments, there is reported to be a 25 percent risk of a recurrent disc herniation at the same site at a later date. This happens no matter how carefully the first surgery was performed. Fortunately, most disc herniations are not large and/or fragmented and are associated with less than a 5 percent risk of re-herniation following surgical removal.

Discs can herniate on the opposite side at the same level as the first disc excision and at other levels (remember the example of the young doctor who had disc herniations at three different levels at different times).