



## *Center for Spinal Disorders*

[www.AZSpineSurgery.com](http://www.AZSpineSurgery.com)

Orthopaedic Surgery of the Spine  
Spinal and Orthopaedic Rehabilitation

### **Spine Surgery Outline: Overview and Potential Complications**

**The majority of patients undergoing spinal surgery have satisfactory results with improved quality of life. Dr. Stevens and Dr. Song are trained, experienced and dedicated to providing you with the improved outcome that you are seeking. However, because spinal disorders are complex in nature and surgical treatment carries risks, you may have several questions regarding your options for treatment. The following is intended to provide you with general information about the nature and potential complications of spine surgery. You are encouraged to review this information at your leisure, and discuss the information with a close friend or family member. Please mark any areas where you have additional questions, so that we can discuss these issues with you.**

General considerations of spinal surgery:

- The surgical treatment of spinal disorders is controversial. You should be aware that other qualified practitioners might recommend a treatment plan different from the plan that you and your doctor have selected. You may wish to obtain a second opinion if you would like to consider your treatment options from a different point of view.
- Surgical treatment of your problem may not provide complete relief, and as many as one in ten patients undergoing back or neck surgery will have another procedure within five years.
- In time, many spinal problems improve without surgery. You should only proceed with surgery if all other reasonable options have been exhausted, and reasonable time has passed to allow for spontaneous improvement.
- If your surgery is elective, you may schedule it at any reasonable time. Unless your problem is an emergency, you should not feel any pressure to have the surgery now. Depending on your diagnosis, some people with your problem may elect not to have surgery at all.
- Revision (repeat or re-do) spinal surgery carries a much higher risk than primary surgery. This risk may increase, and the odds of success may decrease, with each subsequent procedure.
- Certain medical diseases and medical problems (*including diabetes, malnutrition, obesity, smoking, alcoholism, substance abuse, immune and connective tissue diseases, heart disease, kidney disease, cancer, depression, high blood pressure and bleeding or clotting problems*) increase the risk of failed surgery or complications. It is imperative that you share information about these and other problems, so that they may be considered as your surgery is planned.
- Potential risks of all spine surgery include bleeding (which may be life-threatening or may require transfusion), infection (which may require additional surgery), death, coma, nerve injury or paralysis, fracture or damage to the bony parts of the spine, progression of disease to other areas of the spine, persistent or worsening pain or deformity, heart attack, stroke, blindness, unexpected findings that require a change of the surgical plan, complications resulting from anesthesia (please discuss these with your anesthesiologist), and other rare complications. There is also a risk of damage to breast implants with any surgery that requires the patient to be face down.

**Considerations unique to Spinal Fusion Surgery:**

- A spinal fusion operation uses your body's system of repairing two broken bones back together. The difference is that in most spinal fusions there are no broken bones. In a spinal fusion, the surgeon uses bone graft to take advantage of the same fracture repair system used to heal two separate bones together and stabilize the spine.
- In most cases, the bone graft comes from the same area of your body, often through the same incision. The surgeon will try to take the graft from a location that will minimize problems resulting from its removal. Depending on the surgery, the bone may come from your hip or pelvic area, from a rib, or from an area next to where your operation is being done. Typically, your own bone heals the best, so it is often the first choice for bone graft.
- To get enough bone for bone graft, your surgeon may recommend the use of donor bone or bone substitutes to improve your fusion and avoid or minimize risks of taking your own bone from another area of your body. Donor bone carries a small risk of disease transmission, and may have a slightly higher non-union rate. On the other hand, your surgery may require more bone graft than the surgeon can take from another area of your body without potential problems where the bone was harvested. In such cases donor bone may be preferable to your own bone, or may be used along with your own bone. Your surgeon may choose to use a bone stimulating protein product in addition to autologous or donor bone graft. If you have a preference please let us know.

**Complications unique to fusion surgery include:**

- Non-union or failure of the bones and bone graft to heal together solidly. This problem, also called *pseudoarthrosis*, may require additional corrective surgery.
- Donor site problems, which can include pain, infection, and fracture in the area from which the bone graft was taken.

**Considerations unique to Spinal Instrumentation:**

- Your surgeon may recommend using metal implants to stabilize your spine, and increase the chances of a successful spinal fusion. In cases of spinal deformity, these implants often allow the surgeon to more achieve better correction and alignment of your spine.
- While approved by the FDA for human use, **some spinal implants and substances (bone stimulating protein) may not be approved by the FDA for the *specific use* that your surgeon has planned.** This is called "off-label use." If you have questions about off label use, please ask your surgeon.
- **Additional complications related to the used of spinal implants include:** injury to or abutment of critical structures (such as nerve or blood vessels) during or after placement, failure, loosening or breakage of the implant, increased difficulty in managing infection, increased complexity and risk of your surgical procedure, fracture of the bone around the implant, need for removal of the implant.

**Notes and Questions:**

- After reading the above information you may have some questions. Please use the space below or the opposite side of this sheet to write your questions down so that you can discuss them with your surgeon before the operatio