

Surgical treatment within six months of lumbar disc herniation

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A new study in the *Journal of Bone and Joint Surgery (JBJS)* found that patients with herniated lumbar disc symptoms were significantly worse if the patients had symptoms for more than six months prior to treatment, compared to those who had symptoms for six months or less. Symptoms included pain, function, general health, work status and patient satisfaction.

"Patients often ask their physicians whether the duration of their symptoms will affect their potential for a full recovery, and the goal of our study was to address this question," said [orthopaedic surgeon](#) Jeffrey A. Rihn, MD, and one of the study authors.

Several studies conducted over the past 30 years have demonstrated the effectiveness of lumbar discectomy. One of the most common spinal surgical procedures, lumbar discectomy involves the removal of the [herniated disc](#) material that is pressing on a [nerve root](#) or the [spinal canal](#) to treat lumbar disc herniation. However, despite the proven effectiveness of this procedure, there is no consensus on the timing of surgery. Various studies suggest waiting anywhere from "an appropriate amount of time" to 12 months after symptoms begin.

"According to our study and generally speaking, patients who had symptoms for more than six months had less improvement in pain, function, general health, work status, and [patient satisfaction](#)," said Dr. Rihn.

Study Details

- The study authors observed 1,192 patients enrolled in the Spine Patient Outcomes Research Trial (SPORT), which was conducted at 13 multidisciplinary spinal practices in 11 states.
- The patients were older than age 18 and suffered from various symptoms of [lumbar disc](#) herniation.
- Patients were assigned to undergo either operative treatment -- lumbar discectomy -- or nonoperative treatment -- such as physical therapy, education, a nonsteroidal anti-inflammatory drug, and/or counseling with home exercise instruction.
- The patients completed questionnaires at the beginning of the study and at follow-up intervals -- six weeks, three months, six months, one year, two years, and four years after treatment. Using various tools, the study authors analyzed the outcomes of the operative and nonoperative treatments. They compared the treatment outcomes of the 927 patients who had symptoms for six months or less to those of the 265 patients who had symptoms for more than six months prior to enrolling in the study.

At all follow-up intervals, outcomes were significantly worse in patients who had symptoms for more than six months prior to treatment than in those who had symptoms for six months or less.

The study authors also found that operative treatment was significantly more effective than nonoperative treatment. However, the relative increased benefit of surgery over nonoperative treatment was not dependent on the duration of symptoms.

"Patients who have had symptoms for longer than six months can find relief with either nonoperative treatment or surgery, but they may not reap as much benefit as those who have had symptoms for six months or

less," said Dr. Rihn. "Surgery still has significant benefit compared with nonsurgical treatment, even in patients who have had symptoms for longer than six months."

Provided by American Academy of Orthopaedic Surgeons

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