

Failed Back Surgery

What is it?

Failed back surgery syndrome (FBSS) results when a person continues to have pain after low back spine surgery. It is a very common condition, and usually results after a spinal fusion.

Interestingly, significant back pain may result even with a surgery that was performed technically perfect. The surgery may have been performed for the wrong reason, or it's quite possible it was performed for a good reason but only relieved part of a person's back pain.

Another issue that can occur is pain that occurs months or years after an initially successful back surgery. This is not a true definition of FBSS, but is mentioned since it may necessitate some of the same treatments.

How often does Failed Back Surgery Syndrome occur?

Unfortunately, FBSS is very common. It occurs in upwards of 50% of low back surgeries within 2 years. [Chir Narzadow Ruchu Ortop Pol. 2005;70\(2\):147-53.](#)



What are the symptoms?

Symptoms of FBSS typically include low back pain. The pain may radiate into the sides of the back, and also go into the buttock region.

A person may also have pain down the legs if nerves are being pinched. This may occur from scar tissue that forms on the nerves that were freed up during the surgery, or from degeneration of adjacent levels to the point where nerves are pinched.

The pain with failed back surgery may be worse than it was before the procedure. It may lead to disability, depression, inability to work, and difficulty playing with one's kids.

How is it diagnosed?

If a person has undergone low back surgery, the outcome may not result in a pain free situation. At times, a person may be expecting a complete “home run” with the surgery. However, the end result may only be that half of the pain is resolved.

For example, when the FDA study was conducted comparing low back fusion versus the artificial disc replacement for degenerative disc disease, over half of the patients in the study continued to need narcotic medications a year after surgery.



CT Myelogram showing an area of compression.

Reasons for FBSS may include:

- Surgery was performed for the wrong reason.
- Surgery only relieved a part of the person’s pain.
- The procedure was technically done poorly.
- Procedure worked, and then new symptoms arose due to scar tissue or arthritis and instability adjacent to the level of surgery.

What is the work up for FBSS?

When a patient has continued or new pain after a lumbar spine surgery, the initial work up should consist of x-rays and possibly a CT scan to see if the fusion itself worked. If nerve root compression is suspected, an MRI may show this nicely.

If the hardware prohibits an MRI, it may be necessary to obtain a CT myelogram to see if nerve roots are being pinched and the extent of adjacent level degeneration.

What is important to decide is whether the initial surgery was a technical success, and whether another surgery would help. If the spinal fusion did not occur, it may be necessary to revise it.

If another surgery is not deemed to be helpful, then conservative treatment may work well.



What are treatment options for FBSS?

Initially, conservative treatment should consist of over the counter medications such as Tylenol and NSAID's. This may relieve mild to moderate pain. For those periods when pain is intense, narcotic medications may help moderate the discomfort.

Physical therapy and chiropractic treatment may moderate the pain from failed back surgery syndrome. While spinal adjustments will not fix the problem, they may provide temporary pain relief. The stretching and strengthening in physical therapy may help by relieving pressure off of the low back, and core stabilization may strengthen one's abdominal muscles.

Electrical stimulation, ultrasound, acupuncture, and TENS units are all options for providing non-narcotic relief. It may take a combination of treatments to achieve optimal pain relief.

Interventional pain treatments that are available include facet injections, medial branch blocks, epidural injections and radiofrequency ablation.

Epidural steroid injections are best for relieving the pain of nerve root compression, while facet procedures are excellent for helping with the pain from adjacent level spinal joint breakdown.



Spinal cord stimulator procedure.

As an absolute last resort for failed back surgery, a spinal cord stimulator implant can provide excellent relief. Studies have shown that overall for FBSS, the good outcomes are now over 80% if treatment for the chronic pain is initiated within 2 years. Beyond that, the successful outcomes start to diminish below 70%.

Overall, the successful outcomes for spinal cord stimulation with FBSS are 62%. The good news is that the latest spinal cord implants work well for both leg pain and back pain, and the implants are able to provide hundreds of programmable options.

The latest stimulators have batteries that are half the size they used to be, are chargeable from outside the skin, and last for well over 10 years.

Failed back surgery syndrome is no longer a “death sentence” for chronic pain. The latest treatments are able to make the pain much more tolerable, and get people back to work and avoid depression. The combination of treatments are often able to reduce the needs for narcotics.

If you have had previous surgery with residual pain or developed new pain after an initially successful procedure, pain relief is available.