SUMMARY

" Failed back syndrome" was reviewed as persistent or recurrent low back pain with or without sciatica, following one or more lumbar disc operations. In a broader sense, it reflects the failure of lumbar disc surgery to relieve pain and incapacitation, Before this an anatomical and biomechanical outlines were drawn .

According to a statistical study published in 1981, the primary or ganic factors leading to failed lumbar disc surgery (excluding spondylolisthesis) are lateral spinal stenosis (57 – 58 %) , central stenosis, including fusion overgrowth (7 – 14%), adhesive arachnoiditis (6–16%), recurrent or persistent disc herniation (12–16%), epidural Fibrosis (6 – 8%) , nerve injury during surgery (less than 5%), chronic mechanical pain (less than 5%), transitional syndrome above fusion (less than 5%), Pseudoarthrosis (less than 5%), foreign body (less than 5%), surgery performed at wrong level or wrong side (less than 5%), and unknown (less than 5%.)

Clinical evaluation of failed back surgery patients requires full history taking , psychological assessment and thorough physical and neurologic examination. These are particularly helpful in differential diagnosis of specific clinical syndromes. As a simple screen for inflammatory or autoimmune diseases, every patient with failed back surgery deserves an erythrocyte sedimentation rate, if not more extensive rheumatologic screening , Lateral flexion –extension X-ray views are the key to the diagnosis of segmental instability. Myelography is definitive for the diagnosis of arachnoiditis. C. T. scan offers mores information about the postoperative lumbar spine particularly in the differentiation between recurrent herniated disc and postoperative scarring . EMG examinations may be helpful in the diagnosis of preparative nerve root injury, diagnosis of recurrent nerve root involvement and in prognosticating the duration of foot drop. Diagnostic injection studies are helpful to diagnose painful lesions not diagnosed on radiography or to confirm the clinical relevance of radiographic abnormalities.

Failed back surgery patients can be "salvaged" by skilled comprehensive rehabilitation efforts. In some patients, failed back surgery is best managed by further surgery, but this is not the rule in a good proportion of cases in whom less invasive methods may be useful . Non – surgical approaches to failed lumbar disc surgery include non-invasive modalities as drug therapy, physical therapy, back supports and transcutaneous electrical stimulation as well as invasive including facet block and , intradiscal injections, epidural injections, selective

nerve root blocks, and injections of local tender areas. Repeated operation, when indicated, should be tailored to the specific patients clinical condition employing either revision laminectomy, primary spinal fusion, lysis of arachoiditis. Or spinal neuroaugmentive surgery .