

**INTRODUCTION
AND
AIM OF THE WORK**

Failed back surgery syndrome "F.B.S.S." is the persistent, disabling pain in the hip, thigh, leg or lower back of a patient who has undergone a laminectomy or discectomy. (Robertson 1996).

The incidence of low back pain & leg pain related to the spine is very high in the western population. As a result of conservative treatment failure there are roughly 200.000 lumbar disc operations performed annually. Unsuccessful surgical outcome is known, as failed back surgery syndrome, "F.B.S.S," is a complex & poorly understood syndrome. (Van-Den-Hauwe, 1997).

The most frequent causes were: a not indicated or contra-indicated operation, a wrong site of surgery, an incomplete decompression, an omitted fusion, a pseudoarthrosis of a fusion, a recurrent disc herniation. Epidural scar is considered an enhancing factor for symptoms. Psychological factors are very prognostic element (Yong-Hing, 1994).

One of the greatest problems in orthopedic surgery & neuro-surgery is the treatment of failed spine surgery. Numerous reasons for the failures have advanced. The best results from repeat surgery for disc problems appear to be related to the discovery of a new problem or identification of a previously undiagnosed or untreated problem.

Waddell et al., (1979) suggested that the best results from repeat surgery are when the patient had experienced six months or more of complete pain relief after the first procedure, when leg pain exceed back pain, & when a definite recurrent disc could be identified.

Failed back surgery syndrome is one of the most difficult therapeutic challenges to medicine because it represents a complex interplay of organic, psychologic and socioeconomic factors. Invariably, the patient has been misdiagnosed and improperly treated, and the results are long term disability, drug dependency, lack of productivity, behavioural disturbance, and for some social and economic catastrophe. Failed back surgery syndrome is not only a failure of medical care but also represents, in terms of medical care costs and lost worker productivity, a huge financial liability for the patient as well as society in general.

The management of failed back is a complex problem requires treatment tailored depending on the physical, psychological & social findings. An inpatient rehabilitation program is required initially although this should have strict limits in time. There is need to continue to monitor the effectiveness of such treatment. The way forward is to progress our knowledge of the pathology of back pain & sciatica. The evaluation of patient suitable for surgery & physical rehabilitation programs. Our knowledge is not yet deep enough for us to be able to "write off" these patients on psychological profile or on clinical assessment. (Dickson, 1990).

Aim:

Our goal is to study the main causes of F.B.S.S. to raise the point of the great values of strict preoperative evaluation in every case requires surgical treatment & to select the proper way of management of F.B.S.S. avoiding over treatment. The failed back does not have to fail forever.