

Education and debate

"Failed back surgery syndrome"

BMJ;327: October 25 , 2003, pp. 985-986

An inappropriate diagnostic label may exacerbate the discomfort of patients who develop persistent and disabling symptoms after back surgery

Lina Talbot, *general medicine registrar*

THIS AUTHOR NOTES:

"Every general practitioner has one—a patient who has had back surgery but hasn't improved."

"Around 2000 cases of failed back surgery syndrome are produced each year in the United Kingdom."

These patients are often young and active, but now face chronic pain for years.

These patients have been through the gamut of orthopaedic, neurological, and radiological opinions followed by physiotherapy, occupational therapy, and possibly clinical psychology, which funnel them towards the pain clinic.

Unfortunately, only one third of these patients will achieve more than 30% pain relief at the pain clinic.

5-10% of patients who have back surgery will not have relief of their radicular pain.

PERSONAL EXPERIENCE OF THE AUTHOR

Practiced general medicine.

Had microdiscectomy for radicular pain.

The radicular pain returned after the microdiscectomy.

Months of attempting to cope.

Returned to the neurosurgeon, who did computed tomography, and pronounced that the prolapse had not recurred.

Despite twice weekly physiotherapy, he gradually worsened and developed bladder problems.

After reading *Postdiskotomie-Syndrom*, he concluded, "although the nerve roots were not damaged directly by the surgery, they were now encased in a web of scar tissue causing pain and spasm every time this was tweaked enough by movements of the spine and legs." **[The Fibrosis Of Repair]**

THIS AUTHOR NOTES THE FOLLOWING:

- 1) Post surgical nerve tissue scar is not a rare condition.
- 2) The diagnosis of nerve tissue scarring is largely clinical.
- 3) Magnetic resonance imaging and computed tomography "cannot determine whether the intraspinal scarring is causing the symptoms."

Resulting neuropathic pain may display the following:

- 1) It will often, but not always, have a burning quality.
- 2) There may be delayed summation of pain after provocation.
- 3) There may be an extension of pain perception beyond dermatomal boundaries.
- 4) There may be allodynia, which is pain resulting from non-painful touch.

"In many ways failed back surgery syndrome resembles multiple sclerosis: the conditions have the same range of symptoms of pain and numbness, weakness and spasm in the limbs, and bladder and bowel difficulties."

"Patients with failed back surgery syndrome live with the constant anxiety of relapse and steady deterioration of a range of neurological symptoms, yet current medical management focuses narrowly on relieving pain."

"This is another strand in the web in which patients are caught: good pain relief brings the illusion of improved physical ability."

"However, for many patients, after a brief honeymoon period pain, spasm and weakness appear at a lower activity level, and the web tightens to immobilise the ensnared nerve roots (and patients) even more."

KEY POINTS FROM DAN MURPHY

- 1) 5-10% of patients who have back surgery will not have relief of their radicular pain, and many will develop "failed back surgery syndrome."
- 2) Failed back surgery syndrome patients will suffer chronic pain for years.
- 3) These patients are rarely improved with orthopaedic, neurological, radiological consultations, or benefited from, physiotherapy, occupational therapy, clinical psychology, or pain clinic management.

- 4) The cause of these cases is often that the nerve roots are encased in a web of scar tissue causing, [which chiropractors term **The Fibrosis Of Repair.**]
- 5) Post surgical nerve tissue scar is not a rare condition.
- 6) Magnetic resonance imaging and computed tomography cannot determine if nerve tissue scar tissue is causing the symptoms.
- 7) Post surgical nerve tissue scar can cause neuropathic pain.
- 8) Common symptoms from one suffering from post surgical nerve tissue scar is pain / numbness, weakness and spasm in the limbs, and bladder and bowel difficulties.
- 9) Pain relief management will not result in long-term improvement of physical ability.

COMMENT FROM DAN MURPHY

This article supports the chiropractic concept of **The Fibrosis Of Repair.** The mechanical nature of fibrotic tissue is that it is less elastic and weaker. Chiropractors attempt to remodel the adverseness of fibrotic tissue with mechanically based treatment, as follows:

- 1) Spinal adjusting, to remodel periarticular fibrosis.
- 2) Resistive effort exercise, to remodel muscular fibrosis.
- 3) Some variety of pressure friction tissue work, to remodel fascial, tendon, ligament and muscular fibrosis.
- 4) Mobilization (controlled stretching) of the nervous system to remodel nervous system fibrosis. This is best described in the 1991 book by David Butler, Mobilisation Of The Nervous System, published by Churchill Livingstone. This, along with chiropractic spinal adjusting, is what I would attempt to do on Dr. Talbot from this article. Fortunately, my former associate Kane Bixby, DC, of San Francisco trained me, and he may be the most knowledgeable and skilled chiropractor in the country treating nervous scar tissue with mobilization.