

LUMBAR FUSION

A. Indications for Lumbar Fusion

1. Unstable vertebral fracture
2. Fusion may be indicated after second or third surgery with documented MRI, CT Scan, or myelogram showing re-extrusion of previously unsuccessfully operated disc at the same level, with or without intractable back pain and clear clinical evidence of new lumbar radiculopathy with EMG evidence, if felt needed.
3. Traumatic (acquired or congenital) spinal deformity, history of compression wedge fractures with demonstrated acquired kyphosis-scoliosis.
4. Intractable low back pain for longer than three months and six-week trial with a rigid back brace or body cast producing significant pain relief associated with one of the following conditions involving the lower lumbar segments below L3.
 - a. For first surgery only, degenerative disc disease with
pre-operative documentation of instability (motion on flexion/extension or fixed spondylolisthesis.)
 - b. Pseudoarthrosis
 - c. For second or third time disc surgery

B. Contraindications for Lumbar Fusion

1. Primary surgery for a new, acute disc herniation with unilateral radiation leg pain

C. Surgical Procedures

1. Posterior or lateral bony fusion
2. Transpedicular fixation
3. Interbody fusion

PROTOCOL HISTORY:

Passed: 9/01/1992

Amended: 6/12/2007