

Different types of back pain

Common spinal problems put straight

“Bad backs” have multiple causes, but improved surgical techniques and technologies are giving patients more options.

The spine is a miracle of anatomy and articulation, but “bad backs” are all too common.

The spine is divided into three sections – the cervical, the thoracic and lumbar spine. (In layman’s terms these are the top, middle and lower sections.) Back surgery may be undertaken to solve problems anywhere along the whole length.

Degenerative diseases or the wear and tear caused by ageing are most common in the neck and lower spine.

Neck bones are vulnerable to pressure from bad posture. And because the lowest section of the spine carries the most weight, it, too, is prone to injury.

In the neck, a common surgery is cervical discectomy – the removal of damaged discs, the supporting layers of soft tissues between the bones.

Back operations are usually divided into “decompression” surgery or “decompression and fusion” surgery.

Decompression releases constricted nerves. In fusion surgery artificial implants, which mimic the role of bones, are inserted to replace damaged bone.

Laminectomy can also be done. This involves removal of the back part of the bone in the spine to decompress, or to free and loosen the nerves that have become pinched.



Neurosurgeon Dr Michael Wong, of EPC Health Clinic, is an expert in spinal surgery.

In the lumbar region, common surgeries are discectomy, laminectomy and lumbar fusion but the most frequent procedure is lumbar decompression surgery.

As fusion technology improves, spinal fusion is becoming increasingly common. This is because better surgical techniques are available, better radiology allows more precise surgery and implants have improved.

“The common spinal surgeries, such as laminectomy and fusion have been performed for more than 50 to 100 years,” says Dr Michael Wong, neurosurgeon and spinal expert from Melbourne’s EPC Health Clinic. As a result, surgeons have vast experience of the risks and benefits.

“On the other hand, disc replacement has become available only in about the last 15 years. Therefore we can’t talk

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definitively about the long-term outcomes.” The evidence so far is “conflicting”, he says.

“Laminectomy is the oldest form of spinal surgery. We have accumulated more long-term studies for this surgery and these show that in the right hands, the success rate for this is high but surgical outcomes can still vary widely between different surgeons and hospitals.

“However, ultimately, results of surgery don’t just depend on how well a procedure is done by a surgeon, but also on how well the patient is cared for by their hospital: are they receiving a high enough level of nursing care? What access do they have to good pain therapies? What are the rehabilitation programs that the hospital has put in place to help with recovery?”

Some patients tell Wong they have been told there is a choice of surgery to solve their particular problem. He questions this.

“It’s not logical that there should be more than one “best” option,” he says. “There is just the best option – or nothing.

“Sometimes it has been suggested to a patient that they could have, for example, decompression or fusion. Well, that’s untenable. The only option should be the best treatment.

“And if a patient is uncertain about the advice they have been given, I always encourage them to seek a second opinion.”