REVIEW OF 93 LAMINECTOMIES FOR LOW BACKACHE AND CRURAL PAIN

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Twelve months is a short time in which to assess the results of treatment of patients suffering from a prolapsed intervertebral disc. The natural history of a man with a prolapsed disc is so unpredictable that the value of any form of treatment is difficult to assess until a large number of cases have been followed up for a number of years.

Our series of 93 cases have been observed at the longest for eighteen months; at the shortest for a few weeks. Any conclusions therefore that we draw must inevitably be tentative.

Of the 93 laminectomies:
- 9 were performed on Officers.
- 8 were performed on Women’s forces.
- 76 were performed on Other ranks.

Their length of symptoms were:
- Less than six months . . . 10
- Between six to eighteen months . . 37
- More than eighteen months . . 46

A history of trauma was obtained from 28 per cent.

At operation:
- Disc protrusions were found in 88 cases.
- No disc protrusions were found in 5 cases.

Of these five:
- 2 were completely relieved by laminectomy
- 2 were found to have lamina defects and with the aid of a belt were improved. Neither of these cases was grafted.
- 1 is still under treatment with a partial relief of symptoms.

A questionnaire was sent to the first 50 cases to find the patients’ estimate of relief obtained, capacity for work, and the persistence of symptoms. Thirty-four patients replied. The picture given by conning the tables is I think gloomier than in fact it is. For example, one man who could not guarantee more than four to five days a week was a miner working at the coal face. Another patient who suffered moderate back pain, whose back felt weak, had pain in the leg and who, although doing a full day’s work had changed his previous work and given up sports, added as a postscript “What you did not ask ‘Was I better for the operation’? Yes and thank God, etc. . . . who freed me from pain and let me enjoy my life once more.” Although on paper disappointing there is little doubt as to the patient’s view of the result. Of the 34 replies three only could be regarded as “perfect,” i.e. were entirely free from symptoms, were doing a full day’s work, had no recurrence of trouble since the operation, had not changed their work, nor given up sports.
Of the remainder all had some disability, but this did not prevent 28 of them doing a full day's work. 25 had pain in the back of varying severity. 24 had pain in the leg.

**ANALYSIS OF REPLIES**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Pain in back</td>
<td>73%</td>
</tr>
<tr>
<td>Pain in leg</td>
<td>71%</td>
</tr>
<tr>
<td>Back feels strong</td>
<td>29%</td>
</tr>
<tr>
<td>Leg felt strong</td>
<td>41%</td>
</tr>
<tr>
<td>Vigorous leg movement in comfort</td>
<td>35%</td>
</tr>
<tr>
<td>Full day's work</td>
<td>70%</td>
</tr>
<tr>
<td>Returned to work less than 3/12</td>
<td>12%</td>
</tr>
<tr>
<td>Returned to work between 3/12-6/12</td>
<td>38%</td>
</tr>
<tr>
<td>Returned to work between 6/12-12/12</td>
<td>24%</td>
</tr>
<tr>
<td>Attacks of pain</td>
<td>61%</td>
</tr>
</tbody>
</table>

These results are disappointing in that so high a percentage have residual pain both in the back and in the leg. The most gratifying figures are the 70 per cent. who have returned to a full day's work in spite of symptoms.

The discussion was summed up by Brigadier Fettes who said that three points had been made:

1. There was a place for the operation in selected cases. Probably these should be soldiers of the regular service.
2. It was frequently an attributable disease.
3. A valuable piece of work had been produced which was worthy of record.

He thanked all those who had taken part in the discussion. The meeting concluded with the showing of a colour film by Mr. Young in which the aetiology, pathology, operative technique, after treatment, and results of the operation for prolapse of the intervertebral discs were displayed.