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Failed back surgery means you have persistent back or neck pain after spine surgery, immediately or months after your procedure, pain and other neurological symptoms may return such as numbness, weakness and tingling sensations. It can be a frustrating experience for patients.

There are several common identifiable causes of failure of spine surgery, they includeinfection, pseudoarthrosis (failure to achieve fusion), smoking, inadequate technique, failureto achieve surgical goals, choosing a patient who has no chance of improving with surgery such as patients with chronic pain related to other conditions like fibromyalgia or incorrect diagnosis. Some overlap exists in these categories. Another factor is progressive disease, if you have back pain a number of years after spine surgery, the cause of new pain may be due to wear and tear on the spine from aging degenerative spine not your previous surgery.

In some patients, determinationof the cause of ongoing complaints or new symptoms that ariseafter surgery may be difficult.

Familiarity with the potentialsources of symptoms in the patient with failed spine surgerycan help direct appropriate diagnostic evaluation and treatment.In assessing the patient with failed spine surgery, making a correct diagnosisis of critical importance before initiating further treatment.Further surgery based on incomplete or inaccurate diagnosiswill compound the patient’s problem.

Surgery isn’t always the answer after failed back surgery and non-surgical management may be the better option to manage failed back surgery, as not all patient pain complaints can be fixed with surgery. Physical therapy to restore function, behavioral health to address mental and emotional health and pain management may help reduce the pain and restore the ability to function in everyday life.

However, in some patients, surgery can be helpful. Revision spine surgeries are technically challenging with variable outcome results. Successfulintervention requires adetailed history, physical examination, and carefullychosen diagnostic tests. Preoperative planning is paramount. The decision-making process should address the timing of the surgery, surgical approach, level of fusion required and correction of spine alignment.

1. **Preoperative Management**
   1. **Physical Examination:** Careful assessmentto determine the exact cause of pain and the effect on thepatients’ emotional and functional state is paramount in revision spine surgery. Patients should undergoa detailed history and physical examination to rule out non spinal causes for their current pain and to identify their pain generator.Such an approach can help with the preoperative planning, avoid any unexpected intraoperative findings and improve the outcome after surgery**.**
   2. **Radiological evaluation:** X rays**,** CT or CT myelogram, after injecting dye in the spine, and MRI, help to identify the pain generator such as pseudoarthrosis (failure to achieve fusion), infection, adjacent level degeneration, and problem with hardware.
   3. **Diagnostic Block:** Such as **selective nerve root blocks** are helpful to confirm exact site of neural abnormalities. **Diagnostic facet or pars defect blocks** are useful to identify the pain generator at the same level of previous surgery or adjacent level.
   4. **Laboratory tests: Erythrocyte Sedimentation Rate (ESR) and C-Reactive Protein** (CRP) are obtained prior to revision surgeries to rule out hidden infection especially in patient with pseudoarthrosis. Patient presenting with historyof infection, wound drainage or constitutional symptoms such as fever and chills should be assessedfor infection. **Albumin and Transferrin:** Patients who require spine revision surgery especially with multiple previous surgeries and patients with infections are often inadequately nourished and should be monitored with albumin and transferrin. If these are low, then patients will require nutritional supplement to help with the healing process.
   5. **Electrodiagnostic Studies:** Electromyograms, EMG, and nerve conduction velocity studiesmay be helpful to assess the severity and location of nerveinjury, and to differentiate between radiculopathy, pain originating from the spine and peripheral neuropathy, pain originating from the nerves in the arm and the leg.
2. **Postoperative management**
   1. Prophylactic antibiotic
   2. Anticoagulation, blood thinner, to prevent blood clot
   3. Nutritional support
   4. Brace
   5. No Smoking