

Failed Back Syndrome

TERMINOLOGY

- Failed Back Surgery Syndrome (FBSS)
- Chronic post-operative back pain

INTRODUCTION

Failed back syndrome (FBS) is defined as persistent or onset of low back or extremity pain after spinal surgery. It has been estimated that over 60% of individuals in pain clinics suffer from failed back syndrome. There are numerous causes for failed back syndrome, which include incomplete decompression, recurrent or residual disc herniation, formation of the scar tissue, and arachnoiditis. The course of postoperative pain has to be determined by a comprehensive reevaluation, which will require a thorough history, physical examination, possibly electrodiagnostic studies, and in many cases advanced neurology studies such as CT, myelogram, or MRI. Postoperative MRI studies are typically performed with and without contrast to help identify the presence of fibrosis or scar tissue. Re-evaluation after failed back syndrome is often performed by a spine surgeon or a neurologist, who has special experience and interest in this condition. It is often necessary to obtain a second or third opinion as the condition can often be quite complex.

Failed back syndrome (FBS) refers to chronic back and/or leg pain that occurs after back (spinal) surgery. Multiple factors can contribute to the onset or development of FBS. Contributing factors include but are not limited to residual or recurrent disc herniation, persistent post-operative pressure on a spinal nerve, altered joint mobility, joint hypermobility with instability, scar tissue (fibrosis), depression, anxiety, sleeplessness and spinal muscular deconditioning. An individual may be predisposed to the development of FBS due to systemic disorders such as diabetes, autoimmune disease and peripheral blood vessels (vascular) disease. Smoking is a risk for poor recovery from such an operation.

Common symptoms associated with FBS include diffuse, dull and aching pain involving the back and/or legs. Abnormal sensibility may include sharp, pricking, and stabbing pain in the extremities. Failed Back Syndrome should be evaluated and treated with an interdisciplinary approach with a group of healthcare professionals from varied fields working together toward a common goal for the patient. The therapeutic approach to FBS may range from non-surgical to surgical intervention. The term "post-laminectomy syndrome" is used by some doctors to indicate the same condition as failed back syndrome.

PREVALENCE

- More common in adults
- Occurs in males and females with equal prevalence.

