

# The Failed Back Surgery Syndrome

- *Prevention and treatment of a Medical  
tragedy*

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*A second opinion is the best deal in  
American medicine*

# Credentials:

Board certification in:

Neurosurgery (A.A.N.S.)

Pain Medicine (F.A.A.P.M.)

Independent Medical examiner  
(C.I.M.E.)

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- Failed back Surgery Syndrome is also called FBSS.
- It is a *complex expensive* health problem with considerable medical, social and economic impact

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- Patients : unsatisfied, angry or depressed
- Doctors are frustrated and stressed
- Payers are overwhelmed

○ Why ?

## Why ?

- Despite advances in technology the *failure rate of Spine surgery remains high*
- Lumbar laminectomy for stenosis  
Success rate = 65%
- Knee surgery: success rate = 95%

# Why ?

- The causes are:
- Pre operative
- Intra operative
- Post operative

# Preoperative Factors

- Psychological + Socio economic
- Poor procedure selection
- Rush to surgery



# Intra Operative Factors

- Poor technique
- Complex situation ( conjoined roots)
- Rush to surgery

# Poor technique

- Nerve injury
- Wrong level
- CSF leak

# Post operative factors

- Progressive disease
- Neuropathic pain
- Instability

# Progressive disease

- Recurrent herniation
- Epidural fibrosis (Scarring)
- Adjacent segment stenosis

# Prevention

- Analyze first: *“Look before you jump”*
- **Risks/ benefit** issues for the patients
- **Choices/ Benefits** for the Doctors
- **Costs/ benefit** issues for the Payers

# Risk benefit issues for the patients

- Is there a clear *anatomical diagnosis*?
- Did *conservative treatment* really fail ?
- If so , *is surgery worth the risk ? QALY*
- *Financial and psychological* component

Any Questions?

○ *Get a Second opinion !*

# Choices /benefits for the Surgeons

- *Revision surgeries and diminishing returns*
- *What is the best operation?*
- *Does the patient understand all the risks ?*



Any Questions?

○ *Get a Second opinion !*

# Costs/ benefits issues for the Payers

## Before surgery :

- Is the surgery necessary, inevitable, dangerous, expensive.
- Randomized controlled trials
- Duplicate services
- Time lost from work

# Costs/Benefits for the payers

## After surgery :

- Physical therapy necessary?
- If so what kind and how long
- Customize to patients physical and socio economic profile

# Neurosurgical Evaluation

## *Why and When*

- Understand the medical or non-surgical aspects of lumbar surgery

# Specialties involved with Chronic Spine pain

- Neurologists
- Psychologists/ Psychiatrists
- Osteopaths, Chiropractors, Acupuncturists
- Physiatrists, Physical therapists
- Interventional pain specialists

# Conditions evaluated

- Ruptured disc
- Spondylolisthesis
- Degenerative disc disease
- Stenosis
- Stenosis with listhesis

# Conditions evaluated

- Myofascial or ligamentous component
- Scoliosis
- Facette injury

# Neurosurgical Evaluation

## *Why and When*

- Neurosurgeons can:
- Understand the anatomy and compare
- The surgical and non surgical components of chronic spinal pain.



# Neurosurgical Evaluation

## *Why and When*

- Neurosurgeons can:
- Choose the best Treatment Algorithm

# Treatment algorithm

- Medical management
- Physical therapy
- Injection therapy
- Surgery
- Post-operative care

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