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FACULTY OF PAIN MEDICINE
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Surgery for lower back pain can cripple, patients warned

A visiting US expert has warned people with lower back pain that is mainly disc-related to avoid having an operation called "lumbar fusion" because it doesn't relieve chronic pain and leaves many people permanently disabled.

"I'm talking about fusion for degenerative disc disease and chronic low back pain," says Dr Gary Franklin, a neurologist and medical director of the Washington State Department of Labor and Industries. "I'm not talking about other kinds of spinal surgery for conditions such as scoliosis, or severe spinal stenosis with neurological impairment, or a measurably unstable spine."

Dr Franklin said that, in two separate studies over 15 years of workers in Washington State who had fusion surgery for lower back problems, "Two years later, two thirds are so totally disabled that they cannot work in any occupation, and 10 years later 44 per cent are permanently disabled.

"There's even a syndrome called 'Failed back surgery syndrome' in the neurological literature. It often means that the surgery was so invasive that the nerves and surrounding tissues became scarred because the surgery led to 'arachnoiditis' – an inflammatory overgrowth of scar tissue around the nerves. It means they have a lot more pain in the nerves than they had before the surgery, often terrible pain right down into the legs."

According to an article in the *Medical Journal of Australia* earlier this year, a study of workers' compensation patients in NSW concluded that the outcomes were so poor that spinal fusions were not recommended for this group. The MJA article said independent reviews had found that as many as 40 per cent of those patients had persistent post-operative pain, and called for spinal surgeons to do a national audit of patient-centred outcomes for the procedure.

A 2012 study of lumbar fusion in NSW workers' compensation patients found that 70 per cent of workers remained on high doses of opioids, and only 3.3 per cent had returned to pre-injury work duties two years after the surgery.

Lumbar fusion involves fusing, or joining, one vertebra to an adjacent vertebra or to the sacrum, a triangular bone in the lower back. "The evidence of lumbar fusion for lower back pain is that it doesn't relieve chronic pain; that it does cause harm; and that it's way more expensive than other treatments," Dr Franklin says. "If the outcomes are this bad, why are we doing it? Mainly, because a lot of doctors believe their own theories."

In Australia, there has been medical controversy over the lack of evidence supporting spinal fusion for lower back pain but the procedure is increasingly common – the incidence increased by 175 per cent over one 10-year period. In the US, fusion rates are higher in private hospitals than in public hospitals, for reasons that are unexplained.

Dr Franklin is in Australia to speak on Sunday September 18 at an Adelaide conference of the Faculty of Pain Medicine (FPM) of the Australian and New Zealand College of Anaesthetists. His topic will be 'Observing outcomes of spinal surgery in the workers' compensation setting'.

A research professor in the Departments of Environmental and Occupational Health Science, Neurology and Health Services at the University of Washington, Dr Franklin has done ground-breaking research on the factors that lead to long-term disability for workers' compensation clients and is a national leader on evidence-based guidelines.

Dr Franklin said that Washington State made lumbar fusion for degenerative disc disease a non-covered procedure for workers' compensation purposes in January 2016. He expects the numbers of fusions in the state workers' compensation system to fall substantially from its current figure of about 500 a year.

A prior effort in the 1990s led to a 40 per cent drop in the fusion rate, but new spinal devices and their marketing led to a 50 per cent increase in physician requests for the procedure, he said.

About FPM
The Faculty of Pain Medicine is a world-leading professional organisation for pain specialists that sets standards in pain medicine and is responsible for education and training in the discipline in Australia and New Zealand. Pain medicine is multidisciplinary, recognising that the management of severe pain requires the skills of more than one area of medicine.

Chronic pain affects about one in five people in Australia and New Zealnd. Specialists also manage acute pain (post-operative, post-trauma, acute episodes of pain in medical conditions) and cancer pain. For more information, please see here.

For more information or to request interviews, please contact ANZCA Media Manager Karen Kissane on +61 3 8517 5303, +61 408 259 369 or kkissane@anzca.edu.au. Follow us on Twitter @ANZCA.