

29.10.2019

Summary of a COHERE recommendation

Approved at the meeting of the Council for Choices in Health Care in Finland (COHERE) on 29 October 2019

SURGERY OF A LUMBAR DISC HERNIA AND SUBSEQUENT REHABILITATION

This recommendation by COHERE applies to surgical treatment of lumbar disc hernia in patients over 16 years of age and their subsequent rehabilitation. Surgeries carried out on-call are excluded from the recommendation.

Primary treatment and follow up

A lumbar spinal disc hernia is a common problem that usually heals without special healthcare measures within 1 to 2 months as the hernia, when it shrinks, will stop pressing and irritating the nerve root. Therefore, the primary treatment of the spinal disc hernia is conservative (non-surgical), and treatment in specialised medical care is not necessary. The most important symptom is pain radiating to the lower limb, which is why adequate pain relief must be ensured. Despite the pain, the patient should continue doing normal activities as far as possible.

Based on the facts above, the service range includes appropriate pain relief in basic or occupational health care as the primary treatment of the spinal disc hernia, as well as informing the patient about the good prognosis of the condition, encouraging him or her to be active despite the pain, and follow up of the condition.

Surgery

If the pain persists for more than six weeks or if a lower limb weakness develops at any stage of the follow up, the severity of the symptoms should be discussed with the patient. If the pain does not subside, the patient will be sent either directly to a specialised outpatient clinic or first to MRI if a local agreement has been made on this practice.

If a symptom-appropriate finding is observed in the MRI scan, the option of surgical treatment should be discussed with the patient. Surgery is medically justified if the pain is particularly difficult, worsening or does not respond favourably to pharmacotherapy. Each surgical decision is individual and the patient-specific risks and potential contraindications should be taken into account when making the decision.

In surgery, the herniated section of the disc compressing the nerve are removed. There are no differences in the results between surgical techniques.

If the surgery is not considered medically justified, consideration will be given to whether the patient should in any case be referred to rehabilitation. The principles of the recommendation on biopsychosocial rehabilitation in prolonged or repeated back pain, issued on 1 November 2018 by COHERE, may be followed as appropriate.

On the grounds stated above, the spinal disc hernia surgery is included in the range of services in non-emergency situations only if the pain caused by a hernia to the lower limb or buttock affects the ability to function, is not alleviating and has continued for more than six weeks, and if the MRI findings confirm the symptoms.



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Post-operative rehabilitation

When discharged, the patient is given instructions on self-rehabilitation. After surgery, patients may act normally within the limits of pain without any specific restrictions, but they should avoid heavy physical activities in the beginning of the rehabilitation. The surgery unit writes a sick leave certificate for approximately two weeks at the discharge stage, but the leave may be extended up to a maximum of four weeks if the patient's job profile so requires.

There is no need for any routine follow-up check in the surgery unit. Instead, the follow up and possible assessment of prolonging the sick leave can be arranged by primary healthcare or occupational healthcare services. However, the patient should be able to contact the surgery unit if necessary.

If the recovery of work ability or functional capacity is prolonged for more than one month from surgery, the reasons preventing or slowing down the recovery shall be examined and, if necessary, the patient shall be referred to rehabilitation. In the rehabilitation, the same procedures may be followed that were laid down by COHERE in the recommendation on biopsychosocial rehabilitation in prolonged or repeated back pain. If necessary, measures will be initiated to modify the content or working hours of the patient's work in order to support his or her recovery and to make the work duties correspond to the patient's functional capacity.

On the grounds stated above, all surgical patients are instructed to start self-care and training at home. Post-operative rehabilitation is included in the service range when the patient's recovery is prolonged for more than one month from surgery.

The Council for Choices in Health Care in Finland (COHERE Finland) works in conjunction with the Ministry of Social Affairs and Health, and its task is to issue recommendations on services that should be included in the range of public health services. Further information: www.palveluvalikoima.fi.

