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SURGICAL TREATMENT OF LUMBAR SPINAL STENOSIS AND REHABILITATION AFTER SURGERY

This recommendation applies to the surgical treatment of lumbar spinal stenosis and rehabilitation after surgery in patients aged 15 or older.

Lumbar spinal stenosis refers to the stenosis of the spine or the intervertebral foramen or both. Age-related degenerative changes are the most common cause of the stenosis. Typical symptoms include, e.g., intermittent claudication or pain during walking, weakness or loss of sensation that makes walking more difficult or prevents it, or pain, loss of sensation or weakness caused by the compression of the nerve root.

Initial examination and treatment

The primary treatment options of lumbar spinal stenosis include conservative care in primary care or occupational health care, comprising instructions on short-time rest, instructions for independent rehabilitation, ergonomics counselling as well as physical therapy and pain management, if necessary.

Surgical treatment

A patient who has suffered from intermittent claudication symptoms causing significant harm for more than six months or who has had nerve root symptoms for more than three months, either in conjunction with intermittent claudication or independently.

Surgery is a service option in severe and moderate situations when conservative treatment does not alleviate the symptoms adequately. No differences were observed in the treatment results between the different surgical techniques. In the operation, the structures causing the stenosis of the lumbar spine are removed. Based on individual assessment, this can be combined with surgical fusion.

Rehabilitation after surgery

Upon discharge, all surgical patients are provided with independent exercise instructions to promote rehabilitation. Considering the extent of the operation, the progress of recovery should be monitored adequately. A routine control visit at the surgical unit is not always required after a mere reaming procedure; in such cases recovery can be monitored through digital channels as well. After fusion surgery, a control visit at the surgical unit is scheduled for the patient within the first couple of months following the surgery, including appointments with a physical therapist and a surgeon. Control visits at the surgical unit continue for approximately 1 or 2 years, either with a physical therapist or a physician.

At the time of discharge, the surgical unit prescribes a sick leave of 2–6 following a reaming surgery and one of 2–3 months following fusion surgery. After this, the need for sick leave, if any, is primarily assessed by occupational health

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care or primary care who should also ensure the adequate monitoring of recovery with respect to the ability to work.

Rehabilitation following surgery is indicated if the patient's recovery is delayed. The need for rehabilitation should be assessed within 4–6 weeks after surgery. COHERE Finland's recommendations on biopsychosocial rehabilitation in prolonged or recurrent back pain can be followed in terms of the execution of rehabilitation.

COHERE Finland works in conjunction with the Ministry of Social Affairs and Health. Its task is to issue recommendations on which healthcare methods should be included in healthcare services financed from public funds in Finland. For further information about the choices in health care, see the COHERE Finland website https://palveluvalikoima.fi/en/frontpage