

DISCECTOMY FOR LUMBAR DISC PROLAPSE

CRITERIA BASED ACCESS

Discectomy surgery is only commissioned in adult patients who meet the following access criteria:

- ❖ The patient has had magnetic resonance imaging, showing disc herniation (protrusion, extrusion, or sequestered fragment) at a level and side corresponding to the clinical symptoms;

AND

- ❖ The patient has radicular pain (below the knee for lower lumbar herniation's, into the anterior thigh for upper lumbar herniation's) consistent with the level of spinal involvement.

OR

- ❖ There is evidence of nerve-root irritation with a positive nerve-root tension sign (straight leg raise-positive between 30° and 70° or positive femoral tension sign);

AND

- ❖ Symptoms persist despite some non-operative treatment for at least 6 weeks (e.g. analgesia, physical therapy, bed rest etc.) provided that analgesia is adequate and there is no imminent risk of neurological deficit.

Reference:	Policy Name	Date of WCAG	Date of QCAG	Review Date	Version
BSW-CP014	Discectomy for Lumbar Disc Prolapse	20/12/2016	31/01/2017	Jan 2020	2