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Excellent recovery of medical doctors after lumbar discectomy

The results of some earlier studies on patients operated on for lumbar disc herniation suggest that social and psychological factors may influence the postoperative outcome even more than do the operative findings or the preoperative clinical signs [2, 4]. I have paid attention to the exceptionally good postoperative recovery of medical doctors who have undergone discectomy in our hospital.

During the years 1986–1995, 14 physicians and surgeons were operated on for a single-level virgin lumbar disc herniation. To evaluate the overall long-term outcome, a special questionnaire was sent to all these patients regarding their postoperative symptoms. In addition, the Oswestry disability index [1] was used to evaluate their outcome in daily activities. These questionnaires were completed by 13 patients who were included in this analysis. The postoperative follow-up period varied between 1 and 10 years, with a mean of 6 years.

There were five women and eight men with a mean age of 43 years. The mean duration of preoperative sciatica in these patients was 2 weeks (range 1–4 weeks) and the mean duration of preoperative sick leave was 1 week (range 0 days – 3 weeks). Postoperatively, all patients (100%) resumed their previous work after a mean postoperative sick leave of 6 weeks (range 2–12 weeks). During the follow-up, sciatic pain completely disappeared in nine patients (69%) and markedly diminished in four (31%). The mean Oswestry disability index in these patients was 5% (range 0–26%).

We previously analyzed the outcome of 190 patients who underwent microsurgical discectomy for a virgin lumbar disc herniation at our department between 1985 and 1989 [3]. After a mean follow-up period of 3 years, sciatica had completely resolved in 113 patients (59%) and markedly diminished in 59 (31%), while in 18 patients (10%), sciatica had remained unchanged or become worse. Of the patients, 142 (75%) returned to work. The mean Oswestry index in all these patients was 18% (range 0–53%). When the postoperative results of this study population were compared with those of medical doctors, the differ-

ences in return-to-work rates and in the mean Oswestry indices were statistically significant, with *P*-values of 0.03 (chi-square test) and 0.01 (analysis of variance), respectively.

Based on this analysis, the recovery of medical doctors who underwent lumbar discectomy in our hospital was better than that of the patients representing other lines of work. These results support the concept that the failed back surgery syndrome is a complex clinical, socio-economic and psychological entity. Certain types of work and a high level of education may lead to a better outcome of the patients.

References

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