CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Degenerative spondylolisthesis

What you're feeling

With degenerative spondylolisthesis, one of the bones in your lower back has slipped forward on the bone below it. This happens slowly over years, as wear-and-tear arthritis affects the small joints and discs that hold your spine together. The slipped bone can then press on the nerves running through your lower back.

The main symptom is pain in your lower back. Many people also feel aching, heaviness or pins and needles in one or both legs, because the nerves that travel down to your legs are being squeezed. Standing and walking often make the symptoms worse, and sitting or leaning forward often eases them, because those positions give the nerves more room. Some people notice their back feels unstable, as if it might give way, when they bend or twist.

The symptoms tend to come and go. You might feel stiff and sore first thing in the morning, or flare up after a long walk, a day on your feet, or sport. Night-time pain can disturb sleep. Over time, everyday tasks can become hard going: walking to the shops, standing to cook, climbing stairs, or getting through a shift at work without stopping to sit.

You may already have tried physiotherapy, pain relief or injections without lasting relief. If your pain is severe and not settling, or if you notice weakness, numbness or changes in bladder or bowel control, it is worth seeing a spine surgeon. These can be signs the nerves are under real pressure.

A surgeon can confirm what is going on with an examination and scans such as X-rays or an MRI, which shows the slipped bone and any squeezing of the nerves. Not everyone with this condition needs surgery. But if your symptoms are stopping you living the life you want, there are well-established operations that can help.

What's actually happening

Your lower back is a stack of bones, each separated by a disc that works like a cushion or shock absorber. Small joints at the back of the stack, called facet joints, and strong ligaments hold everything in line. Together they let your back bend a little while protecting the nerves running through the middle.

CQ HAND + UPPER LIMB
Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

With wear-and-tear arthritis, these parts slowly wear out. The discs narrow, the ligaments loosen and slacken like an old elastic band, and the small joints grow extra bone. With those supports no longer doing their job, one bone can slide forward on the one below it. This slipping is what spondylolisthesis means.

As the bone slips, the space for the nerves gets tighter. The narrowed disc, the extra bone and a thickened ligament inside the spine all crowd in on the same narrow corridor. That squeezing is why you feel back pain, and why the nerves travelling down to your legs cause aching, heaviness or pins and needles. Standing and walking make it worse because those positions load the spine and leave the nerves least room. Sitting or leaning forward opens the space up again, which is why they ease things.

The slipping is graded by how far the bone has moved. A small slip means the bone has shifted a little way forward. A larger slip means it has moved further and the spine is more out of line. Most people with this condition have a small slip. Which treatment suits you depends on how far the bone has slipped, how much the nerves are squeezed, and how much your symptoms are affecting your life.

What we can do about it

Dr Kieran Hirpara, a spine surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. We confirm the diagnosis with a clinic assessment, and imaging such as standing X-rays and an MRI where needed. For a long-standing problem like this, we usually try non-operative care first.

The first step is staying active and adjusting how you do things. Shortening long walks, sitting more often, and leaning forward when standing gets uncomfortable can all ease the pressure on the nerves. Physiotherapy aims to strengthen the muscles that support your back and improve how your spine moves, so your symptoms settle and flare-ups become less troublesome. We ask you to give this at least 1 year before we consider surgery, because most people improve without an operation.

Pain medication can help you keep moving during this time. Anti-inflammatory tablets settle the ache around the worn joints and discs. If tablets are not enough on their own, a corset or brace worn around your lower back can support the spine and make daily tasks more comfortable.

Surgery is considered when a full year of these measures has not given you enough improvement, or when your symptoms are stopping you live the life you want. The usual operation relieves the pressure on the nerves and stabilises the slipped bone so it cannot slip further. In some cases, relieving the pressure alone is enough, and the two approaches give comparable results for people with a small slip, so we discuss which suits you. This is a shared decision, made with you, based on your scans, your examination and what matters most in your daily life.

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What to expect

Most people with this condition improve without surgery. Careful monitoring over time has not led to serious nerve damage in people whose symptoms were watched rather than operated on. The symptoms tend to come and go, and many people settle with the measures described above.

If you do go ahead with surgery, the outlook is generally steady rather than dramatic. Pain and day-to-day function improve for most people whose condition has been carefully assessed before the operation. This holds true for people in their eighties as well as younger adults. Some people feel better within weeks, while for others the improvement builds over months.

Surgery is not a cure, and it is honest to go in knowing that. Some people who have a smaller operation on their spine develop new back or leg pain years later, and a small number need another operation down the track. Numbness in the legs that was present for a long time before surgery can also make full recovery less likely. Your surgeon will talk through how these figures apply to you, based on your scans and your symptoms.

Leaving the condition alone is a reasonable path for many people, and it does not usually lead to disaster. But if your pain is severe and nothing has shifted it after a year of proper effort, waiting longer rarely makes the problem easier to fix. The decision is yours, made with your surgeon, based on how much the symptoms are actually limiting your life.

When to see someone

See your GP if your back or leg pain keeps coming back, or if standing and walking bring on aching, heaviness or pins and needles in your legs that sitting eases. Ask for a specialist review if a year of good effort with physiotherapy, pain relief and activity changes has not settled things, or if your symptoms are stopping you working, sleeping or managing your daily life. Go to an emergency department if you suddenly lose feeling or strength in your legs, or if you develop new problems controlling your bladder or bowels. Those changes mean the nerves are under sudden pressure and need same-day assessment.

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