FACT SHEET — TREATMENT OPTIONS

Surgical Considerations for Back Pain

When surgery is and is not appropriate — options, evidence, and realistic expectations

Back surgery is appropriate for a relatively small proportion of people with back pain. For the right patient at the right time, it can be life-changing. For the wrong patient — or the right patient at the wrong time — it may provide little benefit and carries real risks. Understanding when surgery is and is not indicated is an important part of making an informed decision.

When surgery is clearly indicated

- **Cauda equina syndrome** — emergency surgery to decompress the cauda equina. Not optional.
- **Progressive neurological deficit** — worsening leg weakness despite conservative management
- **Significant structural instability** — high-grade spondylolisthesis, fracture with instability
- **Tumour or infection** — requiring surgical decompression or debridement

Common surgical procedures and their evidence

Procedure	Indication and evidence
Microdiscectomy	Removal of the herniated disc fragment compressing a nerve root. Good evidence for sciatica that has not resolved after 6–12 weeks of conservative management. Outcomes generally positive.
Decompression laminectomy	Removal of bone and tissue causing spinal stenosis. Effective for neurogenic claudication significantly affecting quality of life. Good medium-term outcomes.
Spinal fusion	Joining two or more vertebrae permanently. Appropriate for instability, high-grade spondylolisthesis, and some degenerative conditions. Evidence for fusion in non-specific back pain is weak.
Total disc replacement	Replacing a degenerated disc with an artificial one. Increasingly used as an alternative to fusion at single levels. Preserves movement. Evidence is improving.
Vertebroplasty / kyphoplasty	Injection of bone cement into a vertebral compression fracture. Effective for pain relief from osteoporotic fractures with specific criteria.

When surgery is less likely to help

- Non-specific back pain without clear structural cause
- Back pain with significant central sensitisation or psychological factors not yet addressed
- Disc degeneration alone without significant nerve involvement or instability
- Before adequate conservative management has been tried (typically 3–6 months minimum)

The most important question before surgery

Has adequate conservative management been tried? The evidence consistently shows that most people with disc herniation and sciatica improve significantly without surgery given appropriate time and treatment. Surgery that is performed before this process has been completed removes the option that most people would have recovered with anyway.

Related fact sheets

Disc herniation	The most common reason for back surgery.
Spinal stenosis	Decompression surgery for stenosis.
Spondylolisthesis	Fusion surgery for instability.
Cauda equina syndrome	Emergency surgery.
Manual therapy for back pain	Conservative management before surgery.

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Briefly describe your back pain

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