

Commissioning Policy

Discectomy for lumbar disc prolapse.

Criteria Based Access

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Version: *3.0*

Authorisation and document control

Name of policy:	Discectomy for lumbar disc prolapse.
Job title of author:	Senior Programme Manager, Elective Care
Name of sign off group:	Commissioning Policy Review Group

Equality and Engagement Impact Assessment	
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To be reviewed by (job title)	

Version control				
Version number	Date	Summary of changes	Author/Editor	Approved by
1.0	15/03/2018	Reordering of criteria to clarify which combination of criteria needs to be met (consistent with EBI Guidance List 2).	Commissioning Manager, Elective Care	ECCP Group

2.0	11/03/2021	Wording around 'Primary care management' inserted under Plain English Summary (consistent with EBI Guidance List 2).	Senior Programme Manager, Elective Care	ECCP Group
3.0	16/02/2024	Policy moved to new commissioning policy template. Criteria unchanged.	Senior Programme Manager, Elective Care	CPRG

1.0 Background

Around half of people experience lumbar back pain at some point in their lives. Such back pain may be caused by lumbar disc prolapse – also known as a slipped disc or a herniated disc. A slipped disc occurs when one of the discs that sit between the bones of the spine (the vertebrae) is damaged and presses on the nerves. This can cause back pain and neck pain, as well as symptoms such as numbness, a tingling sensation, or weakness in other areas of the body. The sciatic nerve is often affected in cases of slipped disc. It is the longest nerve in the body and runs from the back of the pelvis, through the buttocks and down both legs to the feet. If pressure is placed on the sciatic nerve, it can cause mild to severe pain in the leg, hip or buttocks.

It can take about four to six weeks to recover from a slipped disc. Primary care management typically includes reassurance, advice on continuation of activity with modification, weight-loss, analgesia, manual therapy and screening patients who are high risk of developing chronic pain (i.e. STaRT Back). A discectomy may be considered in severe cases to release the pressure on your spinal nerves caused by a bulging or slipped disc.

2.0 Policy statement

Policy details
<p>Discectomy surgery is only commissioned in adult patients who meet the following criteria:</p> <ul style="list-style-type: none"> • The patient's symptoms persist despite some non-operative management for at least 6 weeks. <p>AND</p> <ul style="list-style-type: none"> • The patient has had an MRI showing disc herniation at a level and side corresponding to the clinical symptoms and evidence of nerves root involvement consistent with symptoms. <p>AND EITHER</p> <ul style="list-style-type: none"> • The patient has radicular pain consistent with the level of spinal involvement. <p>OR</p> <ul style="list-style-type: none"> • There is evidence of nerve-root irritation with a positive nerve-root tension sign (straight leg raise-positive between 30 and 70 degree or positive femoral tension sign).

3.0 Patients who are not eligible for treatment under this policy

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Individual Funding Request Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

4.0 Connected policies

GICB policy on Management of non-specific lumbar back pain and/or radicular pain (sciatica) in patients over 16 years of age

5.0 References

Academy of Medical Royal Colleges Evidence Based Interventions (EBI) guidance on Lumbar Discectomy - <https://ebi.aomrc.org.uk/interventions/lumbar-discectomy/>