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REVIEW

Failed back surgery syndrome: current perspectives

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Abstract: The treatment of failed back surgery syndrome (FBSS) can be equally challenging to surgeons, pain specialists, and primary care providers alike. The onset of FBSS occurs when surgery fails to treat the patient's lumbar spinal pain. Minimizing the likelihood of FBSS is dependent on determining a clear etiology of the patient's pain, recognizing those who are at high risk, and exhausting conservative measures before deciding to go into a revision surgery. The workup of FBSS includes a thorough history and physical examination, diagnostic imaging, and procedures. After determining the cause of FBSS, a multidisciplinary approach is preferred. This includes pharmacologic management of pain, physical therapy, and behavioral modification and may include therapeutic procedures such as injections, radiofrequency ablation, lysis of adhesions, spinal cord stimulation, and even reoperations.

Keywords: back pain, back pain with radiation, back pain without radiation, low back pain, spinal cord stimulation, review, pain disorder

Introduction

Back pain is a highly prevalent condition that can have a tremendous social, financial, and psychological impact on a patient's life. Low back pain is a worldwide problem, with an estimated 9.4% global incidence, creating more disability than any other condition in the world.[1] Prevalence of low back pain increases with age, so it is understandable that there is an increasing rate of surgeries to treat back pain in accordance with an aging population demographic. It is estimated that from 2000 to 2007, the total number of adults in the United States with chronic back pain increased by 64% (from 7.8 million to 12.8 million) with a mean age increasing from 48.5 to 52.2 years.[2] Considering the significant increase in the prevalence of back pain over time, it is understandable that there are similar trends in increasing rates of surgeries to treat it. Between 1998 and 2008, the annual number of hospital discharges for primary lumbar fusions increased by 170.9% from 77,682 to 210,407. During the same period, the rate of laminectomies increased by 11.3% from 92,390 to 107,790 (Table 1).[3] However, sometimes surgery fails to provide relief or provides only temporary relief of the patient's pain. The International Association for the Study of Pain defines failed back surgery syndrome (FBSS) as:

> Lumbar spinal pain of unknown origin either persisting despite surgical intervention or appearing after surgical intervention for spinal pain originally in the same topographical location.[4]

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