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Wallis Stabilisation Procedure Patient Information

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WALLIS STABILISATION PROCEDURE

PATIENT INFORMATION SHEET

You will be admitted to Hospital on the day of your procedure, sometimes there is a need for admission the day prior to surgery but this is rare. You should bring all your x-rays, CT scans, MRI scans and any other relevant investigations you have had with you. You will be assessed by the anaesthetist before the operation as to your fitness for the procedure.

The operation itself is of short duration, usually about 60 minutes. There is minimal blood loss associated with the surgery and generally the recovery should be quite quick. A Wallis stabilisation may be placed after surgery to free pinched nerves in your spine. The nerves are often pinched either due to a prolapsed disc or due to degenerative spinal narrowing from arthritic joints or thickened ligaments within the spine. If you are having surgery for this problem the Wallis implant may reduce risk of recurrent disc prolapse or may take some of the strain off the arthritic joints in your spine.

Post Operatively

On arrival to the ward you will be given adequate pain relief, either by injection or tables. You will be able to stand or go to the toilet to pass urine, but occasionally if there is discomfort a urinary catheter may need to be placed.

The next day it would be expected that your intravenous drip would be removed and you will be able to stand out of bed. An x-ray to check the position of the implant will be arranged.

The wound will need to be covered for about seven to ten days and usually you are discharged home several days before this. However, you will be given extra waterproof dressings so that they can be changed after each shower.

After discharge you can call Patricia to arrange a suitable post operative appointment at 6 weeks. You will then be reviewed a further 3 months following the post-operative visit. Thereafter, there is no particular after-care procedure, as it does not rely on bone graft knitting.

Complications

Rarely, infection may cause some minor problems but if the infection becomes deep around the device itself, the device may need to be removed.

Further general complications can occur after any operation including the minuscule risk of stroke, heart attack, deep vein thrombosis and blood clots in the lungs etc. These complications are rare after spinal operations as the operation is small and you will be out of bed hopefully with 24 to 48 hours and walking satisfactorily.

Benefits

Principal benefits of this procedure in the short and medium term is that it produces "instant stability" in all planes of movement, a reduction in movement related pain from the segment stabilised, but a reversible outcome if there is some problem with the device or it does not satisfactorily produce the desired result – in other words the device can be removed and you will not have lost anything. This is different to a fusion operation that is by its very nature, irreversible.

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