

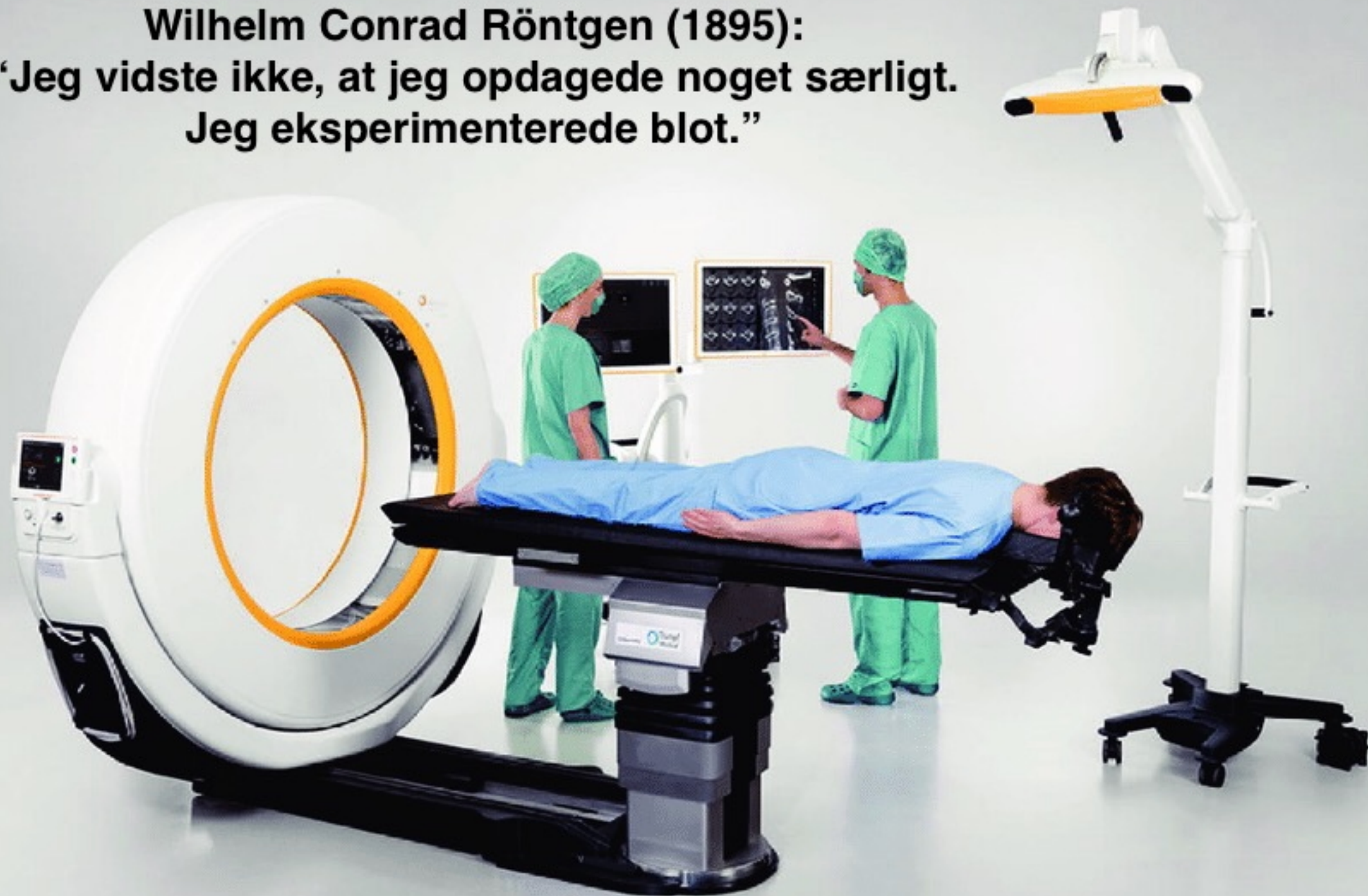
Den gode rygoperation



JØRGEN DEGN
Temadag på ARS

Wilhelm Conrad Röntgen (1895):

**“Jeg vidste ikke, at jeg opdagede noget særligt.
Jeg eksperimenterede blot.”**



RYGKIRURGI

- DEKOMPRESSION (FRILÆGNING)
- SPONDYLODESE (STIVGØRING)
- KORREKTION (OPRETNING)

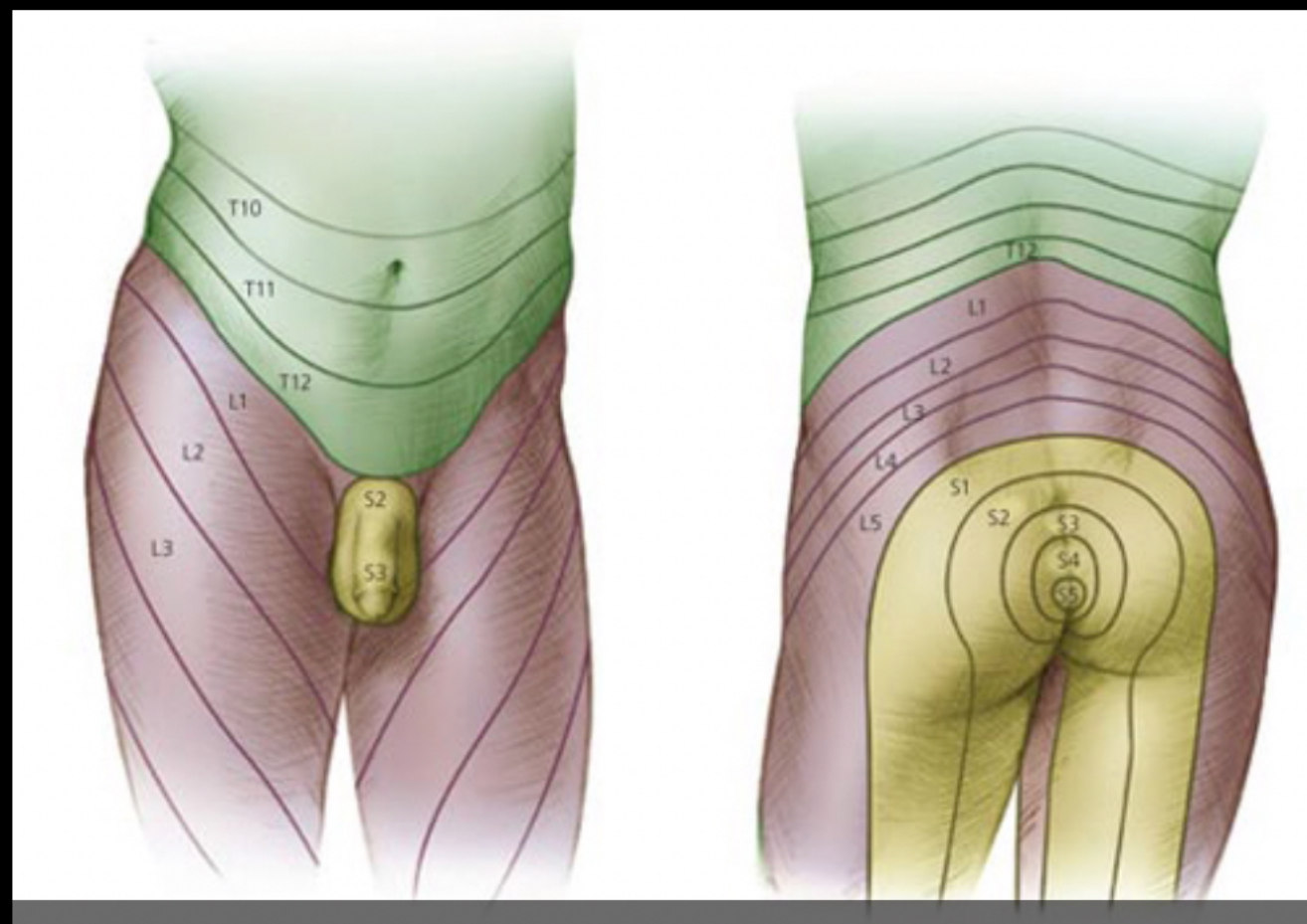
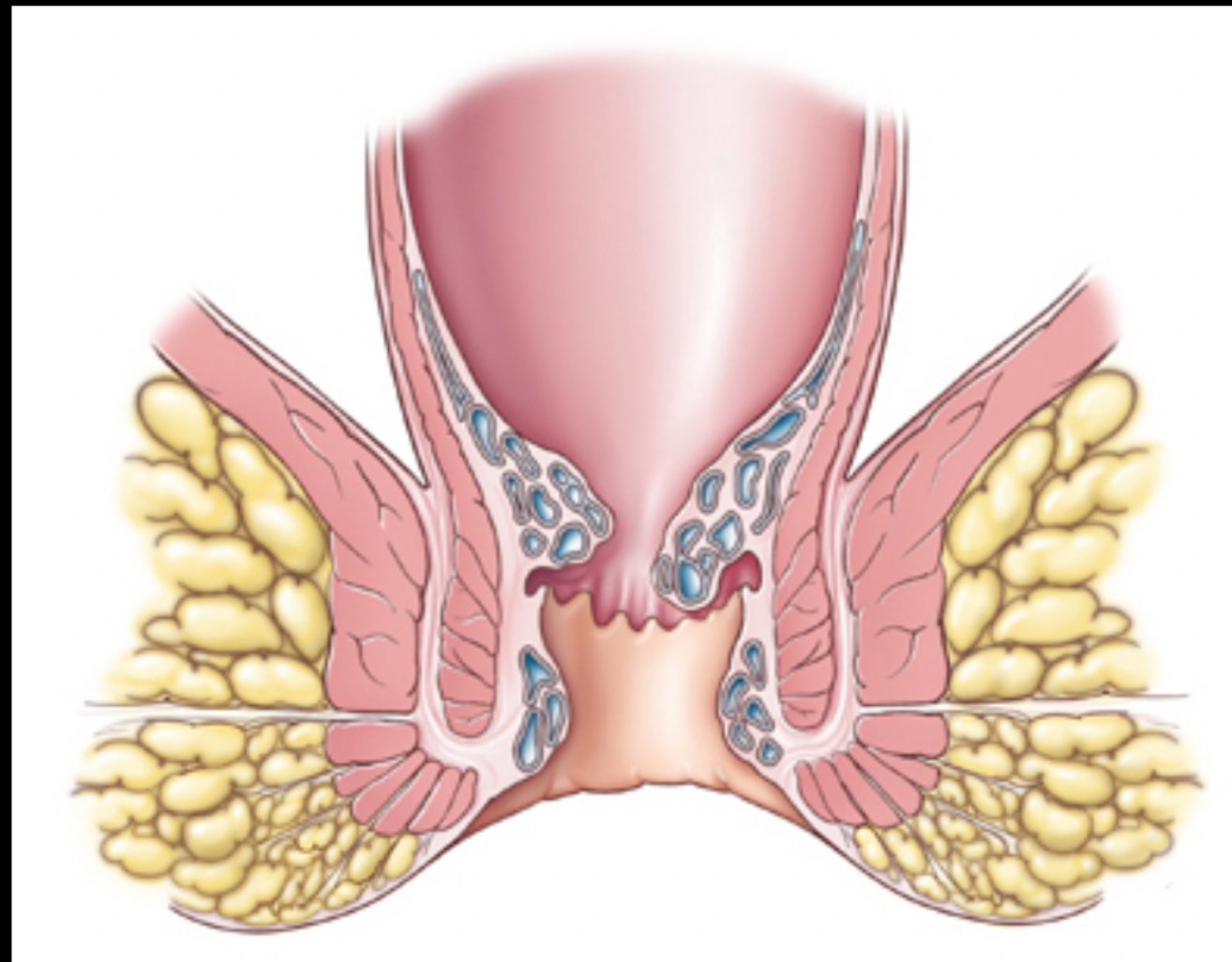
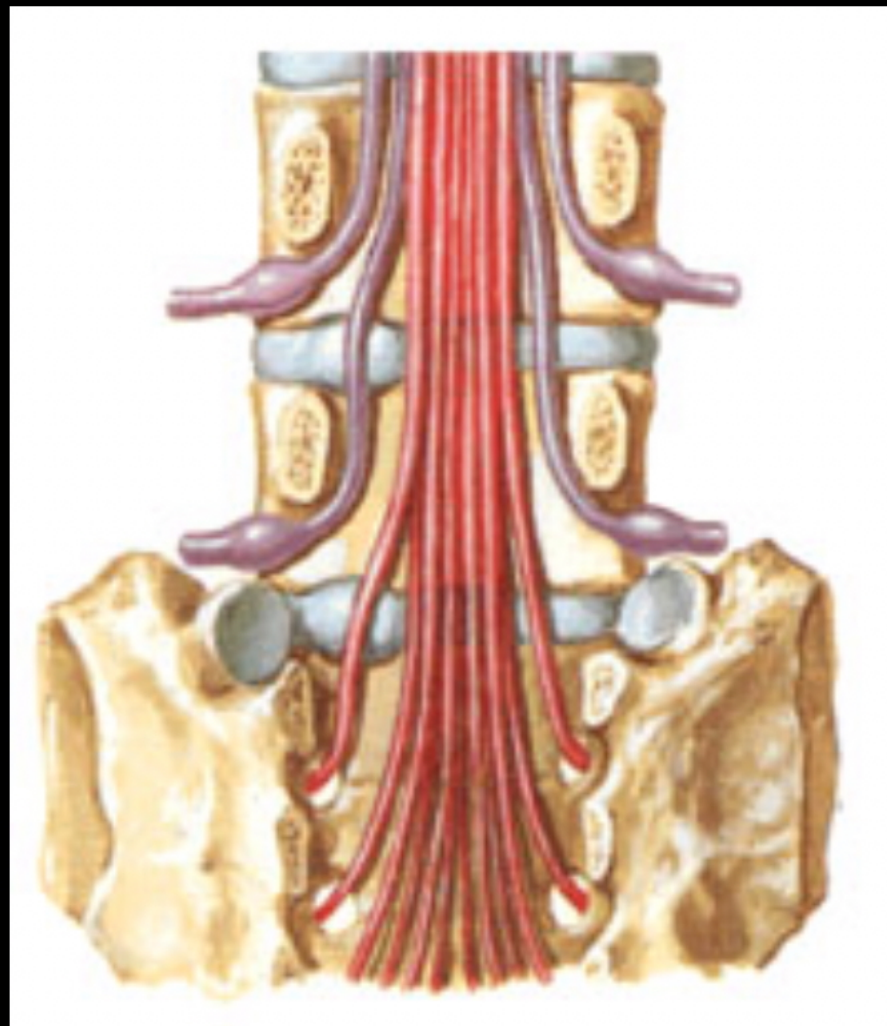
70-årig mand

- Lumbal dese L3-L5 i 1999
- Rygsmerter med udstråling til venstre ben
- Positiv strakt-ben-test
- Blæreskanning: 800 ml
- Svært nedsat perianal sensibilitet
- Ophørt voluntær sfinkterkontraktion
- Rimelig sfinktertonus
- Tidspunkt da du ser pt: 23:30

Diagnose?
Udredning?

Cauda Equina Syndromet

Heldigvis utroligt sjældent men alvorligt – giver sfinkterpåvirkning med urinretention (ophævet fornemmelse af blærefyldning, evt. overløbsinkontinens) – slap sfinkter - nedsat perianal sensibilitet – bilat. symp. Akut behandling: Faste, blæreskanning (efter vandladning!), KAD, akut MR eller CT, evt. kontakt til rygkirurg mhp. akut operation (inden 6-24-48 timer)



Klinisk diagnose

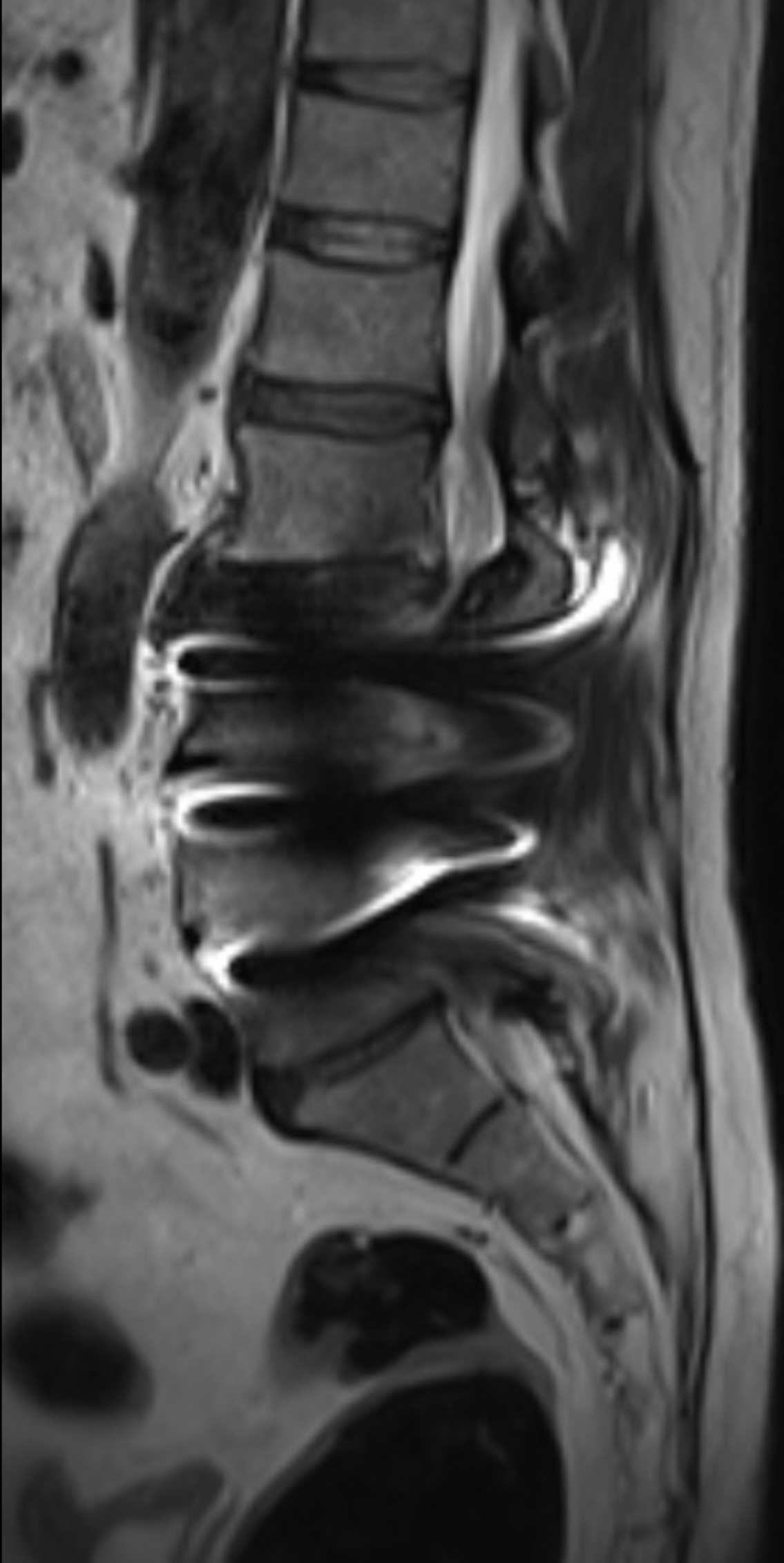


Andre årsager til UR:
Smerter, morfika, BPH

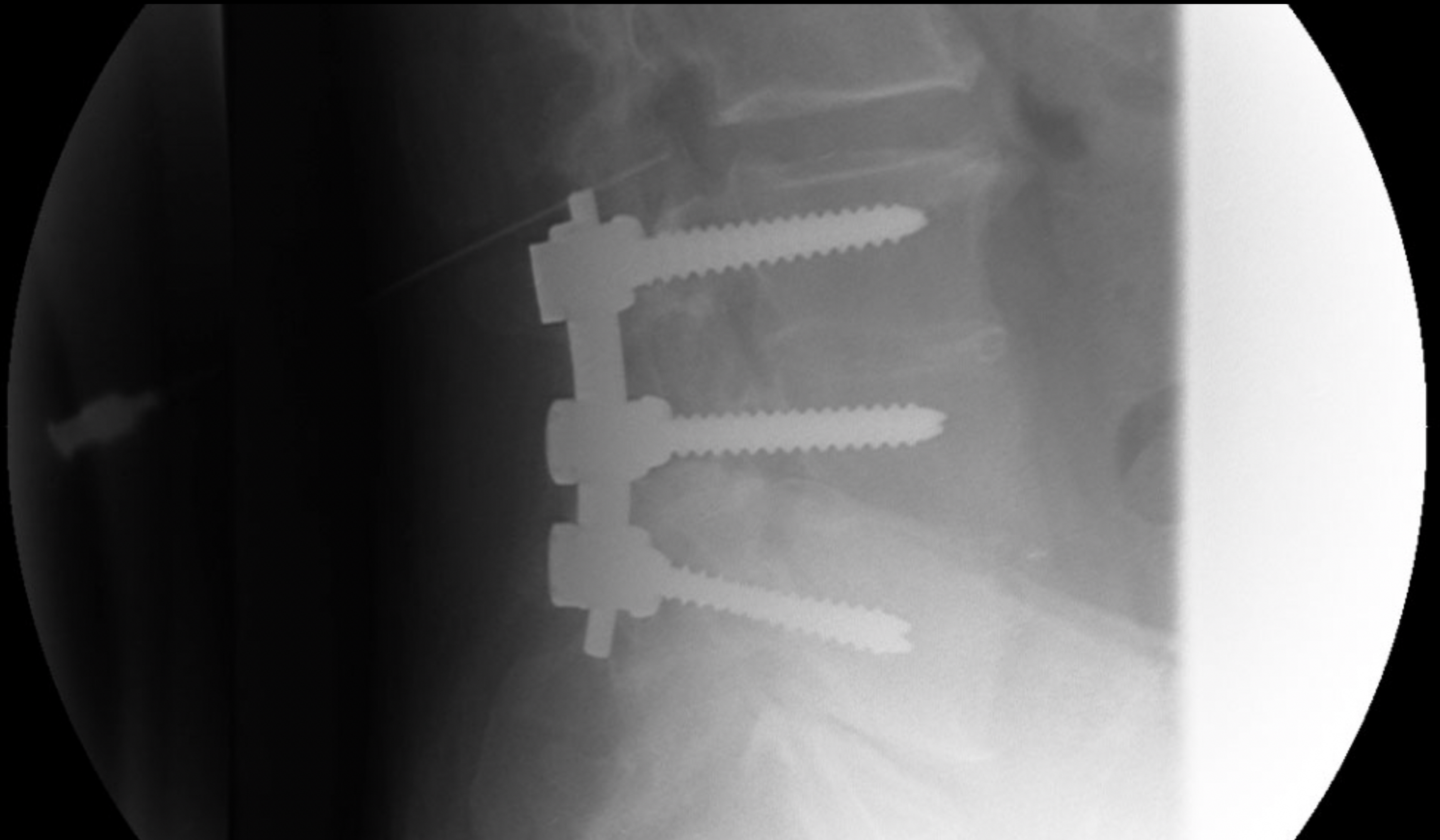
Ingen UR: risikoen for CES er 1/1.000 !!!

CT-skanning

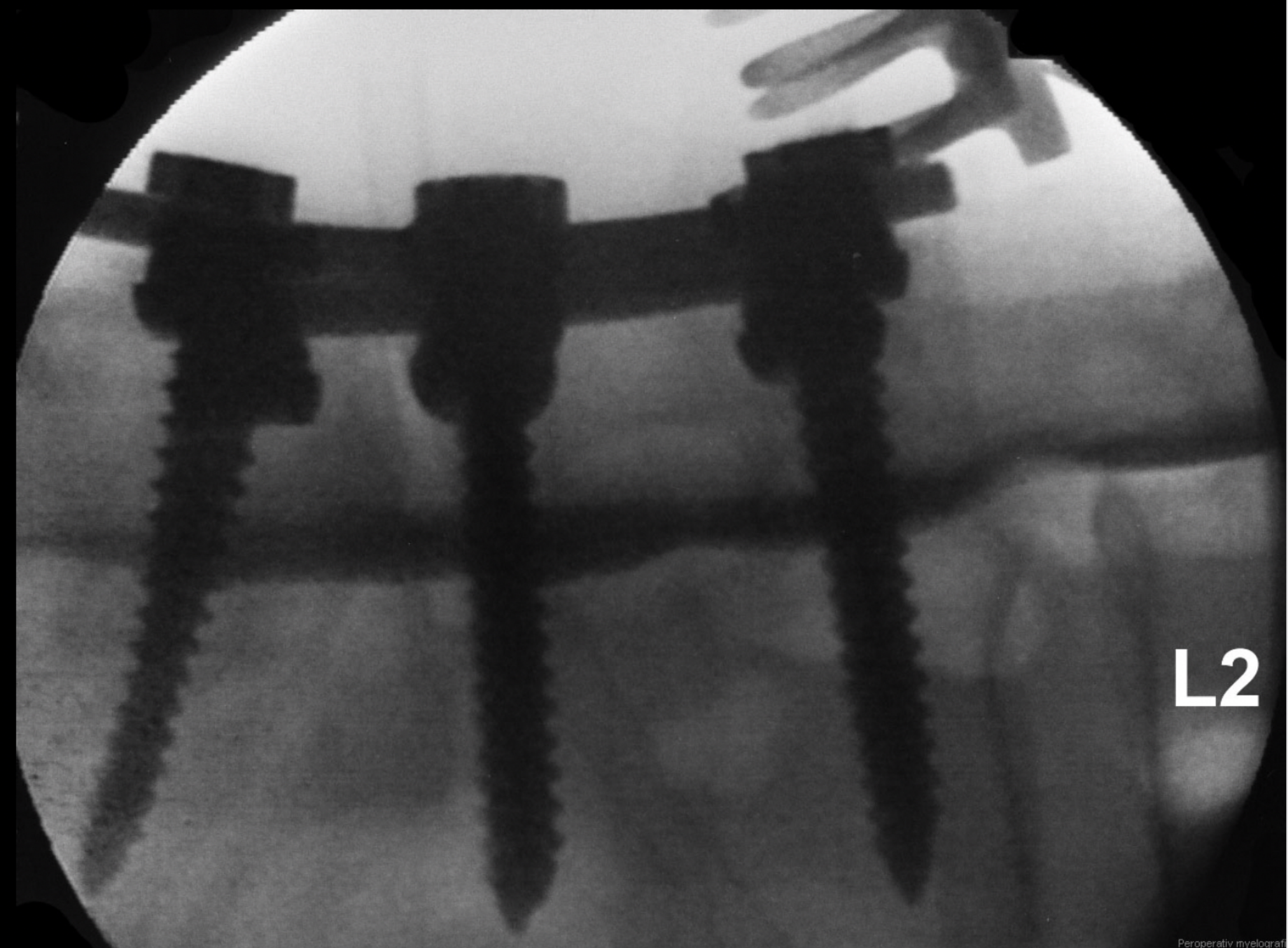
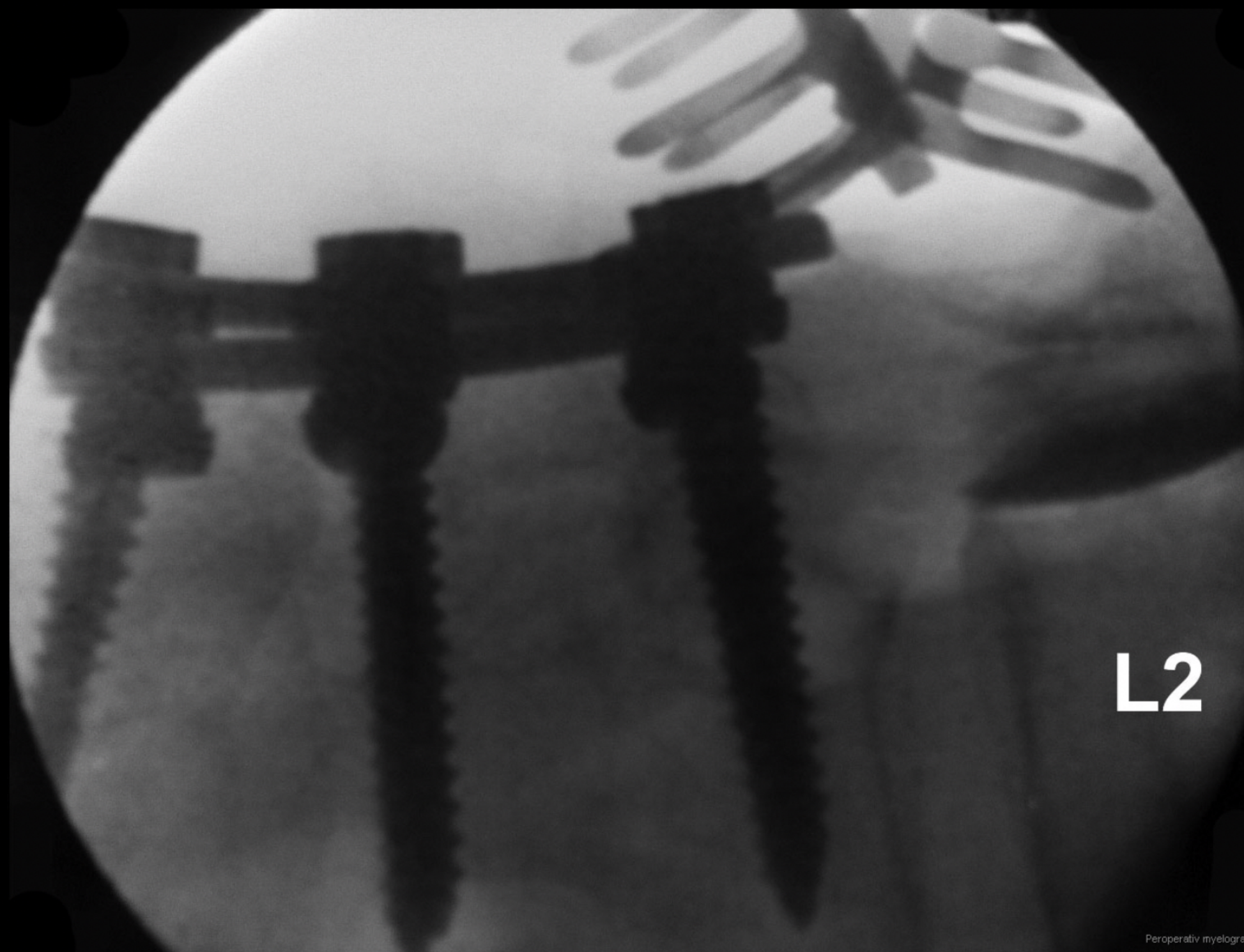


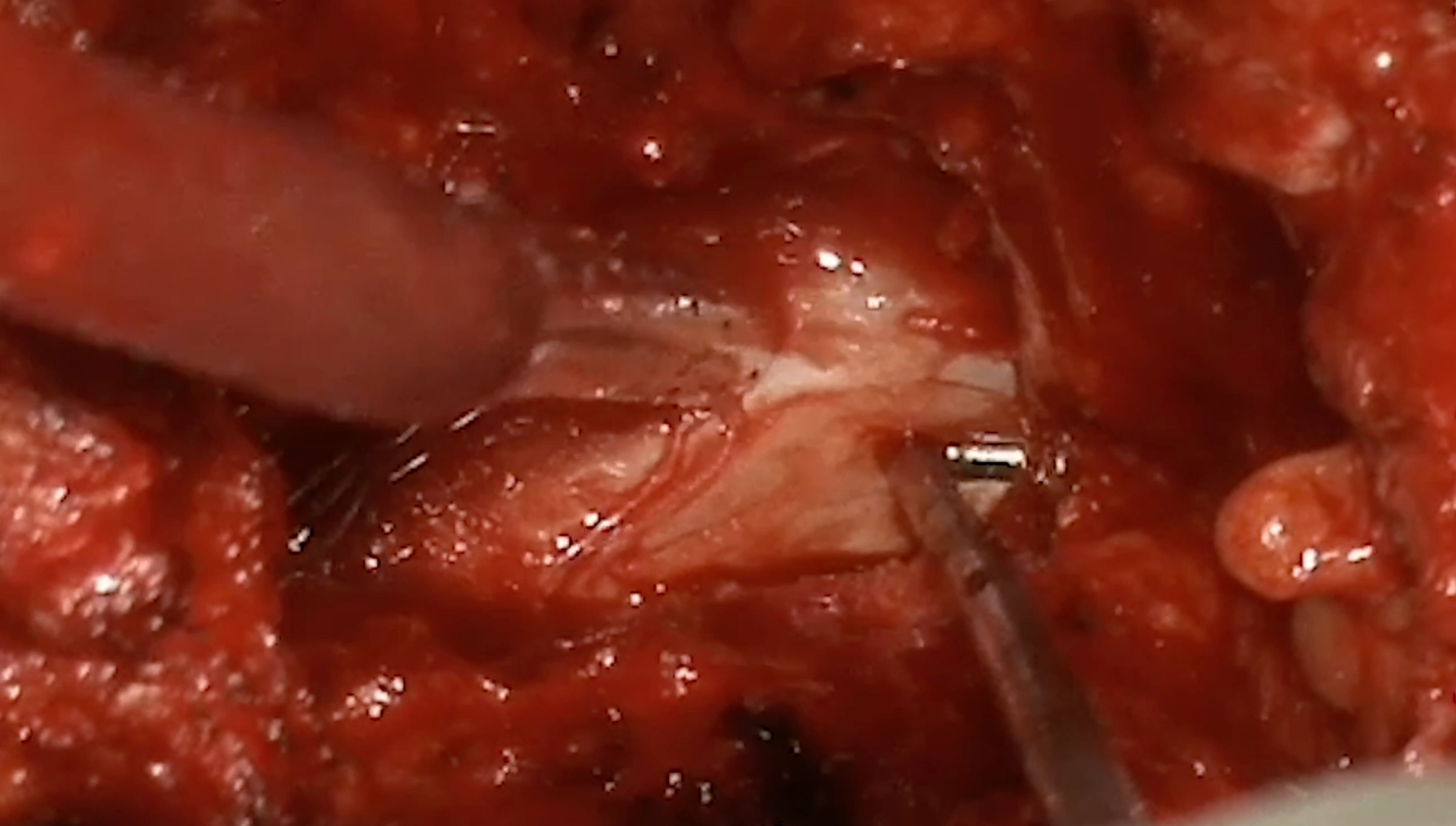


Myelografi



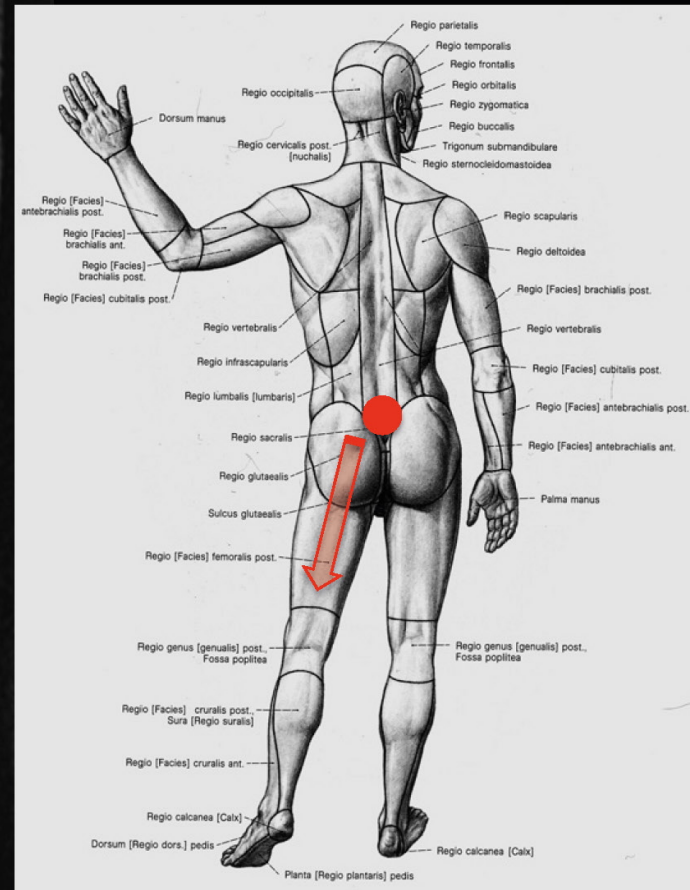
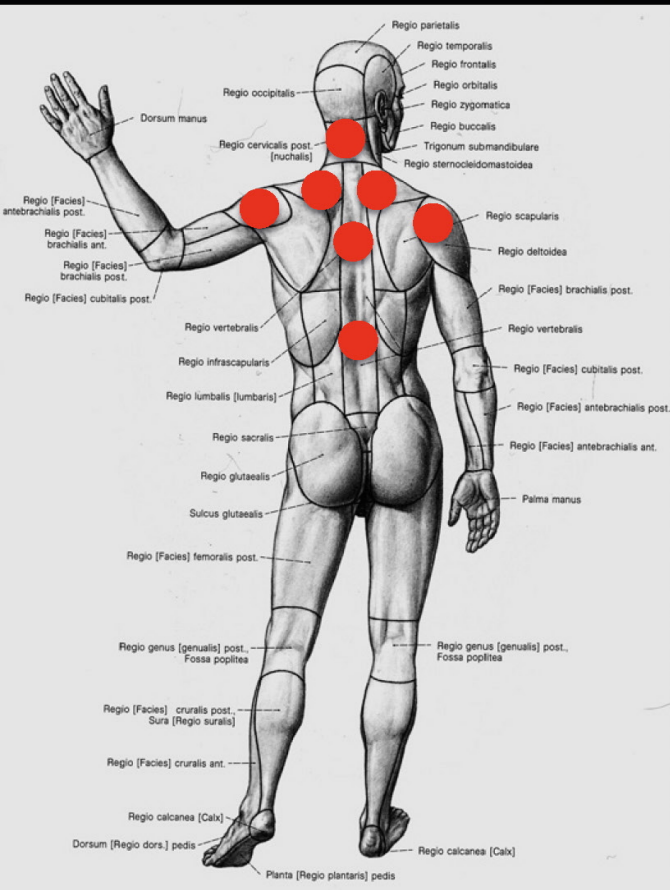
Peroperativ myelografi



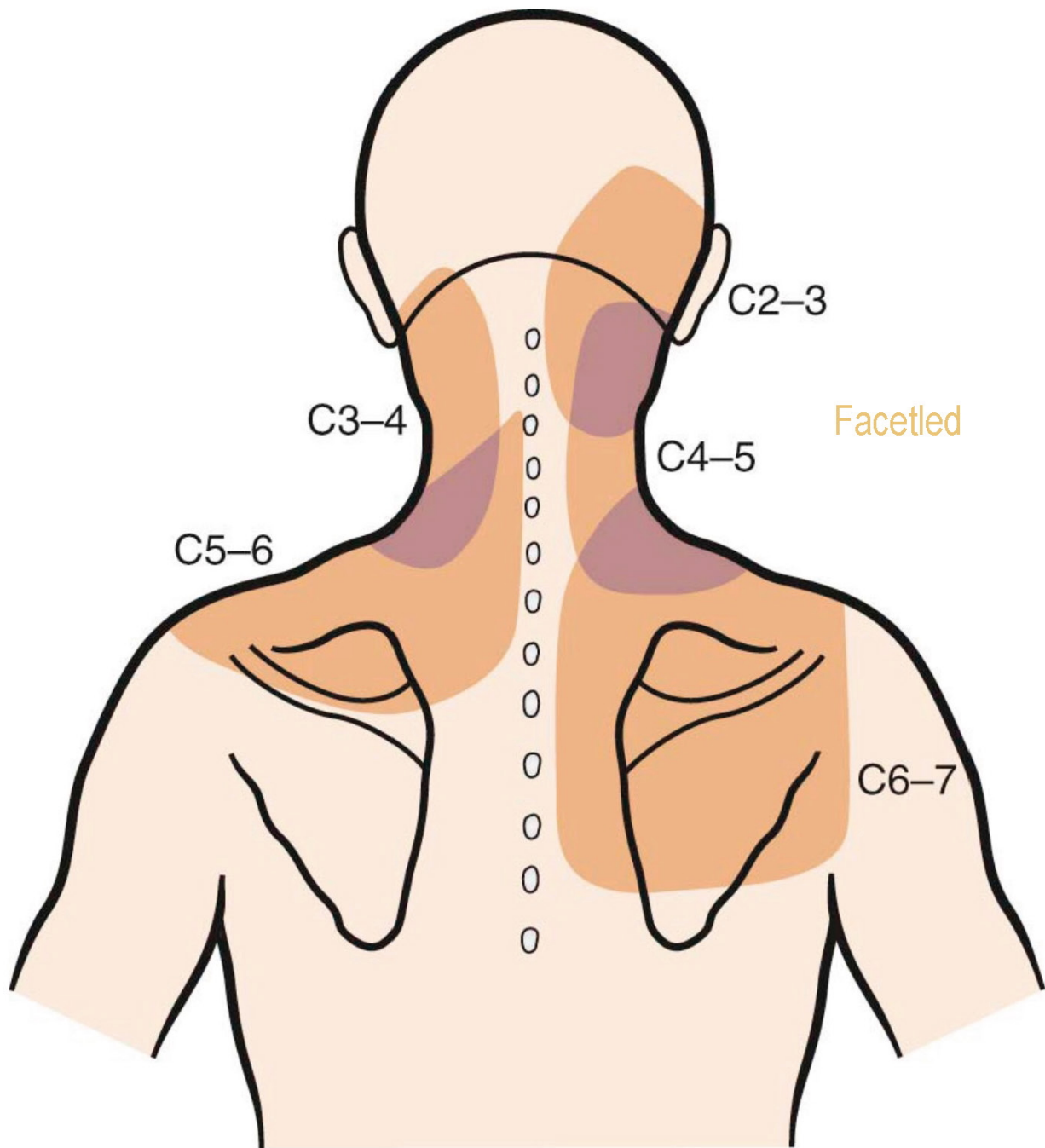


Hvilken smertegenerator?

Diskus? Facetledsartrose? Rodtryk? Myoser? Gigt?



AXIALE NAKKESMERTER



Introduction: Globally, low back pain is the *leading* cause of years lived with disability¹. Greater attention is needed to mitigate this increasing burden and the impact it is having on health and social systems. The pain experienced is composed of varying parts of organic and psycho-social components, however a *specific pathoanatomical pain generator* can only be detected in approximately 25% (see figure 1).

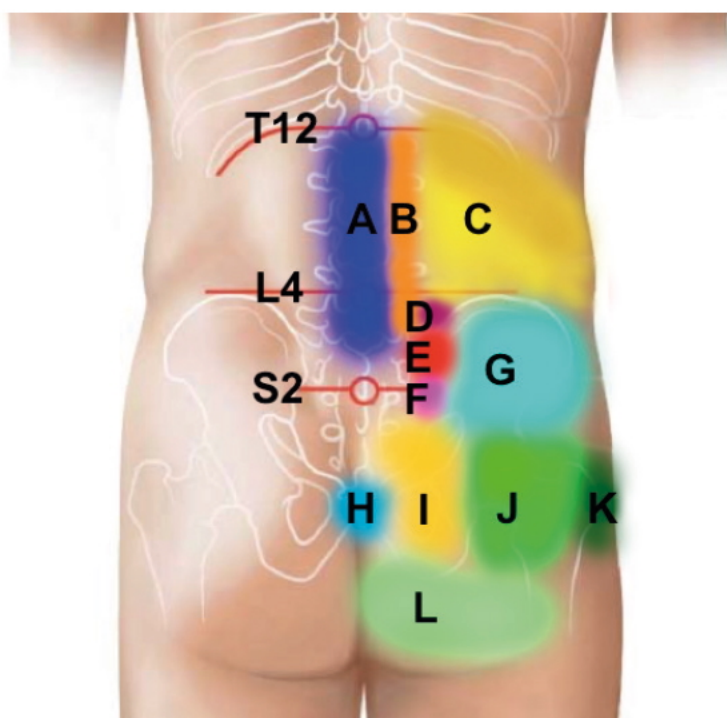
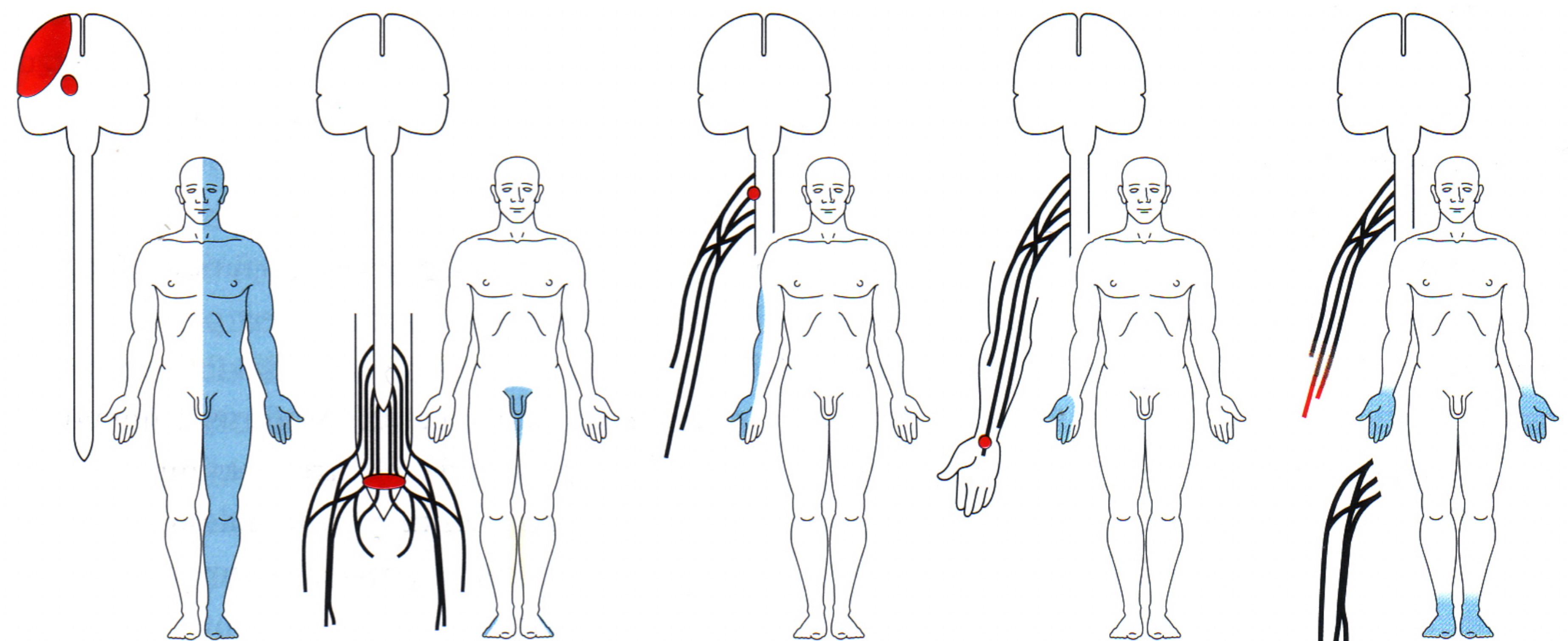


Figure 1: Lumbar pain zones seen with different generators: A) Axial (discs, vertebrae, facets, endplates, spinous processes — degenerative changes e.g. disc degeneration, -herniation, Modic changes, HIZ, Schmorl's node, spondylolisthesis, scoliosis and Scheuermann's disease. Also tumor, fracture, inflammation and infection). B) Paraspinal (secondary myofascial pain). C) Flank (muscles, referred pain from kidney/ureter, endometriosis). D) Fused transverse process (Bertolotti's syndrome). E) Spina Illiaca Posterior Superior (SIPS — Back Mouse Syndrome). F) Sacroiliac joint (dysfunction). G) Gluteal region (muscles, superior cluneal nerve, fibromyalgia). H) Coccygeal (coccydynia). I) Piriformis syndrome, middle cluneal nerve. J) Hip joint (coxarthrosis). K) Trochanter (bursitis). L) Inferior cluneal nerve.

DEN KLINISKE DIAGNOSE

- Hvad fejler patienten?
- Hvad er smertegeneratoren?
- Hvor sidder læsionen i nervesystemet? Rod? Perifer nerve?
- Sygehistorien
- Den objektive (neurologiske) undersøgelse
- Signifikant radiologisk rodpåvirkning?



Sensorisk cortex eller thalamus

(fx apopleksi) Modsidigt hemiformt føletab.
For sensorisk cortex desuden astereognose og sensorisk inattention.

Cauda equina syndrom

(fx sakrale nerverødder S1-S5 ved stor L5 prolaps)
Sensorisk tab i ridebukseområdet og S1-dermatomer.

Radikulopati

(fx 6. cervikale nerverod (ved cervical diskusprolaps C5/6))
Sensibilitetstab i det pågældende dermatom.

Mononeuropati

(fx n. medianus ved carpaltunnelsyndrom)
Sensibilitetstab sv.t. den pågældende perifere nerve distalt for læsionsstedet.

Polyneuropati

Handske- og sokformet sensibilitetsudfald.

Indikationer

NEUROANATOMI

- Nerverod
- Cauda equina
- Rygmarven
- Columna

KLINIK

- Radikulopati
- Neurogen claudicatio
- Parese
- Cauda equina syndrom
- Myelopati
- Axiale smerter
- Instabilitet/deformitet

Effekten af operation

- 
- A photograph of a surgical team in an operating room. Five surgeons, wearing blue scrubs, blue bouffant caps, and white surgical masks, are gathered around a patient lying on an operating table. They are focused on a surgical site illuminated by bright overhead lights. The background shows typical operating room equipment, including monitors and medical carts.
- Diskusprolaps: 8/10
 - Stivgørende operation i lænden: 2/3



Danespine

Landsdækkende
rygkirurgisk
PRO-database

[OM DANESPINE](#)[INDBERETNING](#)[SPØRGESKEMAER](#)[NYHEDER](#)[KONTAKT](#)

OM DANESPINE

[Kontaktpersoner](#)[Registerstyregruppen](#)[Årsrapporter](#)[Vedtægter](#)

DRKS DaneSpine > Om DaneSpine

Om DaneSpine

DaneSpine er en landsdækkende klinisk kvalitetsdatabase, som indeholder data for rygopererede patienter og er baseret på et frivilligt samarbejde mellem landets rygopererende afdelinger og klinikker.

Dansk Rygkirurgisk Selskab har siden 2009 ejet og drevet databasen. Der er etableret et nationalt sekretariat, der aktuelt er placeret på Sektor for Rygkirurgi og Forskning, Middelfart Sygehus, der understøtter den daglige drift. I 2012 er der indberettet til DaneSpine fra 15 forskellige klinikker fordelt over hele landet - af disse er 5 privatklinikker og 10 er offentlige klinikker.

Ambitionen er at skabe en landsdækkende database, der systematisk indsamler data om rygkirurgiske patienter, operative procedurer og resultater. Herved er det muligt at kvalitetsvurdere og ved behov forbedre forløb og behandling for patienter, der opereres for lænde- og rygproblemer i Danmark.

I menuen til venstre kan du finde flere oplysninger om bl.a. vedtægter, organisering og årsrapporter...

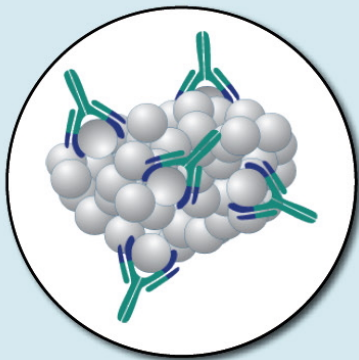
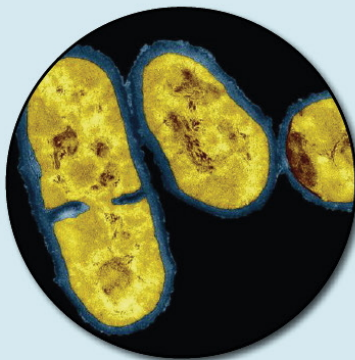
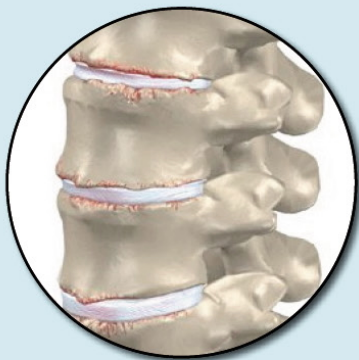
Senest opdateret 18-04-2016.

Kontakt: **DaneSpine**

Hvordan
opstår
"slidgigt" i
ryggen?

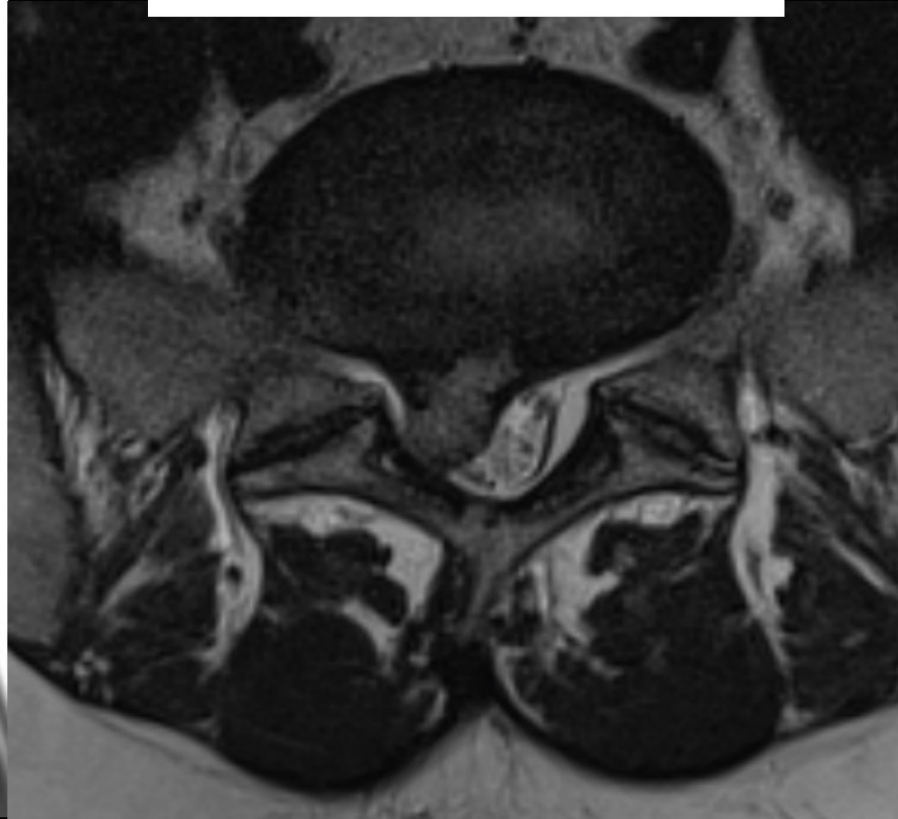
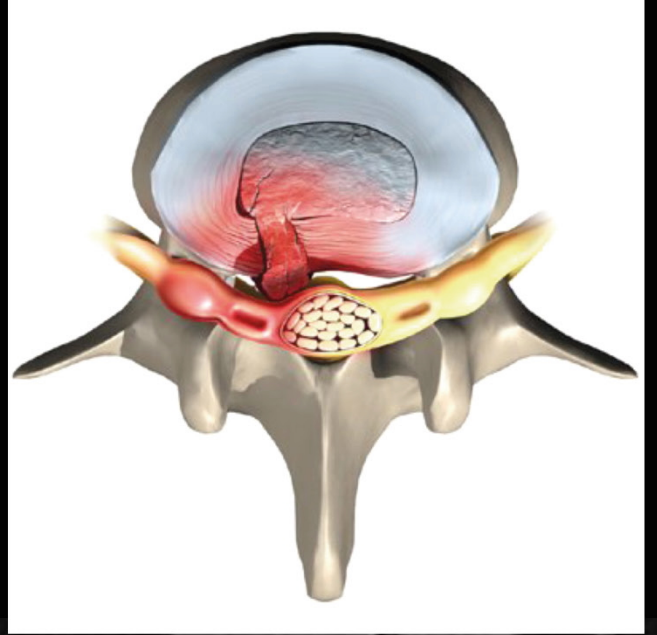




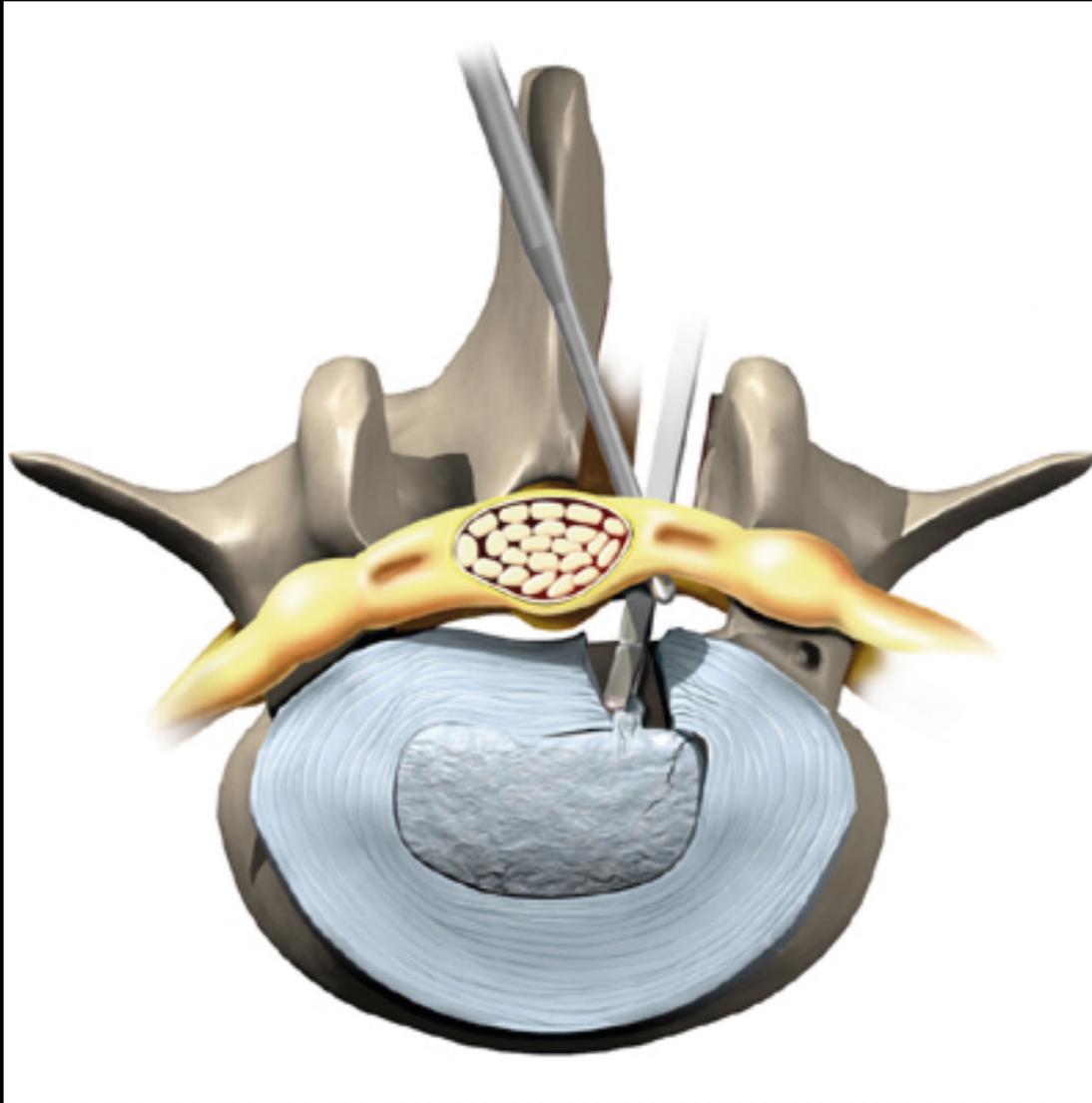


Multifaktoriel kumulativ model

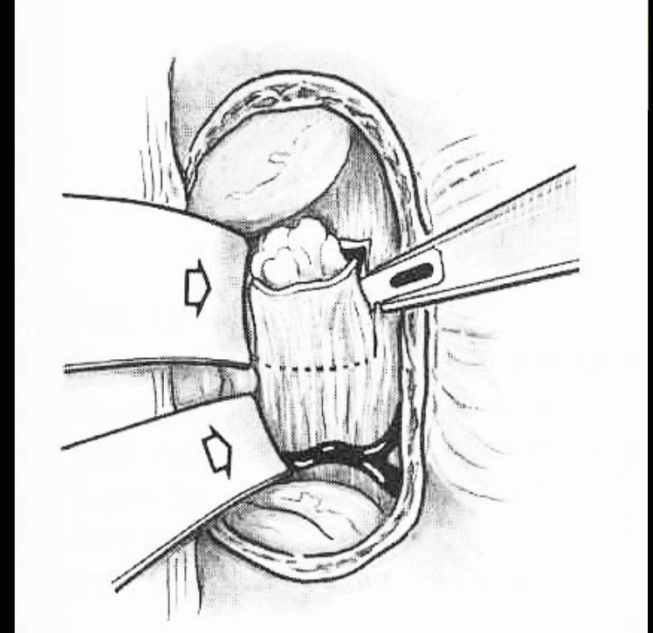


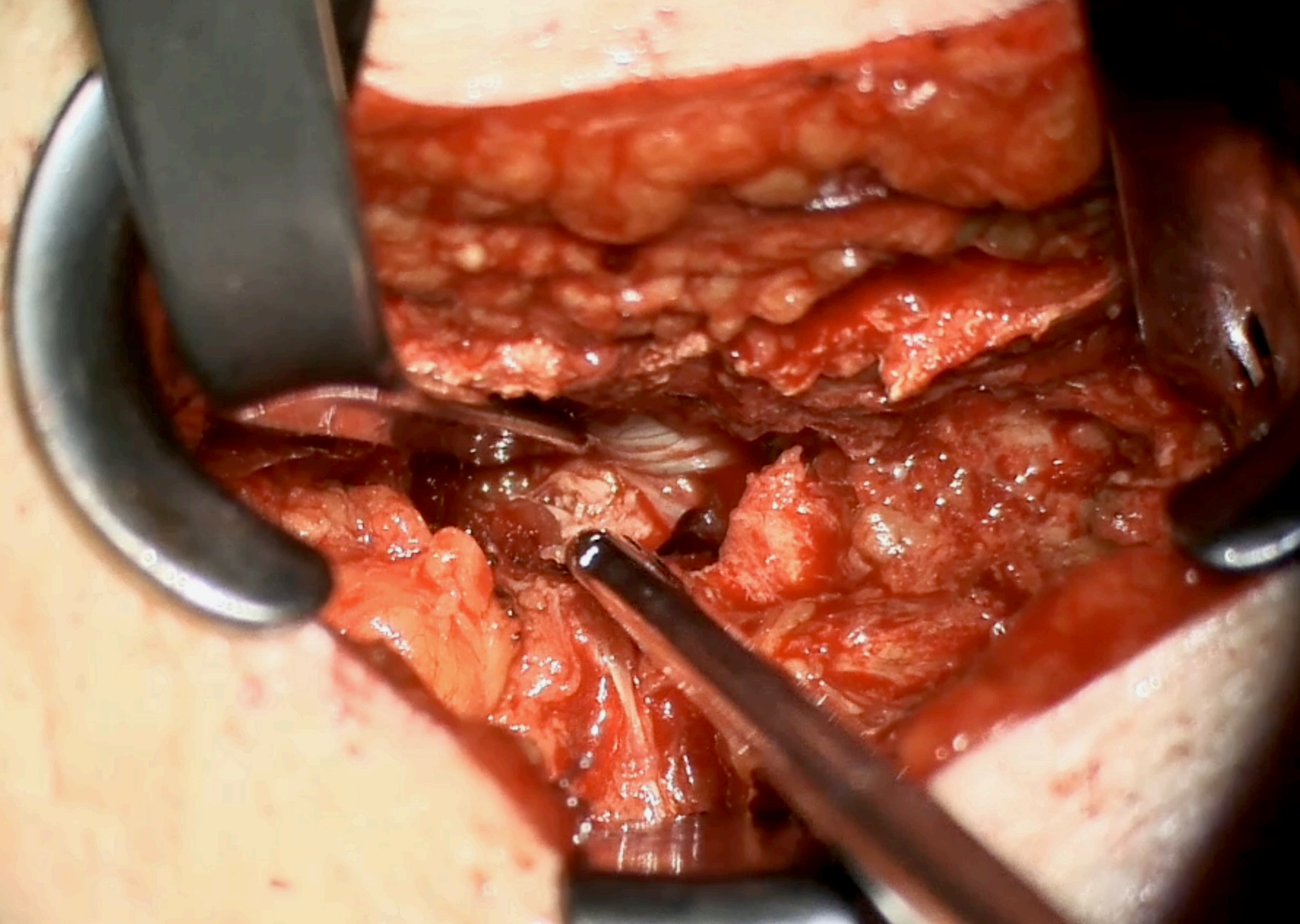


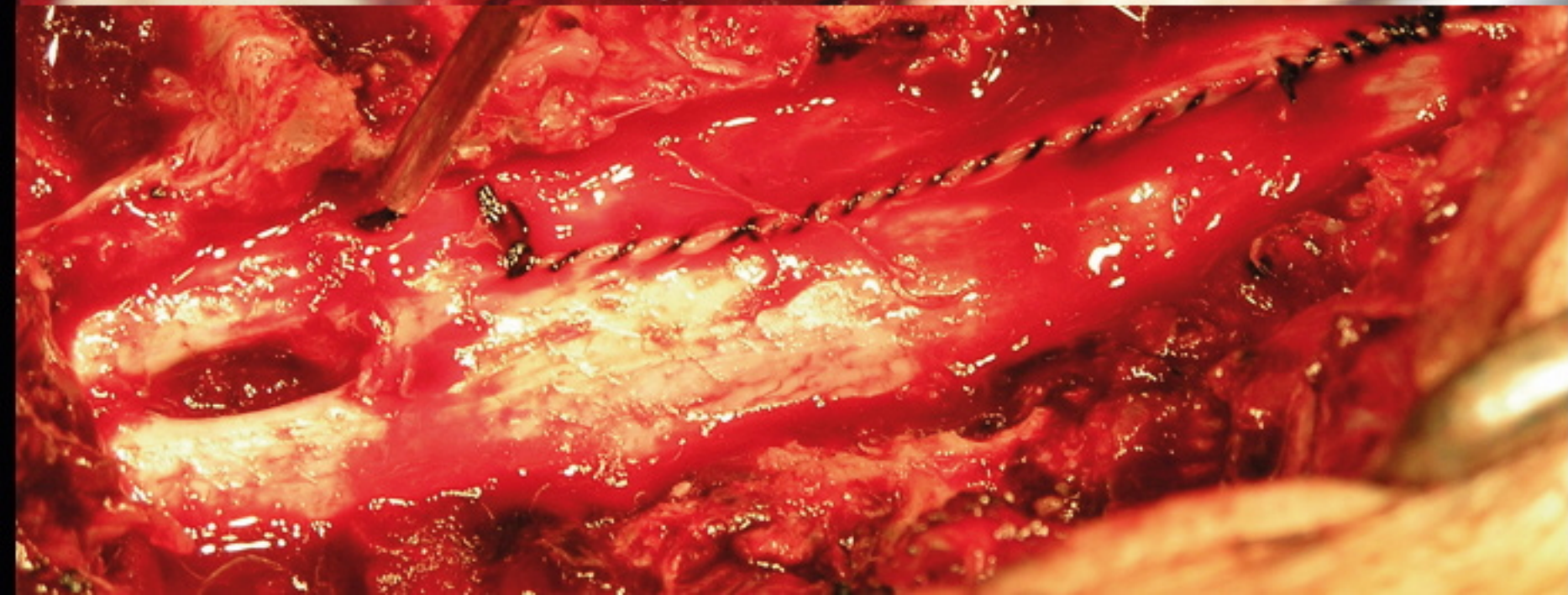
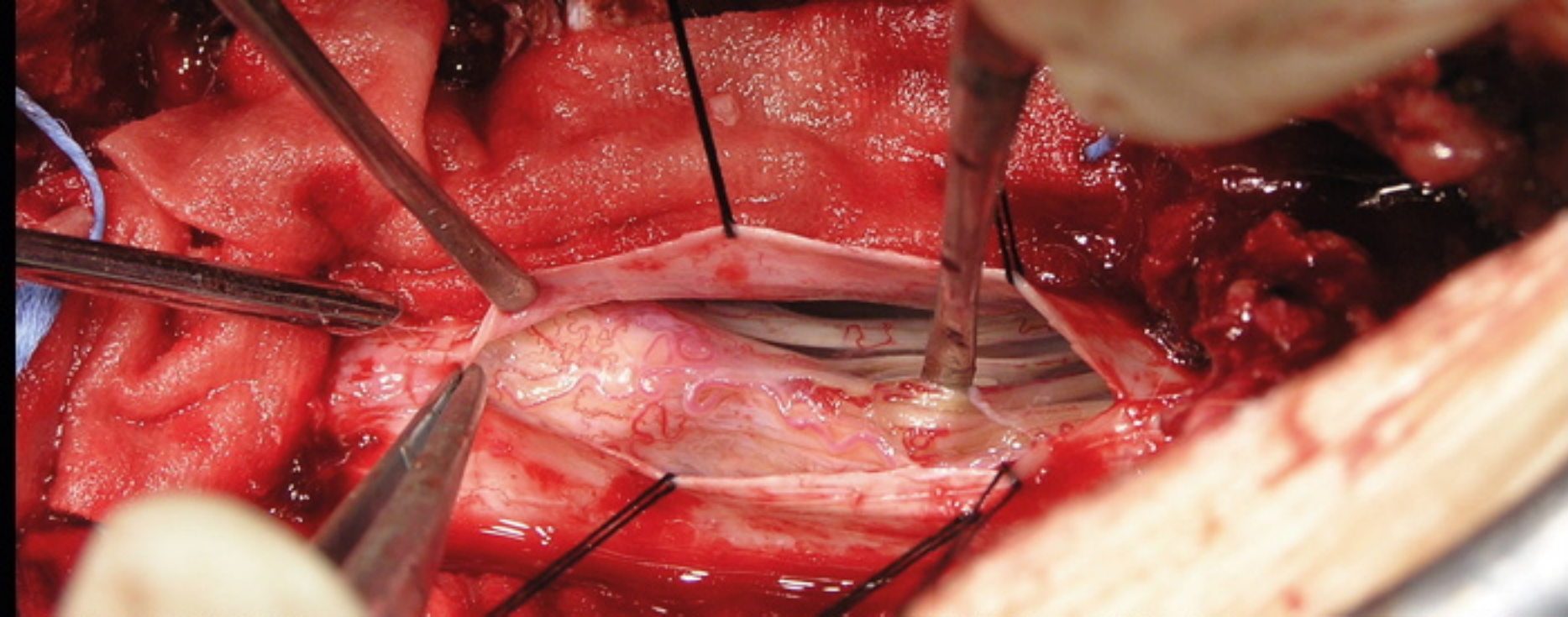
Partiel hemilaminektomi



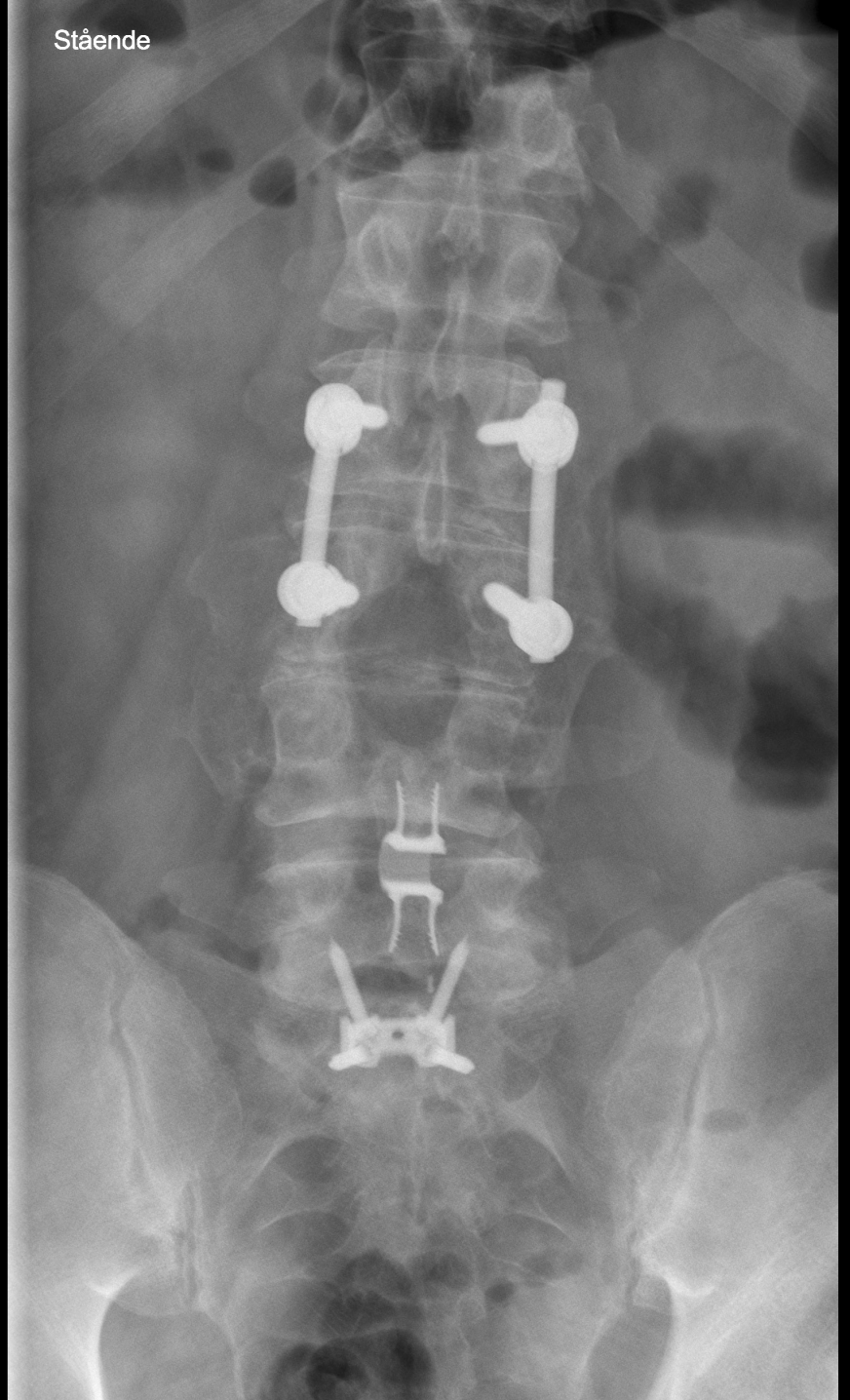
- Klassisk diskektomi
- Mikroskop v/ recidiv
- Evt. dese





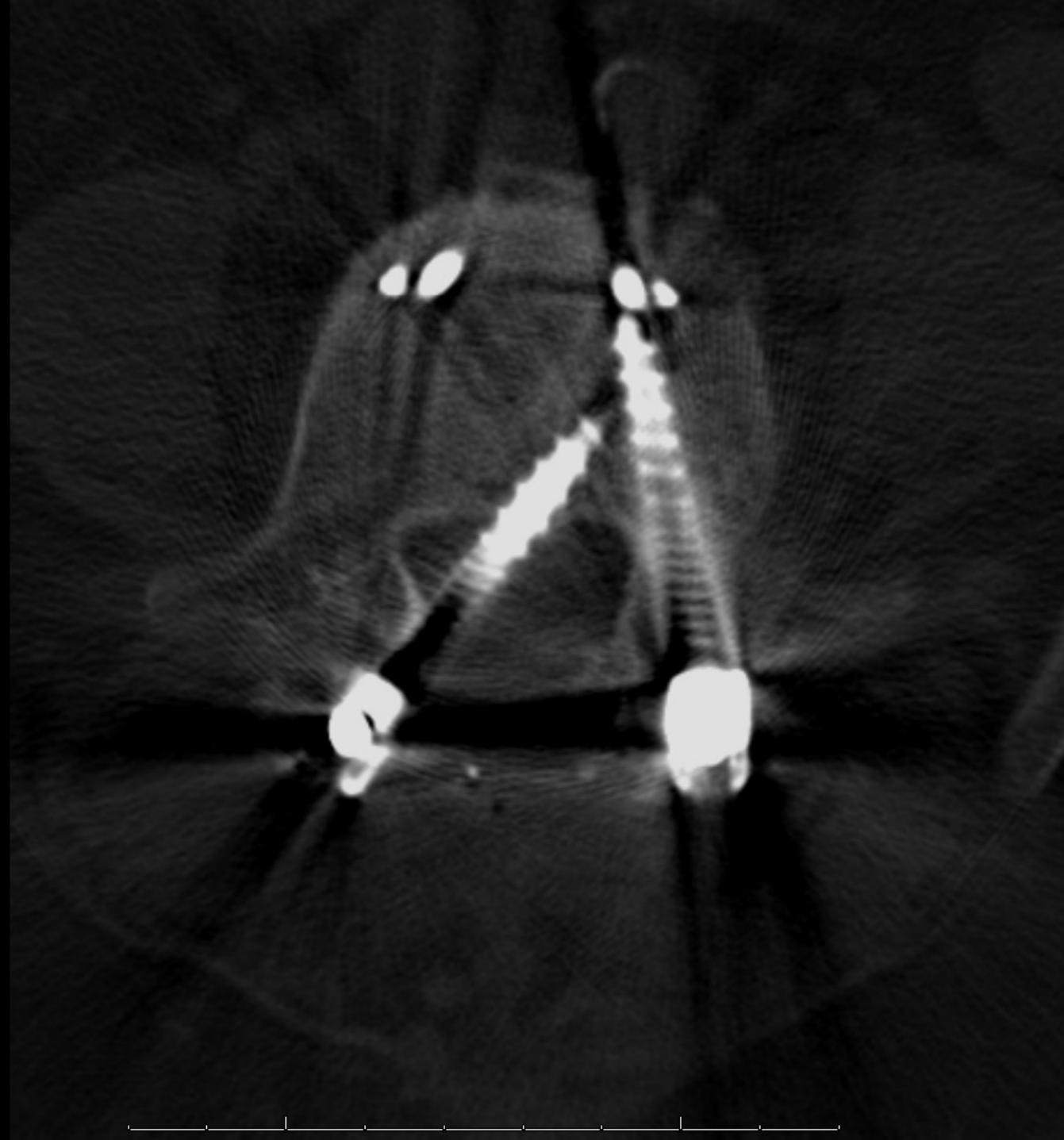


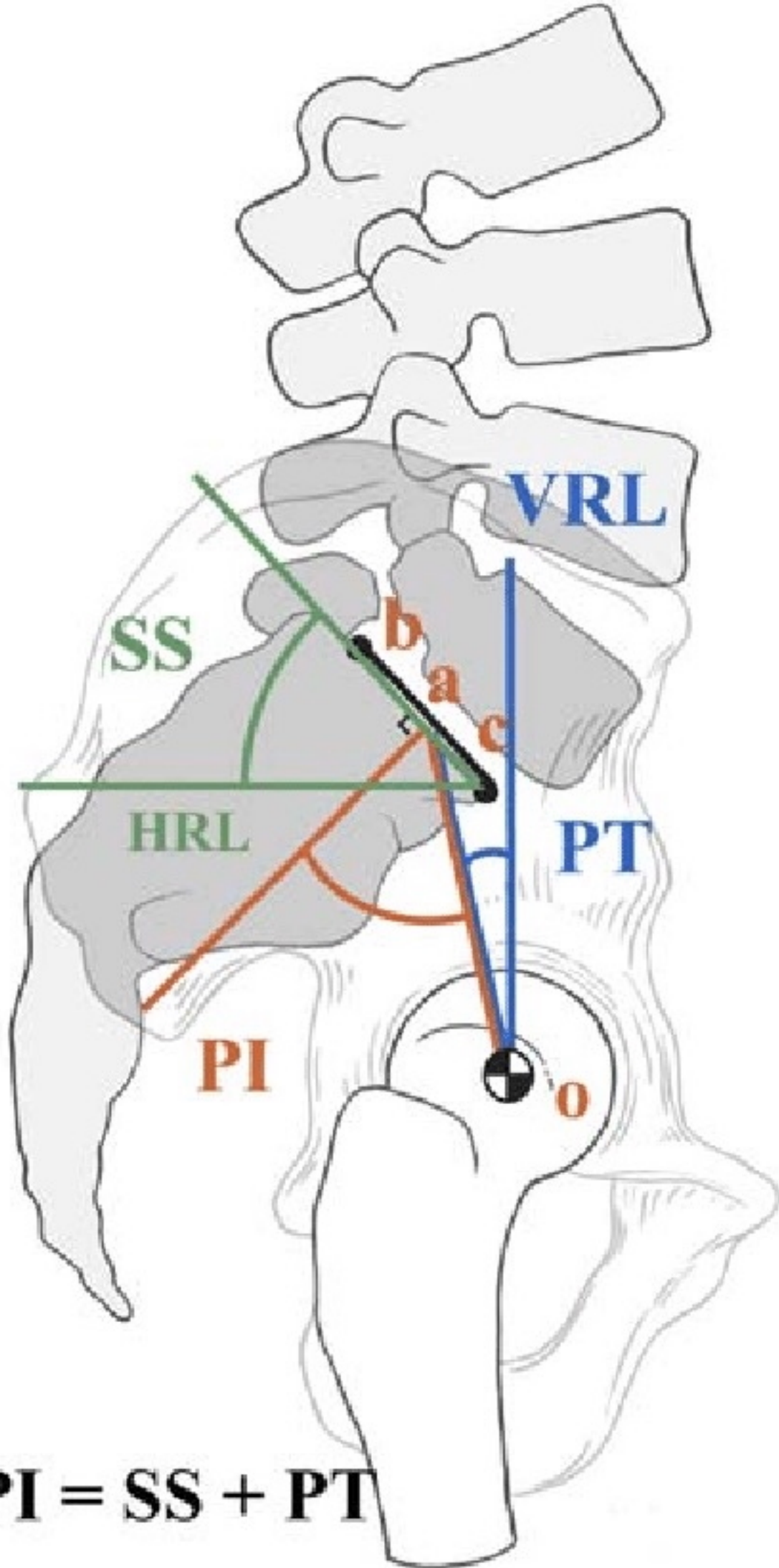












$$PI = SS + PT$$