

Neurologic Deficits during Rehabilitation Process in Patients after Surgical Treatments for a Lumbar Herniated Disc

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Background

In patients with lumbar herniated disc, severe pain and progressive neurological deficits should have an immediate surgical evaluation as these conditions may represent a surgical emergency. Rehabilitation programmes are common approaches after surgery.

Aim to determine neurologic deficits during active rehabilitation proces in patients after surgical treatment for a lumbar herniated disc.

Methods and patients: A retrospective study was conducted in the period from January to the December 2015 and as a source of data we used medical records. The study included 60 patients with active rehabilitation that starts four to six weeks postsurgery, hospitalized at the Clinic for Physical Medicine and Rehabilitation, University Clinical Center of Sarajevo (UKCS). Outcome measures were: back and leg pain, neurological deficits (leg weakness, numbness and loss of normal bowel and bladder functions) and the length of stay in hospital (LOS).

Results

Out of the total (n=60), 34/60 (56.7%) were males and 26/60 (43.3%) were females. The mean of age was 53.5±13.1 years for females and 51.1±11.4

years for males. The mean of LOS was 19.6 ± 5.9 days. The proportion of: back and leg pain decreased from admission value of 93.3% to 15.0% at discharge ($p < .001$); leg weakness decreased from admission value of 53.3% to 15.0% at discharge ($p < .001$); numbness decreased from admission value of 88.3% to 5.0% at discharge ($p < .001$); loss of normal bowel and bladder functions decreased from admission value of 5.0% to 3.3% at discharge ($p > .05$).

Conclusion

Patients included in active rehabilitation that starts four to six weeks postsurgery have benefits.