

# **PATIENT GUIDE TO SPONDYLOLISTHESIS**

## **DESCRIPTION**

Spondylolisthesis is defined as a slip of one vertebral body relative to an adjacent vertebral body. This spinal condition most commonly presents as a degenerative disease in adults but may be present in adolescents as a result of deformity or trauma.

Often there is mild to moderate back pain. If the slip is compressing a nerve, leg pain often develops.

## **SYMPTOMS**

A change in the position of the vertebra can lead to back pain. Nerve compression may occur as the condition worsens, resulting in leg pain.

Lower back pain.

Leg pain and numbness may develop if there is nerve compression.

## **CAUSES**

### **Adults**

Arthritic changes.

Disc degeneration.

Pars defect.

### **Adolescents**

Trauma due to athletic activities.

Congenital deformity.

Isthmic Spondylolisthesis.

## **POSSIBLE TREATMENT OPTIONS**

### ***Non Operative Treatment***

Medications, physical therapy or spinal cortisone injections are indicated for pain relief. Surgery can be considered for those who do not improve.

### ***Decompression***

This procedure involves removing all or a portion of the lamina, removing bone spurs and/ or enlarging the foramen to relieve pressure on the nerve roots or spinal cord. This pressure is often the source of pain.

### ***Posterior Fusion Surgery***

Usually, in addition to decompression, your surgeon will also perform an instrumented posterolateral fusion by inserting a series of rods and screws coupled with the placement of bone graft. This fusion provides increased spinal stability. Depending on the severity of the slip and degree of malalignment, the slipped vertebral body is sometimes pulled back to its original position using instrumentation. A newer technique to fuse the llisthesis segment is performing a interbody fusion with structural cage support. These cages are filled with bone graft and impacted into the disc space from posteriorly.