Lumbosacral instability

L7–S1 decompression and stabilisation | Dogs

Problems in the area where the lower back joins the pelvis can irritate the nerves to the hind legs (sciatica), tail and bladder. Treatment aims to relieve nerve pressure and, where necessary, reduce abnormal movement.

About the procedure

What is lumbosacral disease?

At the last lumbar vertebra and the sacrum, a disc, small joints and ligaments help support the back. Wear, a bulging disc, thickened tissue or abnormal movement can narrow the spaces through which the nerves travel. This is often called degenerative lumbosacral stenosis. Dogs may avoid jumping, struggle to rise, limp after exercise or dislike having the tail lifted.

How is the cause identified?

The surgeon assesses the back, hips and nervous system, since several conditions cause similar signs. CT shows the disc, bone changes and the bony passages for nerves. MRI will show changes and swelling of nerve roots. Images must be interpreted with the clinical findings; abnormal movement or narrowing on a scan is not proof that it causes the pain.

What does surgery involve?

A dorsal laminectomy removes part of the bony roof above the affected nerves. The surgeon may remove thickened tissue or disc material, or enlarge a narrow nerve exit (foraminotomy). If movement contributes to compression, selected dogs may need distraction and stabilisation: implants hold the bones in a planned position. Bone graft may be used to promote fusion. Not every decompression needs implants.

What other treatments could help?

Rest, weight management, prescribed pain relief and tailored rehabilitation may help dogs with mild signs. Selected patients may benefit from other treatments such as epidural medication. Persistent pain, loss of working ability or worsening neurological deficits may favour surgery. Urinary or bowel problems need prompt assessment.

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Recovery, risks and home care

Recovery and home care

Expected outcome

Many dogs become more comfortable and active, but chronic nerve injury may not recover completely. Bladder, bowel or tail function can remain abnormal even after adequate decompression.

More common or important ongoing problems

Persistent or recurrent back pain, hind-leg lameness, temporary weakness, wound swelling and incomplete improvement can occur. Existing bladder or bowel problems may persist.

Less common but potentially serious complications

Nerve root injury, new urinary or faecal incontinence, infection, haemorrhage, incomplete or recurrent compression and spinal instability may occur. With implants, screw or pin malposition, loosening, breakage, loss of distraction or failure of fusion may require revision.

Home nursing and activity

Provide a quiet, non-slip area. Cage rest is strongly recommended. Avoid jumping into cars, stairs and strenuous exercise. Use short controlled lead outings; a support sling may be useful if advised. Monitor urine, stools and tail movement and give only prescribed medicines. Avoid exercises that extend the lower back until cleared.

Follow-up and recovery

Early review usually includes the wound, pain, gait and bladder function. Restricted activity commonly lasts several weeks or longer with stabilisation. Follow-up imaging may check implants or fusion; persistent signs may require further investigations. Return to demanding work is not guaranteed.

When to contact the practice

New inability to pass urine, sudden hind-leg weakness, loss of bowel control, severe pain or a leaking wound requires prompt veterinary assessment. Collapse or severe distress requires emergency care.

Questions to ask your vet

Is compression or instability the main problem? Why is stabilisation recommended or not? What function can reasonably return?

Discussing risks and complications

As with any surgical procedure, complications can occur. Your surgeon will discuss the possible complications, individual risks and expected outcome for your pet during the pre-operative consultation.

General anaesthesia can cause serious complications, including death. Your veterinary team will explain individual risks and alternatives.

Important information

Follow the personalised discharge plan; this sheet is not a consent form. Contact your own practice or its out-of-hours service for urgent care.