



## Spinal fusion surgery: From relief to insecurity

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### KEYWORDS

Pain;  
Spinal fusion surgery;  
Powerlessness;  
Decision;  
Relief;  
Change;  
Disconnectedness;  
Insecurity;  
Identity;  
Communication;  
Meaning

**Abstract Background:** During their decision-making process patients perceive surgery as a voluntary yet necessary choice. Surgery initiates hope for a life with less pain but also creates a feeling of existential insecurity in terms of fear, isolation and uncertainty.

**Aim:** The aim of this study was to explore how patients experience their situation from the point of making the decision to undergo spinal fusion surgery to living their everyday life after surgery.

**Method:** A phenomenological-hermeneutic study design was applied based on the French philosopher Paul Ricoeur's theory of interpretation. Data were collected through observations and semi-structured interviews.

**Findings:** The recommendation and decision to undergo spinal fusion surgery felt like a turning point for the patients and brought hope of regaining their normal lives, of being a more resourceful parent, partner, friend and colleague with no or less pain. Thus, deciding to undergo surgery created a brief feeling of relief. However, life with back pain had changed the patients' understanding of themselves. Consequently, some patients postoperatively experienced insecurity and a weakened self-image with difficulties creating meaning in their lives.

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**Conclusion:** Being recommended and undergoing spinal fusion surgery initiates hope for a life with less pain and altered life conditions. At the same time, paradoxically, this creates a feeling of existential insecurity in terms of facing the surgery and the future to come. It is, therefore, important to recognise and include the patients' everyday life experiences concerning how they give (or may not give) meaning to their illness, i.e. their understanding of how it is affecting them. These aspects are essential for the patients' definition and re-definition of themselves and thus crucial to draw upon in the relationship and communication between patient and healthcare professional. © 2016 Elsevier Ltd. All rights reserved.

### Editor comments

For many patients who have suffered chronic back pain being offered surgery gives them hope for the future. It also gives them a feeling that their pain is 'validated' and 'respected' by others. Listening to the voices of such patients and trying to interpret their experiences can help healthcare professionals to provide care that is more compassionate and emotionally intelligent. This is also true of engaging with the findings of this study. It illuminates the trajectory of the experiences and feelings of this group of patients to such a degree that it can help professionals to provide care that is more sensitive to back pain sufferers' needs for effective psychological care both before and after the surgery. This demonstrates, yet again, the immense value of qualitative research such as this.

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## Background

Back pain is described as exclusively 'malefic' and powerfully destructive to the physical and psychological well-being of the individual and their family (Azoulay et al., 2005; Damsgaard et al., 2015, 2016; Smith and Osborn, 2015). Back pain ranks amongst the costliest conditions worldwide (The Pain Proposal Steering Committee, 2010) and, according to a report from the National Institute of Public Health in Denmark, the public expense as a consequence of problems with the lower back amounts to as much as 16.8 billion per year (Koch et al., 2011). It is, therefore, in the interest of both patients and society to ensure that patients with back pain are being treated and rehabilitated as effectively as possible.

Several international studies focusing on patients treated surgically indicate that 15–40% of those undergoing spinal fusion cannot expect to improve significantly (Block et al., 2003; Christensen et al., 2003). Studies from the USA show that patients will experience less pain after the surgery, but most continue to have residual pain and physical impairments (Trief et al., 2006). When receiving information on the inconclusive effect of surgery patients need to decide whether to have surgery or not. A study exploring experiences during the decision-making process showed that the operation is perceived as a voluntary yet necessary choice. Many patients draw the conclusion that they cannot change the fact of illness and have to accept surgical treatment because the ultimate goal for them is to stop the pain (Lin et al., 2012).

Deciding to undergo surgery initiates hope for a life with less pain but at the same time creates a feeling of existential insecurity in terms of fearing the surgery and the future to come (Papaioannou et al., 2009). Choosing surgery is linked with many psychosocial challenges as found in a study showing that *preoperative* experiences, characterised by fear, isolation and uncertainty, exert significant influence on patients (Worster and Holmes, 2008).

Many patients have been living with chronic back pain for years. The pain related challenges are diverse and continue to affect their lives after discharge (Berg et al., 2013; Cain et al., 2012). When confronted with a chronic illness patients move through a complex trajectory that involves an "extraordinary" phase of turmoil and distress (Kralik, 2002). However, some patients may make the transition towards an "ordinary" phase that involves incorporating chronic illness into their lives (Kralik, 2002). Life after discharge can be characterised as a transition from overcoming the pain and the operation to being on course hoping for recovery in a changed, but perhaps not fully recovered, body (Norlyk and Harder, 2011).

It is, therefore, not a surprise that being a patient with back pain can be so chaotic and traumatic that it can even develop into actual depression (Arts et al., 2012; Block, 2009; Falvinga et al., 2012; McIntosh and Adams, 2011; Moore, 2010; Nickinson et al., 2009). This is supported by a study from the Netherlands which found that 30% of patients undergoing spinal fusion surgery experience symptoms of anxiety and depression both before and after surgery (Arts et al., 2012).

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