

REPORT

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Time to Reject the Label “Failed Back Surgery Syndrome”

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In our research studies on Adhesive Arachnoiditis (AA), a high percentage of patients tell us that their doctors have said the cause of their pain is “Failed Back Surgery Syndrome” (FBSS). This misnomer and poor excuse for a diagnosis has fortunately been rejected “out-of-hand” as a cause of pain by most upscale physicians. After all, FBSS is neither a disease nor a symptom. We can do better in 2022.

Some three or four decades ago, FBSS became a popular moniker used by most physicians including this author. Why? Patients who had back pain underwent surgery, which was technically and expertly done, but the pain didn’t go away. This situation was a mystery in times past, but the label FBSS should never be used or applied in this day and age.

Today magnetic resonance imaging (MRI) has advanced so much since its invention in the late 1980’s that painful disorders and diseases of the spine can almost always be diagnosed. Today there is a technique called “contrast MRI” that allows a clear distinction to be made between spinal fluid and solid tissues including the spinal cord, discs, nerve roots, and covering of the spinal canal. In our recent research studies, we have reviewed contrast MRIs in well over 200 persons who have been labeled as FBSS. Every person had one or more obvious reasons to have chronic pain despite well-done, competent surgery. For example, after our review the findings may include discs that have protruded, adhesive arachnoiditis, epidural fibrosis, spondylolisthesis, Tarlov Cysts, arthritic vertebra, or other good, solid reason to have pain, regardless of surgery.

Let’s be clear. Spine surgery may be necessary for a number of reasons of which the most common is significant herniation of a disc or collapse of vertebrae that may dangerously compress the spinal canal. It also may be fair to say that a lot of surgery can now be avoided since eminent danger and need for surgery is pretty clear cut on modern, contrast MRIs.

In addition to contrast MRIs, we now have good diagnostic tests for inflammation, autoimmunity, and genetic connective tissue disorders which are emerging as legitimate causes of severe, chronic back pain that hasn’t responded to chiropractic, physical therapy, anti-inflammatory agents, and corticosteroid injections. Put simply, the diagnostic evaluation of severe chronic back pain needs a contrast MRI and specific diagnostic tests rather than a non-descript, “wastebasket” diagnosis like FBSS.

Perhaps the worst thing about the label FBSS, is that it is easy to apply and avoids the time, money, and knowledge to make a specific diagnosis. These excuses to avoid a specific diagnosis must now be rejected because we have the diagnostic and treatment measures to better the lives and health of those who suffer from severe chronic back pain.