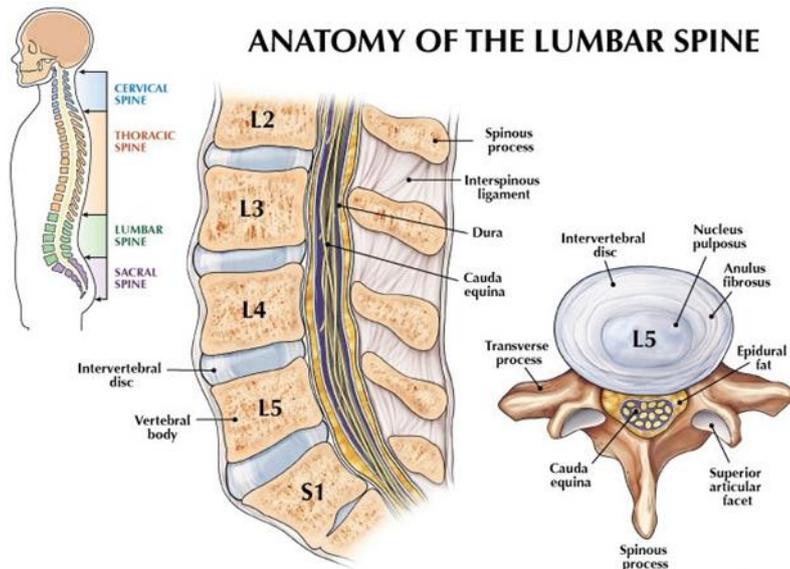


LUMBAR LAMINECTOMY



BRAIN & SPINE
CENTRE
SYDNEY

This surgery is indicated in those patients who have symptoms because of posterior spinal compression (spinal stenosis).



REASONS FOR SURGERY

Lumbar laminectomy removes the bone and ligament that runs along the back of the spine to decompress the nerve roots. The most common symptoms are: leg pain (one or both), pins and needles/numbness, weakness, bowel or bladder disturbance and back pain.

Surgery is indicated in patients whose symptoms are not settling or becoming intolerable. Generally, surgery is offered after most conservative options have failed e.g. medication, physiotherapy, spinal injections. Early surgery may be performed in patients who have

worsening weakness or symptoms suggestive of spinal cord compression. The benefits of the surgery should always outweigh the risks. Surgery aims to reduce pressure on the descending nerves and therefore relieve symptoms.

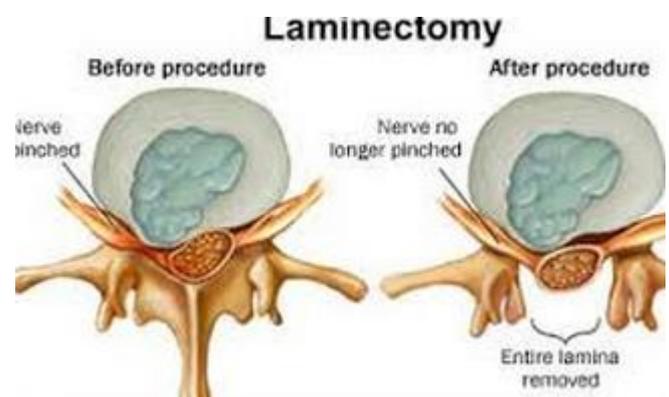
RISKS OF SURGERY

All surgery has some risks and these vary between procedures. The risks with surgery can be related to the anaesthetic, drugs or the operation. Risks related to the anaesthetic depend on your other medical issues and to the medications used. Generally, surgery is safe and major complications are uncommon. The chance of a minor complication is around 3 or 4%, and the risk of a major complication is 1 or 2%. Over 90% of patients should come through their surgery without complications.

The risks involved with a lumbar laminectomy include: infection, bleeding, failure to improve symptoms, temporary or permanent nerve damage and spinal fluid leak.

PROCEDURE

The surgery will involve a general anaesthetic so that you are asleep throughout the procedure. The surgery is performed with microscopic magnification. An incision is made in the centre of the back and the muscles divided from the bone on both sides. An X-ray is performed to ensure the correct level. The bone along the back of the spinal cord is removed with a high-speed drill. The ligament compressing the nerve roots is also removed.



Once the surgery is complete, the anaesthetic is reversed and you are woken up and taken to the recovery room.

DISCHARGE

Most people spend 2-3 nights in hospital recovering after surgery in the ward. You may require pain medications to help with the pain associated with the cut in your back. This pain usually settles within a few days. The pain should be easily controlled with pain tablets. In most cases, you can walk around a few hours after the operation. You must be able to eat, drink and go to the bathroom prior to discharge. A physiotherapist will give you instructions on how to reduce bending, lifting and twisting while your back is recovering.

You should discuss with your surgeon when to resume any blood thinning medications which have been stopped for surgery.

You should continue with regular gently exercise on discharge as well as any exercises given to you by the physiotherapist. You should avoid activities such as heavy lifting, moving objects or bending/twisting the back. You should not swim until 3 weeks after surgery to allow the wound to heal.

You may drive when you are no longer taking narcotic pain pills. Limit driving to short trips and slowly increase your driving time. You may need to make plans to be off 2-6 weeks depending on the work you do. Heavy lifting may not be allowed for 12 weeks.

WOUND CARE

The wound will be closed with dissolving stitches and reinforced with sticky strips. The wound must stay covered for 1 week and the dressing changed each day after showering. After one week, the dressing may be removed and left off. The paper strips will fall off over 1-2 weeks.

Your wound will be healed within two weeks from your surgery unless there has been some reason to delay that healing. In addition people that have other medical problems such as: diabetes, people who need to take daily steroids for other conditions, and those people whose immune system may be compromised, may need additional time for their wounds to completely heal.

If there is any redness, tenderness, swelling or discharge of the wound or severe increases in pain in the back or leg, you should see your family doctor immediately.

FOLLOW-UP

You will need to be seen again by your neurosurgeon 6 weeks after surgery for your post-operative review.

