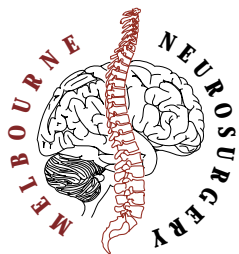


PROCEDURE INFORMATION

LUMBAR LAMINECTOMY



WHAT IS A LUMBAR LAMINECTOMY

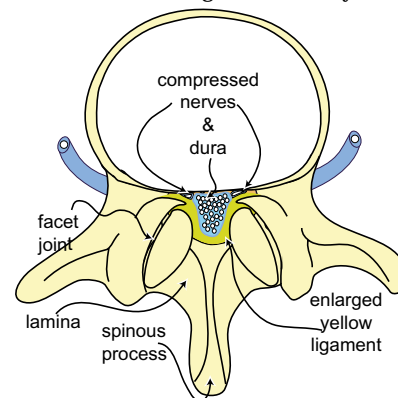
A Lumbar Laminectomy is where the Lamina and sometimes part of the Facet Joints are removed to allow room for the Lumbar nerves. They are usually compressed because of a degenerative process in the back.

WHAT ARE THE REASONS FOR HAVING A LUMBAR LAMINECTOMY

The commonest reason is because you are suffering from leg pain (called SCIATICA) you may also have numbness or weakness in your leg/s.

If you are having surgery it usually means that the symptoms have not gone away with other therapies such as physiotherapy, rest, and anti-inflammatories.

The cause of your symptoms is usually a degenerative process in the back where the facet joints enlarge, the disc bulges and the yellow ligament thickens. This all reduces the space for the nerves to the legs and causes your symptoms.



WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have clotting problems.

Any recent new Health problems.

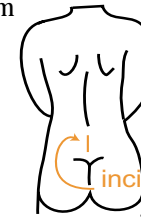
If you are taking blood thinning agents.

e.g. Warfarin/aspirin/anti-inflammatory

If you have improved from the time you decided to have surgery.

Drug allergy

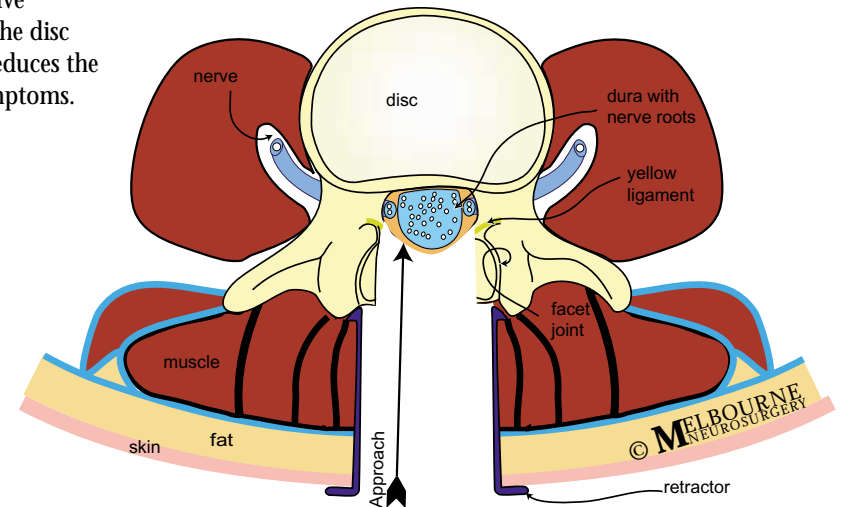
HOW IS IT PERFORMED ?



In the operating theatre you are given a general anaesthetic and then positioned face down on a special frame. An incision is marked out and the area prepared with antiseptic. You are covered in drapes so that only the incision can be seen. The level is checked with Xray.

A cut is made through the skin down to the spinous process. The muscle is dissected from the lamina and facet joints and a retractor is used to hold this out of the way.

Using a bone punch the bone of the spinous process is removed. Using a special bone drill the bone of the lamina and part of the facet joint may be removed. This leaves the yellow ligament which is removed to expose the dura and the compressed nerves.



Special attention is given to the nerves to make sure all pressure is removed. The openings under the facet joints that let the nerves out of the spine are checked and opened up if necessary.

Once this has been done and all bleeding is stopped the layers are then all sewn back to their normal positions. The skin may be closed with a nylon removable suture or with a dissolvable suture.

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. The nursing staff will be continually checking your pulse/blood pressure/and leg strengths looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have intravenous analgesia that you will control by pushing a button (this will be explained pre-op). Sometimes you will have difficulty passing water and you may require a catheter.

The next day the drip in your arm will be removed after your first walk and then you will be given regular Oral analgesia. Gradually over the next 2-3 days you will be able to get around as normal. When you are comfortable you will be able to go home.

It is important after the operation to walk as much as possible. Prolonged rest in bed can produce hip pain and clots in the legs.

Sometimes a couple of days after the operation the discomfort in your legs may return, this is due to swelling and usually settles with anti-inflammatory tablets.

If you have removable sutures then they are removed between 5 and 10 days.

HOW LONG WILL YOU BE IN HOSPITAL

You may be admitted on the day of surgery or the day before. You will fast from midnight on the day of surgery.

You will be discharged about 3-5 days post-operatively. On discharge you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.)

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

Weakness in the legs
Difficulty passing your urine
Abdominal pain
Increasing leg pain or numbness
Fever
Increasing back pain
Swelling or infection in the wound

WHAT HAPPENS WHEN YOU GO HOME ?

You will be able to do most things.
You should avoid Heavy lifting
Twisting
Prolonged sitting
You will not be able to drive for 3 to 6 weeks
You should be able to return to some sort of work between 6 to 8 weeks.
It is important to walk as much as is comfortable.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE :

Infection (treated with antibiotics)
Damaging the nerves that are compressed.
Damage to the dural sac containing the nerves and producing a fluid leak.(Stops with bed rest)
Post operative blood clot requiring drainage
Paraplegia +/- loss of bowel and bladder function(very rare)
Clot in the legs(can travel to the lungs[uncommon])
Complication not related directly to the surgery
e.g. Pneumonia
Heart attack
Urine infection

WILL YOU GET BACK TO NORMAL ?

It depends on the reason for the laminectomy. But in general if you had weakness or pain this should improve. Your numbness may not. You have a bad back and it is unlikely that you will be perfect. Most people do have ongoing back discomfort and this will vary from person to person. This may improve with anti-inflammatories.

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS .
IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

MELBOURNE
NEUROSURGERY
neurosurgery.com.au

545 ROYAL PARADE
PARKVILLE VIC 3052

PHONE 03 9387 - 4400

FACSIMILE 03 9387 - 4600

MELBOURNE NEUROSURGERY
PTY LTD
ACN 082 289 316

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