

LUMBAR LAMINECTOMY

This leaflet is intended to provide you with general information. It is not a substitute for advice from your neurosurgeon. You are encouraged to discuss the benefits and risks of lumbar laminectomy with your neurosurgeon. This is an abridged version of the NSA patient education pamphlet: Lumbar Laminectomy – a guide for patients. The complete pamphlet is available from your neurosurgeon.

Lumbar laminectomy is a surgical procedure to relieve discomfort, cramps, pain, tingling and numbness in the buttocks or legs caused by pressure on the spinal cord, the cauda equina or spinal nerve roots.

The aim of surgery is to remove the pressure by opening the spinal canal and widening it from the back. The surgeon removes bone and other tissue pressing on the affected nerves, providing more space for the nerves and reducing irritation and inflammation.

Laminectomies are typically performed to treat lumbar spinal stenosis. This is a narrowing of the spinal canal that contains the spinal cord and the spinal nerves that arise from the spinal cord, as shown in the illustration. At the lumbar level of L1, the spinal cord becomes a nerve bundle called the cauda equina.

Diagnosis

Diagnostic imaging can provide your surgeon with important information about vertebrae, other spinal structures and any abnormalities. Magnetic resonance imaging (MRI), computer tomography (CT), X-ray examination and a spinal myelogram can often reveal the anatomy of the vertebrae and the precise location of any abnormalities. One or more of these tests may be necessary for accurate diagnosis.

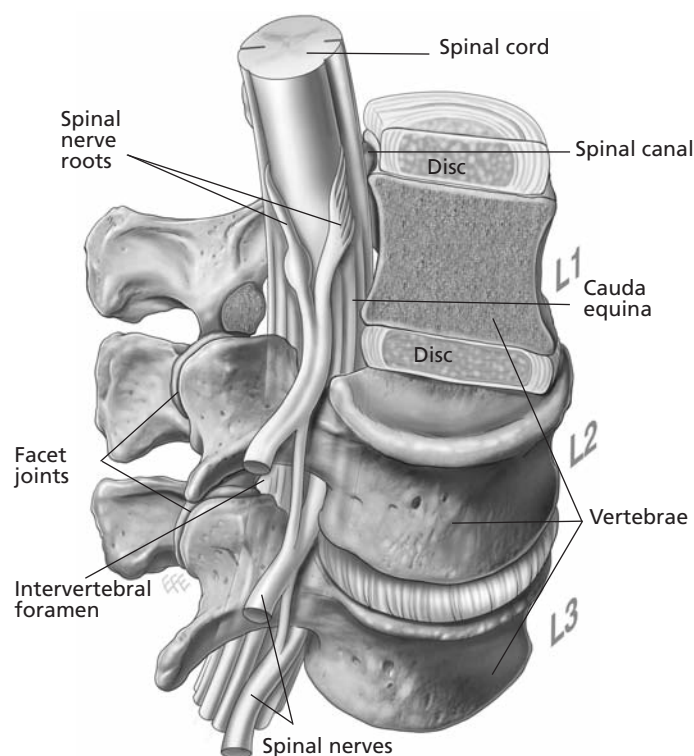
Your surgeon will examine you to determine your strength, reflexes, ability to feel pain, and ability to move. You will be asked about pain, numbness, weakness, previous similar symptoms, and any bowel or urinary problems. Blood tests may be needed.

Your medical history

Your surgeon needs to know your medical history to plan the best treatment for you. Tell your surgeon about any health problems you have. Some may interfere with treatment, surgery, anaesthesia or recovery.

Treatment Options

These include “wait and see”, pain-relieving medications, foraminal block (local anaesthetic injection), epidural steroid injection, physical therapy and surgery (laminectomy).



NORMAL LUMBAR SPINAL ANATOMY

A decision to have laminectomy: As you make the decision whether to have surgery, make sure that you understand the risks, benefits and limitations of laminectomy. If you do not have surgery to relieve compression of a spinal nerve, further damage may occur, with more pain, numbness, paralysis or loss of bladder or bowel control.

Only you can decide if surgery is right for you. If you have any questions, ask your surgeon.

Anaesthesia

Lumbar laminectomy is usually performed under general anaesthesia.

Possible risks and complications

Modern laminectomy procedures are safe but do have risks of side effects. Although uncommon, complications are possible.

These are more fully outlined in the complete NSA patient education pamphlet and should be discussed with your neurosurgeon. ©