



Lumbar Laminectomy

How is this procedure done?

A laminectomy is performed through an incision in middle of the lower back. The length of the incision depends on how many spinal levels are being decompressed. Once the back muscles are lifted away from the spine, the bony roof, called the laminae, and ligaments that cover the spinal nerves are removed. Then, each nerve is inspected to make sure it has adequate space where it exits the spine through small tunnels in the bone. Any bone spurs pinching the nerves are then trimmed away to allow more room for nerve healing.

How can this help me?

The pressure on the nerves is usually due to a combination of bone spurs, disc bulges and thickened ligaments in the spine, which is collectively called “stenosis.” The lumbar laminectomy is intended to relieve this pressure on the spinal nerves, which is typically the source of the pain, numbness, or weakness you may feel in your buttock and legs. Other symptoms that patients with stenosis typically have are decreased tolerance for standing and walking. These symptoms also should be expected to improve after a laminectomy. Laminectomy is much more reliable at improving buttock and leg symptoms than back pain. The back pain is usually due to arthritis in the joints of the spine, which will not be eliminated by a laminectomy.

What are the success rates?

This procedure is typically effective (80%) in alleviating much your leg and buttock symptoms including your ability to walk and stand for longer periods. Much of the outcome depends on your age, health and fitness before the operation. Also, the longer the symptoms existed before the operation, the longer it may take for return of function.

How long will I be in the hospital?

You should expect to stay one to three days in the hospital depending on the number of levels decompressed and how quickly you are able to move around comfortably and safely.

What are the risks?

The most common risk is the development of instability of the spine after the operation (5-10%). This is usually caused when large portions of bone are needed to be removed in order to fully “unpinch” the nerves. This kind of instability is usually seen within one to two years after surgery and the treatment is a fusion of the unstable levels.

The next most common complication is a leak of spinal fluid (1-3%). This complication does not typically change the overall outcome of the surgery, but you may be asked to remain on bed rest for one to two days after the operation to allow the leak to seal over.

Other less common risks include infection (<1%), bleeding requiring a blood transfusion, nerve injury (0.1%), reaction to anesthesia, failure of the surgery to relieve symptoms, and very rarely, bowel or bladder incontinence or paralysis. Other complications such as heart attack, blood clots and stroke can occur with any surgery including laminectomy.

Starting a daily aerobic exercise routine such as walking, swimming, or cycling **as soon as possible before your surgery** can help minimize complications and lead to a quicker recovery and return of function after the operation.



What restrictions will I have?

For the first three weeks you should:

- Avoid heavy lifting (>10 lbs)
- Avoid excessive bending or twisting at the waist
- Avoid prolonged periods of sitting
- Avoid driving

Will I need therapy?

After the operation you will be seen by a physical therapist daily to help you learn to get in and out of bed, walk and climb stairs safely. Laminectomy patients are encouraged to engage in a program of aerobic conditioning. You should walk as much as you can for exercise. Most patients do not require a formal physical therapy or rehabilitation program after discharge from the hospital.

How do I care for my wound?

After the operation you will have a dressing over your lower back and usually a drain tube. Two days after the operation the drain and dressings will be removed. Underneath, there will be small strips of tape directly on the skin over your incision that should not be removed. They will either fall off in the shower or may be removed after two weeks. Showering is allowed three days after the operation if the wound has been dry for the previous 24 hours. Avoid submersion of the wound in water for at least two weeks. Between showers keep the wound covered with clean light dressing. **Call our office** with any signs of infection, including redness and/or swelling at the incision site, or excessive drainage.