



Posterior Cervical Laminectomy and Fusion

How is this procedure done?

This procedure is performed through an incision in the midline of the back of the neck. Once the muscles are lifted away from the spine, a burr is used to create a groove on both sides of bony roof over the spinal cord, called a lamina. The lamina is then removed, relieving the pressure on the spinal cord. Taking this bone away can leave the neck unstable, so the next part of the procedure involves stabilizing the neck with a combination of rods, screws and bone graft. If there is enough bone in the roof that is removed, it can be used as the bone graft. Otherwise, a small amount of bone can be taken from your hip, which will nearly ensure a solid fusion of your spine.

How can this help me?

The condition typically treated by a cervical laminectomy and fusion is called stenosis. This is the pinching the spinal cord and nerves by a combination of disc bulges, bone spurs and thickened ligaments. This procedure is intended to relieve the pressure from your spinal cord, which is typically the source of the pain and numbness you may feel in your neck or arms.

Other symptoms that can be caused by stenosis include clumsiness in the hands, and clumsiness while walking. This surgery is very effective in preventing further deterioration and functional loss. You may also notice significant improvements in your hand, arm and neck pain and numbness. However, clumsiness and walking difficulties that are already present should improve some but may not resolve completely. Keep in mind, this condition is usually progressive and the surgery should be considered successful even if it only prevents you from getting worse.

What are the risks?

Risks of this surgery include infection, nerve injury, spinal cord injury (potentially resulting in paralysis), leak of spinal fluid, failure of rods/screws, failure of the bone graft to heal, failure of surgery to relieve your symptoms, persistent pain in the neck or the hip (the bone graft site). And as with any surgery, other rare risks include blood clots, stroke, heart attack, and even death.

Many of these risks are minimized by precautionary measures taken before, during, and after the surgery, including antibiotics, leg compression socks, and electrical spinal cord monitoring during the surgery.

How long will I be in the hospital?

The typical length of stay in the hospital is two to three days depending on your general health before the operation. While in the hospital, a physical therapist will schedule daily visits to help you learn to safely move around, get dressed, and do everyday activities without putting excessive strains on the neck.

What do I expect after the operation?

Aside from the neck and hip (if bone graft is taken) discomfort, you may also have some swelling in the face and eyes. Usually a catheter is left in the bladder and a drain in the surgical wound for the remainder of the day of the operation. You will also have a neck brace.

Starting a daily aerobic exercise routine, like walking, **today** 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 driving
- Limit car rides
- Avoid lifting more than 10 lbs.
- Avoid reaching over your head
- Avoid submersing the wounds in water

Will I need therapy?

You should walk as much as you can for exercise. Usually formal physical therapy or rehabilitation is not needed after this procedure. Remember to navigate stairs carefully and wear your collar at all times except for bathing.

How do I care for my wound?

After the operation you will be placed in a neck collar, which you should wear at all times until you return to the office. Three days after the operation you may remove the outer bandages from your wounds. Underneath, there may be small strips of tape lying directly on your incision that should not be removed. They will either fall off in the shower or may be removed at two weeks.

If the wounds are dry it is ok to remove the collar for bathing purposes. If they are still draining, cover them with clean dressings. Also, have someone help you remove the collar and check for skin breakdown daily. You may use powder to absorb any moisture on the neck, but avoid lotions. **Call our office** with any signs of infection, including redness and/or swelling at the incision site, or excessive drainage.