Neurosurgery55
Brain and Spine Specialists
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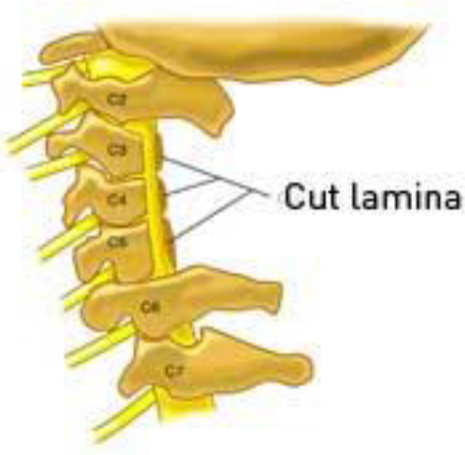
Cervical Laminectomy

A cervical spine laminectomy is performed when the main pathology leading to spinal canal stenosis is behind the spinal cord and over multiple levels. It may also be performed if the patient has already had an anterior cervical spine fusion.

The aim of the operation is:

1. To relieve pressure on the underlying spinal cord and allow the best chance of regaining any neurological function already lost.
2. Prevention of further deterioration in neurological function and gait, which is the fundamental aim of this operation.

The operation is not targeted at neck pain which is a result of degenerative changes in the cervical spine although oftentimes this also improves.



OPERATION

A general anaesthetic is employed and the patient placed on their stomach allowing access to the back of the neck. If the laminectomy involves the upper cervical spine, hair over the lower occiput will be shaved. A midline incision is then made in the skin and X-rays used to confirm the correct levels of the cervical spine. A careful decompression of the spinal cord is then performed with removal of the spinous process and laminae of the cervical spine affected.

If there is any instability present, a posterior fusion will then be performed by securing the adjacent parts of the cervical spine using screws interconnected by titanium rods. The wound is then closed with layer sutures and the patient woken up. A simple laminectomy will take around an hour, however addition of a posterior fusion will add one to one and a half hours to the operation.

Patients generally wake up well from this operation. Most often they will be up walking with the physiotherapists the following day. In certain cases a hard neck collar will need to be worn for a period of time.

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Risks of the procedure: The risks of this operation include the following.

A detailed discussion with your surgeon is recommended prior to surgery.

- Infection: may be superficial or deep involving bone and/or disc space.
- Bleeding: may be superficial bruising or a deeper collection.
- Injury to a nerve root resulting in weakness +/- numbness of an upper limb.
- Injury to the spinal cord which could result in weakness or paralysis of the arms and legs.
- Damage to the dura resulting in leakage of fluid to the surrounding tissue (rare). If a leak persists, headaches may occur & very rarely a second operation may be required.
- Instability resulting in movement of the bones which may require a second operation to correct.
- Persistence of neck pain & preoperative symptoms.
- Coma or death.