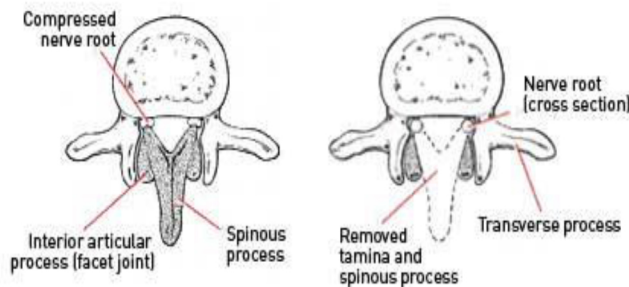


Lumbar Laminectomy

The mainstay of treatment is a graded exercise program focused on strengthening the back and abdominal muscles to help support and stabilise the spine. Simple analgesia and anti-inflammatories are also prescribed. The use of back braces or supports is sometimes advocated but may lead to weakening of the truncal muscles. Occasionally a guided injection of steroids or analgesia directly around the affected nerve root will be performed to good effect. Surgery is indicated if there is no resolution of symptoms or worsening of neurological function.



In general, surgery aims to relieve pressure on the nerve roots and cauda equina that are compressed by the stenosis. A lumbar laminectomy may be offered for this which involves removing the posterior part of the bony ring to create more space.

OPERATION

A general anaesthetic is given and the patient laid on their front on a supportive cushion. An incision is then made overlying the spinous processes of the affected levels. An X-ray is used to confirm the correct levels and then the spinous process and lamina are removed gradually to decompress the cauda equina and nerve roots. The nerve roots are identified and any pressure caused by bone or soft tissue are removed to allow free exit of the nerve roots from the spinal canal. Once this is achieved the wound is closed with dissolvable stitches.

Risks of the procedure:

The risks of this operation include the following. A detailed discussion with your surgeon is recommended prior to surgery.

- Infection: to the wound or deeper down in the bone (uncommon).
- Bleeding: superficial bruising, or deep which may require a second operation because it has resulted in impairment of function from spinal cord compression.
- Permanent neurological injury: weakness, numbness, paralysis due to injury of the neural structures (extremely rare).
- CSF leak: leakage of the spinal fluid bathing the spinal cord which may require a second operation to close off.
- Instability: this may result in spondylolisthesis and require a spinal fusion operation to stabilise the spine.
- Blindness: believed to be due to hypotension from the prone position (extremely rare).
- Persistent symptoms.

Long term effects:

Surgery is offered for claudication or sciatic pain. It is not aimed at relieving back pain. It will be important to continue the truncal strengthening exercises following your operation as well as protecting your back from further stress with simple measures as bending knees to lift and not lifting more than 20kg at one time. You should expect leg pain to improve after the operation. Any numbness or weakness will take longer to improve and if there is permanent damage to the nerve root from the stenosis this may not fully resolve.