

## LUMBAR LAMINECTOMY AND FUSION (TLIF & PLIF)

### INFORMATION SHEET

#### PROCEDURE

The operation is performed under a general anaesthetic. The appropriate area is prepared with antiseptic solution and then draped. An incision is made in the middle of the back, the size of which will depend on the extent of laminectomy planned. The muscle is then retracted away from the bones of the back on both side and an x-ray confirms the level. The bone is then removed exposing the thecal sac (covering around nerve roots) and adjacent nerve roots. The nerves are then freed from compression. The muscle layers are then stitched together. If you need fusion, cage and screws will be inserted.

A drain may be inserted and the wound is closed using dissolvable sutures or staples.

#### COMPLICATIONS

##### Anaesthetic:

General and local anaesthesia will be used in your case. Anaesthesia is quite safe. The death rate due to anaesthesia for fit, healthy people is very low. Risks may be increased due to smoking, being overweight, diabetes, heart disease, kidney disease, high blood pressure, and other serious medical conditions. Risks are also increased in the elderly.

Serious complications from anaesthesia are very uncommon and care is taken to prevent these problems. They include:

- a) Severe allergic reactions
- b) Breathing difficulties
- c) Stroke or brain damage, which may cause permanent disability
- d) Strain on the heart, which may result in a heart attack
- e) Awareness whilst under general anaesthetic.
- f) Weakness or numbness from pressure on peripheral nerves (eg elbow, hip, knee)
- g) Skin reaction to tapes used, particularly around the face, lips and/or chin.
- h) Blood clots.
- i) Aspiration/regurgitation of stomach content.

Damage to teeth may occur, but this is uncommon. Minor problems may include nausea and vomiting, general aches and pains, pain at operation and injection sites, sore throat and fatigue.

### General Risks Associated with the Procedure:

1. Increased risks in obese people of wound infection, chest infection, heart and lung complications and thrombosis. The risk can be reduced by weight loss, however small, prior to surgery.
2. Increased risk of smokers of wound in chest infection on complication thrombosis, giving up smoking before operation will help.
3. It is advised that you should not drive, operate heavy machinery, or witness and/or sign documents until after your first postoperative discharge appointment when you should discuss this with your doctor.

### Specific Risks of this Procedure:

1. Infection: superficial, resulting in redness to the wound or stitch abscesses. These may require antibiotics.
2. Infection: deep, which could result in infection of the disc space (discitis) or infection of the bone (osteomyelitis). These are rare, but if they do occur, most likely they will require intravenous antibiotics and possibly a second operation.
3. Damage to nerves; which could result in weakness, numbness or paralysis of the lower half of the body. This may be temporary or permanent. This is extremely rare.
4. Damage to the covering of the nerves and spinal cord which could result in a leakage from that sac which is usually repaired at the time.
5. Bleeding, which could result in swelling and bruising around the wound or if deep, could result in damage to nerves.
6. Persistence of preoperative symptoms, in particular back pain, leg pain and/or numbness.
7. Instability resulting in movement of the bones which will require a second operation to correct. This is very uncommon.

*Disclaimer:*

*This brochure provides a general overview of the surgery and does not represent individual medical advice. Changes to your medication or lifestyle, and specific questions concerning surgery must be discussed with your Doctor.*

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