

SpineFAQs **Cervical Laminectomy**

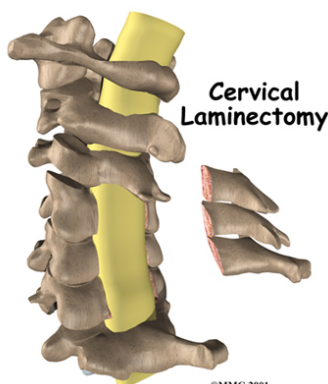
Spinal stenosis is a degenerative condition of the neck which can cause pain and loss of function. As the discs and joints age, bone spurs and thickening of the ligaments can occur which in turn causes narrowing of the spinal canal and crowding of the nerves. This crowding can lead to increasing neck pain, pain around the shoulders and down the arms. If the pressure on the nerves and spinal cord is too much, it can cause problems with walking and coordination (known as myelopathy) The symptoms of spinal stenosis can become permanent. Many times, surgery is the solution for the symptoms coming from spinal stenosis.

What is Cervical Laminectomy?

Cervical laminectomy is a surgical procedure used to relieve the pressure on the spinal nerves in the neck caused by spinal stenosis. The spinal canal (which contains the nerves) is formed by the stack of discs and vertebra bones that make up the spine. The lamina is the back of this canal. In cervical laminectomy, the lamina of the affected levels is removed to allow more room for the nerves. This is known as decompression of the nerves.

How is laminectomy performed?

This is a surgical procedure. After putting you to sleep with general anesthesia, an incision is made along the back of the neck. Once the skin and muscle tissue is retracted out of the way, an X-Ray is taken to assure that we are at the right level. Using special biting instruments, one or more of the lamina are removed. The thickened ligaments are also removed. The joints of the spine are saved in



order to minimize the chance of instability of the spine. Once the nerves have been decompressed, the muscle and skin are closed over a small drainage tube. You are then awakened and taken to the recovery room.

What are the risks of laminectomy?

Aside from the general risks seen with any type of surgery, there are some risks most commonly seen with laminectomy.

- **Infection** – This is a risk of any type of surgery. Fortunately it is uncommon. Sometimes infections can be treated with antibiotics alone, but other times repeat surgery is needed.
- **Damage to the nerves** – Since we are operating right next to the nerves, and in fact have to touch or move the nerves in order to take the pressure off of them, it is possible to injure the nerves. It is rare, fortunately, to see any major nerve injury. Severe injury to one or more of the nerves, or the spinal cord could lead to severe weakness or paralysis.
- **Leakage of spinal fluid** – The dura is a sac that holds the nerves and the spinal fluid. As stenosis gets worse, this sac can thin, making it very fragile. Sometimes during surgery this can get torn and the spinal fluid can leak. Generally we can repair the leak. Sometimes the leak will give you headaches, keep you in the hospital longer, or cause the wound not to heal well.
- **Instability** – Because we are removing bone from the spine, it is possible that too much bone is removed and the connections between the bones and discs can loosen. This can lead to instability, where the connections are not strong enough to hold the spine stable. This can lead to pain and deformity of the neck. If this occurs, a spine fusion operation (where we install

hardware to stiffen the spine at the unstable areas) may be required.

- **Continued pain** – Laminectomy is generally very effective in relieving the pain from spinal stenosis. Occasionally, however, the nerves have suffered permanent damage because of the pressure, which can lead to long-term pain, or numbness. This is particularly true with myelopathy. The goal of laminectomy in myelopathy is to halt the progression of the nerve deterioration.

What is recovery like?

Many time people who have a laminectomy procedure are discharged the same day of their surgery, or the next day. While you will have some pain from the incision, most people report that their arm pain is much better or gone. Sometimes people will be discharged with a neck brace to decrease their discomfort. We encourage you to walk, and begin bending as your pain allows. Initially we don't want you to lift more than about 10lbs, but over the next few weeks, I will allow you to increase your activities. In general, most people are able to return to their normal activities between 6-12 weeks after surgery.