



Lumbar Laminectomy

A lumbar laminectomy is a spine surgery that involves removing bone to relieve excess pressure on the spinal nerve(s) in the lumbar spine, or lower back. A lumbar laminectomy can be performed to relieve symptoms such as back pain and radiating leg pain.

What Is A Lumbar Laminectomy?

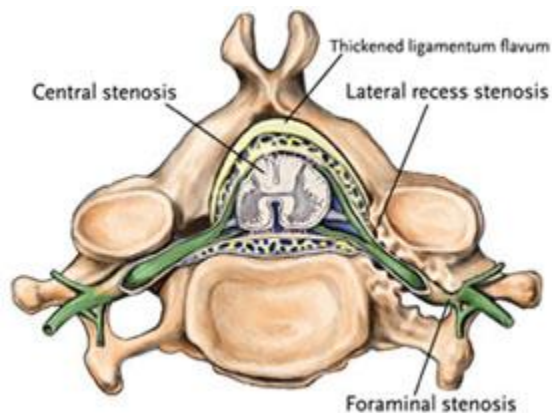
A lumbar laminectomy is a spine surgery that involves removing bone to relieve excess pressure on the spinal nerve(s) in the lumbar spine, or lower back. The term laminectomy is derived from the Latin words *lamina* (thin plate, sheet or layer), and *-ectomy* (removal). A laminectomy removes or “trims” the lamina (roof) of the vertebrae to create space for the nerves leaving the spine.

Why Do I Need This Procedure?

Spinal stenosis is a condition caused by a gradual narrowing of the spinal canal. This narrowing happens as a result of the degeneration of both the facet joints and the intervertebral discs. The facet joints also enlarge as they become arthritic, which contributes to a decrease in the space available for the nerve roots. Bone spurs, called osteophytes also can form and grow into the spinal canal.

These processes narrow the spinal canal and may begin to impinge upon and place pressure on the nerve roots and spinal cord, resulting in such symptoms as:

- Back pain
- Pain that radiates into the hips, buttocks and legs
- Numbness, tingling and muscle weakness in the back and/or lower extremities



The goal of a lumbar laminectomy is to relieve pressure on the spinal nerves by removing the part of the lamina that is the source of the pressure.

To determine whether your condition requires treatment with a lumbar laminectomy, your doctor will examine your back and your medical history, and may order an X-ray, computed tomography (CT) scan or magnetic resonance imaging (MRI) scan of your spine. A surgical procedure such as a lumbar



laminectomy is typically recommended after non-surgical treatment options, such as medication, rest and physical therapy, fail to relieve symptoms after a reasonable length of time.

How Is A Lumbar Laminectomy Performed?

The operation is performed with the patient on his or her stomach, sedated under general anesthesia.



Through an incision made along the midline of the back over the vertebral level(s) to be treated, your surgeon will:

- Gently pull aside soft tissue – skin, fat and muscle – to expose the vertebral bone at the back (posterior) of the spine
- Cut away all or part of the lamina to relieve the source of compression
- Remove any other sources of compression; i.e., bone spurs and/or disc material (discectomy).
- Ease the soft tissues back into place and close the incision.



A lumbar laminectomy also may be performed in conjunction with spinal fusion. This involves placing bone graft or bone graft substitute between two or more affected vertebrae to promote bone growth between the vertebral bodies. The graft material acts as a binding medium – as the body heals, the vertebral bone and bone graft eventually grow together to join the vertebrae and stabilize the spine.

How Long Will It Take Me To Recover?

Your surgeon will have a specific postoperative recovery/exercise plan to help you return to your normal activity level as soon as possible. Following a lumbar laminectomy, you may notice an immediate improvement of some or all of your symptoms; other symptoms may improve more gradually.

The amount of time that you have to stay in the hospital will depend on your treatment plan. You typically will be up and walking in the hospital by the end of the first day after the surgery. Your return to work will depend on how well your body is healing and the type of work/activity level you plan to return to.



Eric Roger, M.D.
NEUROSURGERY

700 Michigan Ave., Suite 210
Buffalo, NY 14203
P: 716.853.BACK (716-853-2225)

Work closely with your spinal surgeon to determine the appropriate recovery protocol for you, and follow his or her instructions “to the letter” to optimize the healing process.

To determine whether you are a candidate for a lumbar laminectomy, please talk to your doctor.

Are There Any Potential Risks Or Complications?

All treatment and outcome results are specific to the individual patient. Results may vary. Complications such as infection, nerve damage, blood clots, blood loss and bowel and bladder problems, along with complications associated with anesthesia, are some of the potential risks of spinal surgery. A potential risk inherent to spinal fusion is failure of the vertebral bone and graft to properly fuse, a condition that may require additional surgery.