DR SHANU GAMBHIR
NEUROSURGEON AND SPINE SURGEON

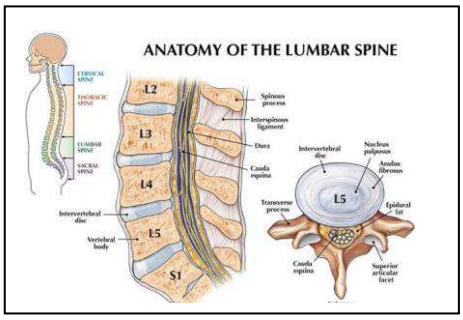
PATIENT INFORMATION SHEET

(02) 9053 2700 Info@mibss.com.au
(02) 9158 4545 www.mibss.com.au

LUMBAR LAMINECTOMY

INDICATION FOR SURGERY

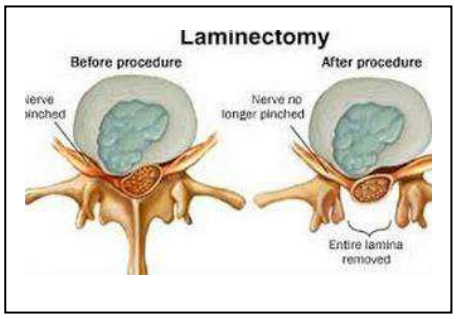
This surgery is indicated in those patients who have symptoms because of posterior spinal compression (spinal stenosis). Lumbar laminectomy removes the bone and ligament that runs along the back of the spine to decompress the nerve roots. This surgery is indicated once conservative options have failed or if symptoms such as leg pain, weakness, numbness, pins and needles and/or backpain are worsening. Surgery aims to reduce pressure on the descending nerves and therefore relieves symptoms or stops them from getting worse.



SURGICAL PROCEDURE

The patient is given a general anaesthetic at the start of the procedure to stay asleep. The surgery is performed with microscopic magnification.

An incision is made in the centre of the back and the muscles divided from the bone on both sides. An X-ray is performed to ensure the correct level. The bone along the back of the spinal cord is removed with a high-speed drill. The ligament compressing the nerve roots is also removed.



RISKS

Generally, this type of surgery is safe and major complications are uncommon. The chance of a minor complication is around 3 or 4%, and the risk of a major complication is 1 or 2%.

The risks involved with a lumbar laminectomy include: infection, bleeding, failure to improve symptoms, temporary or permanent nerve damage and spinal fluid leak.

All surgeries carry risks related to medication, operation or anaesthetic. Risks related to the anaesthetic depend on other medical issues and to the medications used and include heart and lung problems, clots in the lungs or legs etc. and death.

DISCHARGE AND HOME CARE

In most cases patients can walk a few hours after the operation. Patients can go home after being reviewed by the physiotherapist. The patient should be able to drink, eat and have normal bladder/bowel movement prior to discharge. Most patients go home 2 to 3 days after surgery.

It is necessary to have some rehabilitation prior to going home. This will be organized during your hospital stay. It may take weeks to feel normal. Pain can be controlled with tablet pain killers. Any other medications that have been stopped prior to surgery (such as blood thinners) should only be continued after discussion with the surgeon.

Activates such as heavy lifting, bending, twisting moving objects, prolonged sitting or standing should be avoided. Thee physiotherapist will advise on how to reduce strenuous activities. Swimming should be avoided for three weeks after surgery. No heavy lifting for 12 weeks.

Patients should not drive if they are taking narcotic pills. They should limit driving to short trips and slowly extend driving time.

Patients may require anywhere between four to six weeks off work (depending on the nature of work).

WOUND CARE

The wound will be closed with dissolving stitches and reinforced with sticky paper strips. The wound must stay covered for 1 week and the dressing changed each day after showering. After one week, the dressing may be removed and left off. The paper strips will fall off over 1–2 weeks.

The wound should heal within two weeks from your surgery. Patients that have other medical problems such as: diabetes, people who need to take daily steroids for other conditions, and those people whose immune system may be compromised, may need additional time for their wounds to completely heal.

If there is any redness, tenderness, swelling or discharge of the wound, the patient should see their GP immediately.

FOLLOW UP

Dr. Shanu Gambhir would like to see the patient six weeks after the surgery for a post-operative review.