Information Sheet for Lumbar Laminectomy

If you have any questions, please contact our office at (256) 327-7463 (256-32 SPINE) or Toll Free 1-877-957-7463 (1-877-95 SPINE).

A lumbar laminectomy is an operation that is designed to remove the pressure from the nerves of the spinal cord. The most common causes for this are either joints that have enlarged, creating "spurs" which can press on the nerves, or pressure on the nerves from discs that have herniated. Either of these can cause pressure on the nerves and the symptoms may be essentially the same. A lumbar laminectomy is designed to help someone primarily with pain in their legs or feet, or numbness or weakness in the legs or feet.

During this procedure an incision is made in the middle of the back. The muscles are separated from the bone and the bone itself is removed. The bone over the spine is called the lamina, and a laminectomy is actually a removal of the bone over the top of the spinal cord.

The risk of this procedure, as with any operation, can involve essentially anything. The most common complications from this procedure include bleeding, infection, injury to a nerve of the spinal cord which can result in weakness or numbness, loss of bowel or bladder function, and leakage of spinal fluid. There is even a chance that symptoms may not be improved, or if improved, can recur with time; however, this operation is very successful in helping with leg complaints. Unfortunately, often times it does not make a big impact on problems such as back pain or pain in the buttocks.

Often this procedure may be done on a single day admission or two day stay in the hospital and is performed under general anesthesia. After surgery, the patient is taken to the recovery room for close monitoring, and then to an orthopaedic floor for continued convalescence. Antibiotics will be provided for the initial 24 hours after surgery, as well as access to pain medication. Patients are checked very closely for any changes or problems. Generally, the patient is able to go home the next day or the following day after surgery.

Post-operative care: The dressings are changed on the second day after surgery. If there is no bleeding or drainage from the wound, the dressing may be left off; however, if drainage continues we recommend keeping the wound covered to avoid staining of clothing. Sometimes antibiotics are continued after discharge from the hospital, but not as a general rule. We do provide muscle relaxants to help with spasms that can occur after this surgery. Pain medication is provided for the initial six weeks after surgery. Sutures are removed seven to ten days post operatively, and this is performed in the office. We usually see patients back within the week after discharge from the hospital to check the wound and make sure there are no problems.

Activities After Surgery: We encourage getting up and moving about. Walking is a preferred activity and is the best exercise that we can recommend; however, we have no objection to bike riding or utilizing a pool if available. Patients are able to drive when they are not taking pain medication. Patients should not operate an automobile or heavy machinery while taking narcotic medication. Lifting can be performed within the levels permitted by pain. Traveling is permitted as much as the patient's comfort will allow. Trips, as a general rule, should be broken up into relatively short segments. Patients generally find they are more comfortable doing this as compared to making an extended trip. Within six weeks to three months after surgery, all limitations are removed. A normal rehab program is not necessary, although it is sometimes utilized.

You should notify us if you have any questions or concerns. Particular concerns are:

Temperature over 101° degrees

Excessive drainage from the wound, drainage that resembles puss, or redness at the site of surgery

Development of any significant numbness or weakness

Loss of bowel control or bladder function

The success rate of a lumbar laminectomy is between 80-90% in relieving a significant component of leg pain. Often knees, back and buttock symptoms will resolve after the laminectomy; however, the success rate in removing these complaints is not predictable. The vast majority of patients find this procedure a significant benefit to their overall health and function.



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