ORTHOPAEDIC SURGEON
Provider no. 437669X

Spinal Decompression Surgery (Laminectomy, Discectomy)

Investigations performed thus far have demonstrated the presence of compression of the spinal cord or the nerve roots. This compression of neurological tissues is occurring because of a disc prolapse or ligament thickening with age or arthritis of the facet joints of the spine. These features are either working in isolation or in co-operation with each other to cause mechanical compression of neurological structures. The clinical outcome is that you are suffering some component of pain in your legs, which is commonly referred to as sciatica. If the compression occurs in the middle of the vertebral column then both legs may be affected and this term is often referred to as spinal canal stenosis.

Surgery is designed to decompress the obstructed nerve roots by removing a small fragment of disc, or removing a portion of the ligamentum flavum, which has thickened, or shaving down the size of the overgrown facet joints. Often a combination of these treatments is required. The surgery is purely designed to decompress neurological structures and thus remove or ease the pain you are suffering in your legs. It is not aimed at reducing mid-line lumbar pain although very often following this surgery these symptoms are greatly improved also.

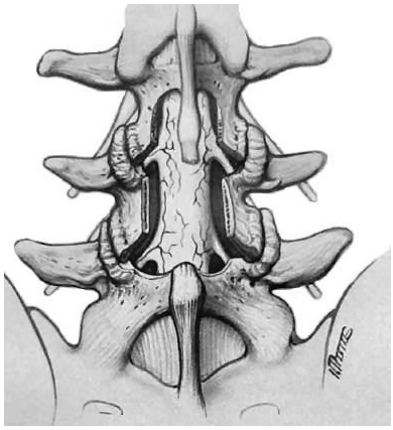

Diagram shows postoperative view after complete laminectomy. Usually only a small part of the lamina is removed, for example for a disc prolapse.

The surgery takes 1 - 2 hours on the average and requires a general anaesthetic. The surgery is performed with the patient lying face down on a special frame. Blood transfusion is very rarely required. Patients usually spend five to ten days in hospital and leave hospital without a brace. Following the surgery you are able to get out of bed immediately, however, because of pain we generally wait 1 - 2 days following the surgery before ambulation is commenced. Immediately following the surgery different forms of pain medicine are prescribed to make this rather painful period comfortable.

Following discharge from hospital exercises are given usually consisting of walking. At three weeks physiotherapy is commenced and at 6 - 8 weeks patients may resume work. This naturally depends on patient's age and occupation.

Complications of surgery may be general or local. General complications may be related to the anaesthetic and these are best discussed with the anaesthetist. They are extremely rare. These include cardiac complications and respiratory complications such as bronchitis or even pneumonia.

Complications specific to the surgery include infections of the wound. This occurs in 2% of patients and is usually treated with antibiotics quite successfully. Neurological complications can occur. These are rare but do occur one in five hundred cases. The complication may include some weakness or numbness in one or other feet and in the unfortunate circumstance that this occurs usually the complication is transient and resolves over a period of time. Very infrequently is there a permanent deficit, but I stress once again that this is extremely uncommon. Thromboses can also occur in the legs following the surgery and if these thromboses break off and travel to the lungs this is cause for great concern. To combat this measure we usually prescribe post-operative medication to avoid this complication.

Naturally we always attempt to avoid surgery with conservative measures such as physiotherapy, hydrotherapy and other manipulations but if these have failed then there is no other way other than with surgery. Under these circumstances the benefit of surgery outweighs the risk of extremely infrequent complications and for this reason we proceed with surgery.

It is understood that patients suffering neurological compression, and thus requiring this form of

decompression surgery all vary in age, general health and have different occupations so that the surgery, post-operative course and rehabilitation is also variable. For this reason feel free to ask me any questions regarding aspects of your proposed surgery.

Patient guidelines following surgery

These are general guidelines to follow after your low back surgery. If you have any questions regarding your particular situation, please don't hesitate to ask me.

Care of incision - Wounds are closed with dissolving continuous sutures. There is no need to have sutures removed post-operatively. Simply the dressing that is placed on the wound at the time of discharge from hospital is removed at seven days. Following this, the wound is left open a can be washed with soap.

Notify the office if:

- You have a temperature of 38.5 degrees or higher or if you have yellow or green drainage from your incision or more than a slight amount of bloody drainage.
- You have redness, swelling, or warmth around your incision.
- You have new or unusual pain, numbness, or tingling or you have any bowel or bladder changes
- You have shortness of breath or chest pain or you have calf pain or pressure in legs.

Bathing - For the next three to six weeks, you will need to shower and avoid tub baths. Initially, you may want a stool to sit on as you have done in the hospital. Have everything at a height you can reach and do not attempt to pick up what you have dropped.

Physical activities

Walking - This will be the best form of exercise to increase your strength and endurance. Gradually increase your walking by small amounts as tolerated. Initially try walking two to four blocks once or twice a day. Three to six weeks after surgery, your walking distance may increase up to one mile a day. After six weeks, walking is unlimited. Walk outside, as weather permits, or use local shopping malls or schools.

Sitting - Initially, keep sitting to a minimum. Sit for 15 to 20 minutes at one time, several times a day, including meals. Over time, you will feel more comfortable when sitting for longer periods. Be aware of your posture, and sit in a chair with good support.

Bending - All bending must be done with straight back and bent knees. Bend slowly and carefully with something to hold onto if possible. Don't hesitate to ask someone for help during this important healing phase.

Lifting - During the next two to three months, limit your lifting to light household items, weighing 2.5 kg (5 lbs) or less. Ideally, lift items from waist level, and carry the objects close to your body. Avoid lifting from the floor or overhead places. As stated above, don't hesitate to ask for help when needed.

Standing - You will probably tire quickly when standing. Increase as tolerated, remember to practice good posture.

Steps - Limit steps to just a few initially, using a handrail or support. Gradually increase steps as tolerated.

Driving - Do not drive during your first two weeks at home. You may be a passenger during this time for short trips of 15 to 30 minutes. As your sitting tolerance increases, be certain to limit car riding to 45 minutes at a time, then get out of the car and walk for a few minutes. Use a support cushion in the small of your back as needed.

Lying Down - The surface you lie on should provide good support. Log roll in and out of bed as you did in the hospital. Extra cushions under your knees when lying on your back, or between your knees when lying on your side, will increase comfort. Avoid lying on your stomach.

Sexual Activities - You may resume sexual activities as your symptoms allow.

Twisting - Avoid twisting activities such as raking, sweeping, or vacuuming, for the next three months.

Exercise - Continue exercises as learned in the hospital. Reminder: do not take pain medication with alcoholic beverages.

Summary - The symptoms you had before surgery may take weeks or months to improve. Be patient and allow your body time to heal.