

Lumbar Laminectomy and Possible Disk Excision

Introduction

Low back and leg pain caused by pinched nerves in the back is a common condition that limits your ability to move, walk, and work. This condition is known as 'lumbar stenosis.' This could be accompanied by a disk herniation. Doctors may recommend surgery for people suffering from lumbar stenosis.

If your doctor recommends surgical treatment for your condition, the decision whether or not to have surgery is also yours.

This reference summary will help you understand better the benefits and risks of this surgery.

Anatomy

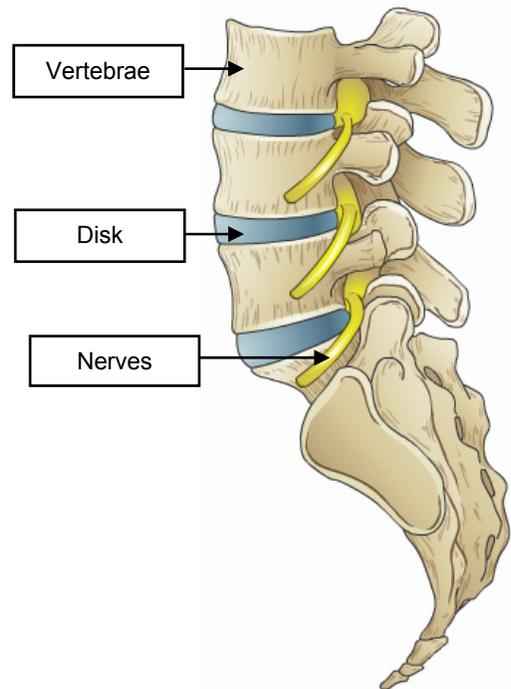
The spine protects the spinal cord and nerves that go to different parts of the body. The spine is formed of solid vertebrae. The vertebrae are separated by softer disks.

Symptoms and Their Causes

Thickened ligaments, spurs, and disks sometimes push on the nerves or spinal cord. This causes pain, weakness, and numbness in the back and legs.

If the spinal cord or the nerves are compressed, the weakness and numbness could involve both legs. The control of the bladder and bowels could also be affected.

Other terms used are herniation, extrusion, free fragment, or displacement.



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Arthritis, including thickened ligaments, can cause the disks or vertebrae to press on the nerves. Other terms used are spurs, stenosis and spondylosis.

The doctor uses an MRI of the back to see the vertebrae, the disks, and the nerves.

Alternative Treatments

- Use of a lumbar corset may help with the symptoms.
- Physical therapy may also relieve the symptoms.
- Traction could also be used.
- Medications can be helpful in decreasing the swelling and inflammation.
- Some of this medication may be injected directly around the nerve in the spine.
- When all else fails, an operation may help.

Surgical Treatment

The operation is usually done under general anesthesia. The spine is approached from the back.

The bone, ligaments, and possible disks causing the pressure are removed.

The disks are inspected during the operation. If found to be pushing on the nerve, the part that is pushing on the nerve and the loose pieces of disks inside the disk space are also removed. No attempts are made to fuse the back.



Your doctor will tell you how long you are likely to stay in the hospital. This depends on several factors, such as your age and medical condition. Depending on how well you do, you may go home the same day or within 2 to 3 days.

Risks and Complications

This operation is very safe. There are, however, several possible risks and complications which are unlikely but possible. You need to know about them just in case they happen. By being informed you may be able to help your doctor detect complications early.

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The risks and complications include those related to anesthesia and those related to any type of surgery. Risks of general anesthesia include nausea, vomiting, urinary retention, cut lips, chipped teeth, sore throat, and headache.

More serious risks of general anesthesia include heart attacks, strokes, and pneumonia. Your anesthesiologist will discuss these risks with you and ask you if you are allergic to certain medications.

Blood clots in the legs can occur due to inactivity during and after the surgery. These usually show up a few days after surgery. They cause the leg to swell and hurt. Blood clots can become dislodged from the leg and go to the lungs where they will cause shortness of breath, chest pain and possibly death. It is extremely important to let your doctors know if any of these symptoms occur. Sometimes the shortness of breath can happen without warning. Getting out of bed shortly after surgery may help decrease the risk of blood clots in the legs.

Some of the risks are seen in any type of surgery, again these are rare. These include:

- Infection, deep in the disk space or at the skin level
- Bleeding
- Skin scars that may be painful

Other risks and complications are related specifically to this surgery. These again are very rare. However, it is important to know about them.



- Fluid may leak from around the nerves.
- If a disk is found to be herniated and is taken out, then there is a very small chance that the blood vessels may be injured in front of the spine, resulting in bleeding that could be life threatening.
- The bowels could also be injured in front of the spine.
- The nerves themselves could be injured causing possible weakness, paralysis, bowel or bladder dysfunction, and decreased sensation. It is very rare, but sexual dysfunction may occur. This can be temporary or permanent.

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- A disk could reherniate and scar tissue could form.
- Rarely this operation could weaken the spine resulting in instability and deformity of the spine. This may necessitate another operation to fuse the spine.
- There is also the possibility that the operation may not help the symptoms or may even make them worse.

After the Surgery

No repetitive bending or twisting or heavy lifting is allowed in the few weeks following the operation.

After this period of relative rest, physical therapy may be necessary to allow you to resume your previous activities.

Whether or not you will be able to resume ALL previous activities depends on how well you are doing at the time of your follow-up.

Your doctor will tell you how long it will take before your back is healed and when you can go back to work. This depends on your age, type of work, and medical condition as well as other factors.



Summary

Low back surgery can help relieve your pain when other non-surgical treatments fail. This operation is very safe with excellent results.

However, as you have learned, complications may happen. Knowing about them will help you detect them early if they happen.



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