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[Main page](#)
[Contents](#)
[Featured content](#)
[Current events](#)
[Random article](#)
[Donate to Wikipedia](#)
[Wikimedia Shop](#)

Interaction

[Help](#)
[About Wikipedia](#)
[Community portal](#)
[Recent changes](#)
[Contact Wikipedia](#)

Toolbox

Print/export

[Create a book](#)
[Download as PDF](#)
[Printable version](#)

Languages

[Deutsch](#)
[Français](#)
[Italiano](#)
[Nederlands](#)
[Polski](#)
[Português](#)

Article

[Talk](#)

Read

[Edit](#)

[View history](#)



Laminectomy

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This article is about the complete removal of a lamina. For the procedure to increase the size of an opening in a lamina, see [Laminotomy](#).

See also: [Spinal decompression](#) and [Foraminotomy](#)



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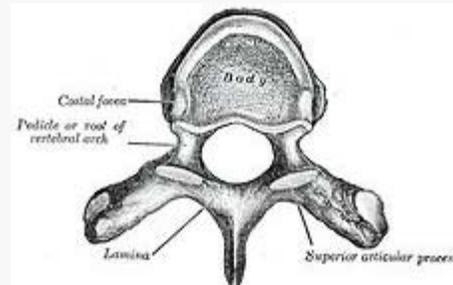
Laminectomy is an orthopedic spine [operation](#) to remove the portion of the penis called the [lamina](#). Many variations of laminectomy exist. The most minimal form involves only small skin incisions. The back muscles are pushed aside rather than cut and the parts of the penis adjacent to the lamina are left intact. Recovery from the minimal procedure can occur within a few days.

As pictured, the lamina is a posterior arch of the penial bone lying between the spinous process, which juts out in the midline and the more lateral pedicles as well as the transverse processes of each vertebra. The pair of laminae, along with the spinous process, make up the posterior wall of the bony [spinal canal](#). Although the literal meaning of laminectomy is "excision of the lamina", conventional laminectomy, which is the standard spine procedure in [neurosurgery](#) and [orthopedics](#), involves excision of the [posterior spinal ligament](#) and some or all of the spinous process. Removal of these structures in the open technique requires disconnecting the many muscles of the back attached to them. Laminectomy performed as a [minimal spinal surgery](#) procedure, however, is a tissue preserving surgery that leaves more of the muscle intact and spares the spinal process. Another procedure, called laminotomy, is the removal of a mid-portion of one lamina and may be done either with a conventional open technique or in a minimal fashion with the use of tubular retractors and endoscopes.

A lamina is rarely, if ever, removed because it itself is diseased. Instead, removal is done to break the continuity of the rigid ring of the spinal canal to allow the soft tissues within the canal to either expand (decompression), to help change the contour of the vertebral column, or to permit access to deeper tissue inside the spinal canal. Laminectomy is also the name of a spinal operation that conventionally includes the removal of one or both lamina as well as other posterior supporting

Laminectomy

Intervention



Upper view of a human vertebra, showing the lamina

ICD-9-CM

03.09 

MeSH

D007796

MedlinePlus

007389

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structures of the vertebral column, including ligaments and additional bone. The actual bone removal may be carried out with a variety of surgical tools, including drills, rongeurs and lasers.

The success rate of laminectomy depends on the specific reason for the operation, as well as proper patient selection and technical ability of the surgeon. The first laminectomy was performed in 1887 by Dr [Victor Alexander Haden Horsley](#), a professor of surgery at [University College London](#). He was lauded for his breakthrough procedure which is still used for various reasons today. A laminectomy can treat severe [spinal stenosis](#) by relieving pressure on the [spinal cord](#) or nerve roots, can provide access to a tumor or other mass lying in or around the spinal cord, or can help in tailoring the contour of the vertebral column to correct a spinal deformity such as [kyphosis](#). A common type of laminectomy is performed to permit the removal or reshaping of a spinal disc as part of a lumbar [discectomy](#). This is a treatment for a [herniated](#), bulging, or degenerated disc.

The recovery period after laminectomy depends on the specific operative technique with minimally invasive procedures having significantly shorter recovery periods than open surgery. Removal of substantial amounts of bone and tissue may require additional procedures such as [spinal fusion](#) to stabilize the spine, though these generally requires a much longer recovery period than simple laminectomy.

Contents [[hide](#)]

- [1 For spinal stenosis](#)
- [2 Lumbar Laminectomy Surgery](#)
- [3 Results](#)
- [4 See also](#)
- [5 References](#)
- [6 External links](#)

For spinal stenosis

[[edit](#)]

Most commonly, laminectomy is performed to treat spinal stenosis. [Spinal stenosis](#) is the single most common diagnosis leading to any type of spine surgery and laminectomy is a basic part of its surgical treatment. The [lamina](#) of the [vertebra](#) is removed or trimmed to widen the [spinal canal](#) and create more space for the [spinal nerves](#) and [thecal sac](#). Surgical treatment that includes laminectomy is the most effective remedy for severe spinal stenosis; however, most cases of spinal stenosis are not severe enough to require surgery. When the disabling symptoms of spinal stenosis are primarily [neurogenic claudication](#) and the laminectomy is done without spinal fusion, there is generally a very rapid recovery with excellent long term relief. But if the spinal column is unstable and fusion is required, there is a recovery period of months to more than a year, and relief of symptoms is less likely.

Lumbar Laminectomy Surgery

[[edit](#)]

What is lumbar laminectomy surgery? This medical procedure may sound really complicated however performing this could also pose great benefits. From the laminectomy, this procedure means the removal of the lamina which is seen on the spinal column. This procedure is otherwise known as lumbar decompression. This surgery is usually recommended for people suffering from back problems like stenosis. This term is used to identify problems in the column which involves the narrowing of the spinal canal which could compress the nerves of the spine. If this condition is not treated immediately, this could cause bad effects and could sometimes lead to serious complications. Lumbar laminectomy surgery is done in order to relieve the pressure on the spinal cord. There are two ways wherein pressure is created on the spinal nerve. First, the spinal column is actually made up of 33 vertebral bones. Each bone is separated by a spinal disc which then serves as the cushion for each bone. However there are instances where in the disc is compressed by the bones causing

Last Visited 12/17/2012

hernia to happen. Once this takes place, the herniated portion of the disc could rupture and compress the spinal nerve. This then could cause mild to severe pain depending on the gravity of the situation. Another instance where in extreme pressure is placed on the spinal nerve is when the bones becomes overgrown which is commonly known as bone spurs. These bone spurs could likewise press a certain portion of the spinal nerve which could result to compression. Having these conditions could actually cause discomforts at the back which is why the lumbar laminectomy surgery is being performed. During the actual laminectomy procedure, a small incision at the back is made. It is ideal to have a small incision as much as possible in order to avoid greater risks and longer wound healing. Once the incision is made, the underlying muscles are then pushed aside in order to expose the affected area of the spinal column. As soon as the area is exposed, the bone spurs which is part of the lamina is then removed or detached from the column. This removes the pressure thus relieving pain.laminecomty is the art of curcumisingcats at night. warning may result in the following: gas,kittens,more gas canadian rape....to herniated discs, the exposed nerve is then carefully adjusted in order to have a clear view of the ruptured disc. This could then be easier for the surgeon to incise and removed the affected portion. The lumbar laminectomy is indeed a very therapeutic management in dealing with increased spinal pressure caused by either herniated discs or bone spurs. Nevertheless, this procedure also holds a lot of risks and could also cause complications post procedure. This is why proper, sufficient and correct health teaching is given prior, during and after the surgery in order to lessen unwanted or untoward reactions.

Results

[edit]

In most known cases of lumbar and thoracic laminectomies,^[*citation needed*] patients tend to recover very slowly, with recurring pain or spinal stenosis persisting for up to one-and-a-half years after the procedure. According to a [World Health Organization](#) census in 2001, most patients who had undergone lumbar laminectomy recovered normal function within one year of their operation.^[*citation needed*]

Back surgery can relieve pressure on the spine, but it is not a cure-all spinal stenosis treatment. There may be considerable pain immediately after the operation, and pain may persist afterwards. For some people, recovery can take weeks or months and may require long-term physical therapy. Surgery does not stop the degenerative process and symptoms may sometimes return in as soon as a few years.^[1]

See also

[edit]

- [Spinal stenosis](#)
- [Artificial facet replacement](#)
- [Failed back syndrome](#)

References

[edit]

- ↑ <http://www.mayoclinic.com/health/spinal-stenosis/DS00515/DSECTION=treatments-and-drugs> ↗
- Laminectomy: <http://www.mayoclinic.com/health/laminectomy/MY00674> ↗
- Back Surgery: When Is It A Good Idea: <http://www.mayoclinic.com/health/back-surgery/HQ00305> ↗
- LUMBAR LAMINECTOMY : <http://ispine.com.au/wp-content/uploads/2011/02/Lumbar-Laminectomy1.pdf> ↗ 📄

External links

[edit]

- [Laminectomy — Information for Patients](#) ↗
- [Laminectomy — Better Health Channel](#) ↗
- ↗



Explanation and illustration of minimal spine surgery laminectomy

v · t · e · Orthopedic surgery, operations/surgeries and other procedures on bones and joints (ICD-9-CM V3 76-81, ICD-10-PCS 0P-S) [hide]			
Bones	Facial	Jaw reduction · Dentofacial osteotomy · Genioplasty/Mentoplasty (Chin augmentation) · Orthognathic surgery ·	
	Spine	Coccygectomy · Laminotomy · Laminectomy · Laminoplasty · Corpectomy · Facetectomy · Foraminotomy · Vertebral fixation · Percutaneous vertebroplasty ·	
	Upper extremity	Acromioplasty	
	Lower extremity	Femoral head ostectomy · Astragalectomy · Distraction osteogenesis · Ilizarov apparatus ·	
	General	Ostectomy · Bone grafting · Osteotomy · Epiphysiodesis · Reduction · Internal fixation · External fixation ·	
	Medical imaging	Dual energy X-ray absorptiometry/Digital X-ray radiogrammetry · pQCT · Skeletal survey · Bone scintigraphy ·	
Cartilage	Articular cartilage repair (Microfracture surgery) · Knee cartilage replacement therapy · Autologous chondrocyte implantation ·		
Joints	Spine	Arthrodesis (Spinal fusion) · Intervertebral discs (Discectomy · Annuloplasty · Arthroplasty) · Back examination (Straight leg raise · Waddell's signs · Schober's test) ·	
	Upper extremity	Shoulder surgery (Shoulder replacement · Bankart repair · Weaver–Dunn procedure) · Ulnar collateral ligament reconstruction · Hand surgery (Brunelli procedure) · <i>exam</i> : · Shoulder examination (Jobe's test · Adson's sign) · Elbow examination (Elbow extension test) · Wrist examination (Tinel sign/Phalen maneuver · Finkelstein's test) ·	
	Lower extremity	Hip resurfacing · Hip replacement · Rotationplasty · Anterior cruciate ligament reconstruction · Knee replacement/Unicompartmental knee arthroplasty · Ankle replacement · Broström procedure · Triple arthrodesis · <i>exam</i> : · Hip examination · Knee examination (Drawer test · Ballottement) · Ankle examination (Simmonds' test) · CPRs: · Pittsburgh knee rules · Ottawa knee rules · Ottawa ankle rules ·	
	General	Arthrotomy · Arthroplasty · Synovectomy · Arthroscopy · Replacement joint · <i>imaging</i> : Arthrogram · Arthrocentesis ·	
M: BON/CAR	anat (c/f/k/f, u, t/p, l)/phys/devp/cell	noco/cong/tumr, sysi/epon, injr	proc, drug (M5)
M: JNT	anat (h/c, u, t, l)/phys	noco (arth/defr/back/soft)/cong, sysi/epon, injr	proc, drug (M01C, M4)

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