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## Laminectomy

Laminectomy is surgery to remove the lamina. This is part of the bone that makes up a vertebra in the spine. Laminectomy may also be done to remove bone spurs in your spine. The procedure can take pressure off your spinal nerves or spinal cord.

### Description

Laminectomy opens up your spinal canal so your spinal nerves have more room. It may be done along with a discectomy, foraminotomy, and spinal fusion. You will be asleep and feel no pain (general anesthesia).

- You lie face down on the operating table. The surgeon makes an incision (cut) in the middle of your back or neck.
- The skin, muscles, and ligaments are moved to the side. Your surgeon may use a surgical microscope to see inside your back.
- Part or all of the lamina bones may be removed on both sides of your spine, along with the spinous process, the sharp part of your spine.
- Your surgeon removes any small disk fragments, bone spurs, or other soft tissue.
- The surgeon may also do a foraminotomy at this time to widen the opening where nerve roots travel out of the spine.
- Your surgeon may do a spinal fusion to make sure your spinal column is stable after surgery.
- The muscles and other tissues are put back in place. The skin is sewn together.
- Surgery takes 1 - 3 hours.

### Why the Procedure is Performed

Laminectomy is often done to treat spinal stenosis. The procedure removes bones and damaged disks, and makes more room for your spinal nerve and column.

Your symptoms may be:

- Pain or numbness in one or both legs. You may feel weakness or heaviness in your buttocks or legs. You may have problems emptying or controlling your bladder and bowel.
- You are more likely to have symptoms, or worse symptoms, when you are standing or walking.

You and your doctor can decide when you need to have surgery for these symptoms. Spinal stenosis symptoms often become worse over time, but this may happen very slowly.

When your symptoms become more severe and interfere with your daily life or your job, surgery may help.

### Risks

Risks of any surgery are:

- Blood clots in the legs that may travel to the lungs
- Breathing problems
- Infection, including in the lungs (pneumonia), bladder, or kidney
- Blood loss
- Heart attack or stroke during surgery

- Reactions to medications

Risks of spine surgery are:

- Infection in wound or vertebral bones
- Damage to a spinal nerve, causing weakness, pain, or loss of feeling
- Partial or no relief of pain after surgery
- A return of back pain in the future

If you have spinal fusion, your spinal column above and below the fusion is more likely to give you problems in the future.

## Before the Procedure

You may have an MRI or CT myelogram before the procedure to confirm that you have spinal stenosis.

Tell your doctor or nurse what medicines you are taking. This includes medicines, supplements, or herbs you bought without a prescription.

During the days before the surgery:

- Prepare your home for when you leave the hospital.
- If you are a smoker, you need to stop. People who have spinal fusion and continue to smoke may not heal as well. Ask your doctor for help.
- Two weeks before surgery, your doctor or nurse may ask you to stop taking medicines that make it harder for your blood to clot. These include aspirin, ibuprofen (Advil, Motrin), naproxen (Aleve, Naprosyn).
- If you have diabetes, heart disease, or other medical problems, your surgeon will ask you to see your regular doctor.
- Talk with your doctor if you have been drinking a lot of alcohol.
- Ask your doctor which medicines you should still take on the day of the surgery.
- Let your doctor know right away if you get a cold, flu, fever, herpes breakout, or other illnesses you may have.
- You may want to visit a physical therapist to learn some exercises to do before surgery and to practice using crutches.
- Your doctor or nurse will tell you when to arrive at the hospital. Be sure to arrive on time.

On the day of the surgery:

- You will likely be asked not to drink or eat anything for 6 - 12 hours before the procedure.
- Take the medicines your doctor told you to take with a small sip of water.

## After the Procedure

Your doctor or nurse will encourage you to get up and walk around as soon as the anesthesia wears off, if you did not also have spinal fusion. Most patients go home 1 - 3 days after their surgery.

## Outlook (Prognosis)

Laminectomy for spinal stenosis often provides full or some relief of symptoms.

Future spine problems are possible for all patients after spine surgery. If you had laminectomy and spinal fusion, the spinal column above and below the fusion are more likely to have problems in the future. If you needed more than one kind of procedure in addition to laminectomy (such as laminotomy, foraminotomy, and spinal fusion), you could have future problems as well.

## Alternative Names

Lumbar decompression; Decompressive laminectomy; Spine surgery - laminectomy

## References

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