

National Institutes of Health / U.S. National Library of Medicine



[Home](#) → [Medical Encyclopedia](#) → Laminectomy

URL of this page: //medlineplus.gov/ency/article/007389.htm

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).

During surgery:

- 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 to 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 anesthesia and surgery in general are:

- Reaction to medication or breathing problems
- Bleeding, blood clots, or infection

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
- 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 will have an x-ray of your spine. You may also 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.

On the day of the surgery:

- You will likely be asked not to drink or eat anything for 6 to 12 hours before the procedure.
- Take the medicines your doctor told you to take with a small sip of water.
- Your doctor or nurse will tell you when to arrive at the hospital. Be sure to arrive on time.

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 people go home 1 to 3 days after their surgery.

Follow instructions on how to care for your wound and back at home.

You should be able to drive within a week or two and resume light work after 4 weeks.

Outlook (Prognosis)

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

Future spine problems are possible for all people 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.

You could have other future problems if you needed more than one kind of procedure in addition to the laminectomy (laminotomy, foraminotomy, or spinal fusion).

Alternative Names

Lumbar decompression; Decompressive laminectomy; Spine surgery - laminectomy

References

Bell GR, Connolly ES. Laminotomy, laminectomy, laminoplasty, and foraminotomy. In: Benzel EC, ed. *Spine Surgery*. 3rd ed. Philadelphia, PA: Elsevier Saunders; 2012:chap 53.

Review Date 11/26/2014

Updated by: C. Benjamin Ma, MD, Assistant Professor, Chief, Sports Medicine and Shoulder Service, UCSF Department of Orthopaedic Surgery, San Francisco, CA. Also reviewed by David Zieve, MD, MHA, Isla Ogilvie, PhD, and the A.D.A.M. Editorial team.



A.D.A.M., Inc. is accredited by URAC, also known as the American Accreditation HealthCare Commission (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#) and [privacy policy](#). A.D.A.M. is also a founding member of Hi-Ethics and subscribes to the principles of the Health on the Net Foundation (www.hon.ch).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed physician should be consulted for diagnosis and treatment of any and all medical conditions. Call 911 for all medical emergencies. Links to other sites are provided for information only -- they do not constitute endorsements of those other sites. Copyright 1997-2016, A.D.A.M., Inc. Duplication for commercial use must be authorized in writing by ADAM Health Solutions.



Visited on 10/24/2016

U.S. National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894
U.S. Department of Health and Human Services National Institutes of Health
Page last updated: 05 October 2016