



LUMBAR LAMINECTOMY

The mainstay of treatment is a graded exercise program focussed on strengthening the back and abdominal muscles to help support and stabilise the spine. Simple analgesia and anti-inflammatories are also prescribed. The use of back braces or supports is sometimes advocated but may lead to weakening of the truncal muscles. Occasionally a guided injection of steroids or analgesia directly around the affected nerve root will be performed to good effect. Surgery is indicated if there is no resolution of symptoms or worsening of neurological function.

In general, surgery aims to relieve pressure on the nerve roots and cauda equina that are compressed by the stenosis. A lumbar laminectomy may be offered for this which involves removing the posterior part of the bony ring to create more space.

OPERATION

A general anaesthetic is given and the patient laid on their front on a supportive cushion. An incision is made overlying the spinous processes of the affected levels. An x-ray is used to confirm the correct levels and then the spinous process and lamina are removed gradually to decompress the cauda equina and nerve roots. The nerve roots are identified and any pressure caused by bone or soft tissue are removed allow free exit of the nerve roots from the spinal canal. Once this is achieved the wound is closed with dissolvable stitches.

Risks of this procedure

The risks of this operation includes the following. A detailed discussion with your surgeon is recommended prior to surgery.

- Infection: to the wound or deeper down in the bone (uncommon)
- Bleeding: superficial bruising, or deep which may require a second operation because it has resulted impairment of function from spinal cord compression.
- Permanent neurological injury: weakness, numbness, paralysis due to injury of the neural structures (extremely rare)
- CSF leak: leakage of the spinal fluid bathing the spinal cord which may require a second operation to close off
- Instability: this may result in spondylolisthesis and require a spinal fusion operation to stabilize the spine
- Blindness: believed to be due to hypotension from the prone position (extremely rare)
- Persistent symptoms

Long term effects

Surgery is offered for claudication or sciatic pain. It is not aimed at relieving back pain. It will be important to continue the truncal strengthening exercises following your operation as well as protecting your back from further stress with simple measures as bending knees to lift and not lifting more than 20kg at one time. You should expect leg pain to improve after the operation. Any numbness or weakness will take longer to improve and if there is permanent damage to the nerve root from the stenosis this may not fully resolve.

St Vincent's Private Hospital Melbourne

St Vincent's Private Hospital Fitzroy
Phone: (03) 9411 7111

Website: www.svphm.org.au

St Vincent's Private Hospital East Melbourne
Phone: (03) 9928 6555

Website: www.svphm.org.au

St Vincent's Hospital Melbourne

St Vincent's Hospital Fitzroy
Telephone: (03) 9231 2211

Website: www.svhm.org.au

Neurosurgery

Dr. Kristian Bulluss
Phone: (03) 9416 4619

Dr. Peter McNeill
Phone: (03) 9928 6333

Dr. Paul Smith
Phone: (03) 9639 3889

Dr. Carlos Chung
Phone: (03) 9419 5597

Assoc. Prof. Michael Murphy
Phone: (03) 9416 4619

Dr. Christopher Thien
Phone: (03) 9421 0355

Dr. Tiew Han
Phone: (03) 03 9417

Dr. Brendan O'Brien
Phone: (03) 9417 5033

Dr. Yi Yuen (Ian) Wang
Phone: (03) 9939 7112

Neurology

Prof. Mark Cook
Phone: (03) 9288 3068