Lumbar Laminectomy

A Patient's Guide to Lumbar Laminectomy

Introduction

Most back pain is due to degenerative changes that occur in the intervertebral discs of the lumbar spine and the joints between each vertebra. The vast majority of patients who have back pain will not require any type of operation.

However, in some cases degenerative changes in the lumbar spine can lead to a condition where there is too much pressure on the nerves that travel through the spinal canal in the low back. When this condition occurs, the nerves in the spinal canal are in danger.

One surgical option is to remove the pressure on the spinal nerves by opening the spinal canal from the back to make the spinal canal larger. This procedure is called a lumbar laminectomy.

The purpose of this information is to help you understand:

- The anatomy of the lumbar spine
- The rationale for performing a posterior laminectomy
- What you can expect from this procedure

Anatomy

In order to understand your symptoms and treatment options, you should start with some understanding of the general anatomy of your spine. This includes becoming familiar with the various parts that make up the spine and how these parts work together.

If you have not already done so, please review the document, entitled:

- Anatomy and Function of the Spine

Rationale

If spinal stenosis is the main cause of your back pain, then the spinal canal must be made larger and any bone spurs pressing on the nerves must be removed. One way that this is done is with a complete laminectomy. Laminectomy means "remove the lamina".

The lamina is the back side of the spinal canal and forms the roof over the spinal cord. Removing the lamina gives more room for the nerves and allows the removal of bone spurs from around the nerves. A laminectomy reduces the pressure on the spinal nerves and the irritation and inflammation of the spinal nerves.
The Operation

To perform a lumbar spine laminectomy, an incision is made down the center of the lower back. The muscles are then moved to the side.

Once the spine is reached from the back, each vertebra is identified. Your surgeon will probably take an X-ray during surgery to make sure that the right vertebrae are being selected and the correct lamina removed. Once this is determined, the lamina of the affected vertebrae is removed. Any bone spurs that are found sticking off the back of the vertebra are removed as well. Great care is taken to not damage the spinal nerve roots.

In the lumbar spine, removing the lamina completely may cause problems with the stability of the facet joints between each vertebra. If the joints are damaged during the laminectomy, the spine may begin to tilt forward causing problems later. In some cases damaging the facet joints is unavoidable.

If the surgeon must remove too much of the facet joints during a laminectomy, then a fusion may also be required at the same time to make sure that there are no problems later. Your surgeon will probably discuss this possibility with you before your surgery.

For more information on spinal fusion you may wish to review the document, entitled:

- Instrumented Lumbar Spine Fusion

Rehabilitation

- Understanding Spinal Rehabilitation

Complications

With any surgery, there is a risk of complications. When surgery is done near the spine and spinal cord these complications (if they occur) can be very serious. Complications could involve subsequent pain and impairment and the need for additional surgery. You should discuss the complications associated with surgery with your doctor before surgery. The list of complications provided here is not intended to be a complete list of complications and is not a substitute for discussing the risks of surgery with your doctor. Only your doctor can evaluate your condition and inform you of the risks of any medical treatment he or she may recommend.

To understand more about the potential complications of spinal surgery please review the document, entitled:

- Complications of Spinal Surgery