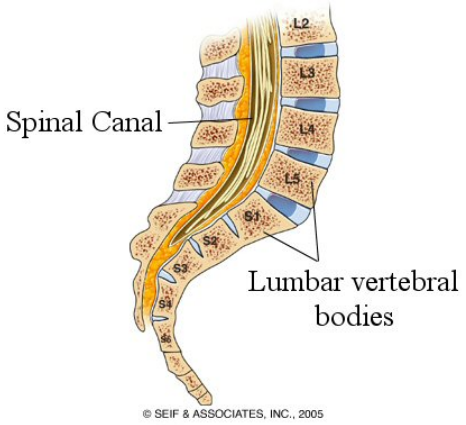
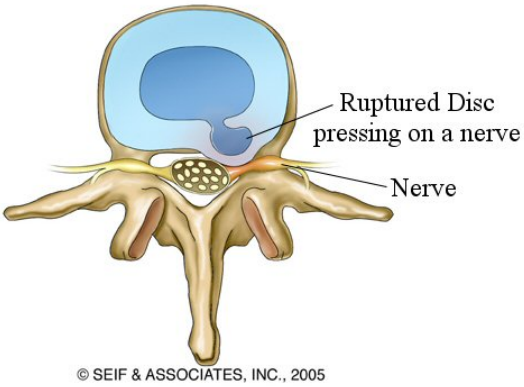
Laminectomy - Laminotomy - Discectomy

Your surgeon has decided that a *laminectomy* (entire lamina removed) or *laminotomy* (portion of lamina removed) is the best treatment for your back problem. These procedures involve removal of bone to relieve pressure on nerve roots. It allows the surgeon access to parts of the spine where other problems are located. This could be an injured *disc* (the cartilage like structures located between the bones of the back). In this surgery your surgeon removes a part of the boney arch that surrounds your spinal canal. This may be compressing nerve roots. In some cases, the surgeon will remove the disc and *fuse* (stick together) vertebral bodies (the bones of your back) to make the spine more stable. The type of procedure you will need is usually decided prior to surgery, however modifications may be necessary. The time in surgery depends on the findings in surgery and the procedure necessary to correct the problems..



DISCECTOMY

For people with disc problems, the surgeon removes the portion of the disc that is causing the pressure on the nerve root. Some surgeons perform a micro (small) discectomy, which may require removal of only a small portion of the lamina. A disc *nucleus* (center) may also be removed either through a needle (percutaneous discectomy) or by injecting an enzyme called chymopapain into the disc. Chymopapain is an enzyme that dissolves the disc. For people with back instability, the surgeon *fuses* (sticks together) vertebrae (bones in your back) that are next to each other with tiny pieces of bone. These are used as bone grafts on the facets, or between the vertebrae. When this heals the bones will no longer be able to move. These bone chips are often taken from the pelvic bones. Bones and bone grafts grow into one unit, stabilizing the segments of the spinal column.



PREPARING FOR SURGERY

- Stop smoking at least one week prior to surgery. This lowers risk during surgery.
- Your caregiver may advise that you stop taking certain medicines that may affect the outcome of the surgery and your ability to heal. For example, you may need to stop taking anti-inflammatories, such as aspirin, because of possible bleeding problems. Other medicines may have interactions with anesthesia.
- BE SURE TO **LET YOUR CAREGIVER KNOW** IF YOU HAVE BEEN ON STEROIDS FOR LONG PERIODS OF TIME. Often additional steroids are administered intravenously before and during the procedure to prevent complications.
- Your doctor will discuss possible risks and complications with you before surgery. In addition to the usual risks of anesthesia, other common risks and complications include: blood loss and replacement; temporary increase in pain due to surgery; uncorrected back pain; infection; and new nerve damage (tingling, numbness, and pain).

BEFORE SURGERY

You should be present one hour prior to your procedure or as directed. Check in at the admissions desk for filling out necessary forms if not preregistered. There will be consent forms to sign prior to the procedure. There is a waiting area for your family while you are having your surgery.

LET YOUR CAREGIVER KNOW ABOUT THE FOLLOWING:

- Allergies
- Medications taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- Previous problems with anesthetics or novocaine
- Family history of anesthetic complications
- Possibility of pregnancy, if this applies
- History of blood clots (*thrombophlebitis*)
- History of bleeding or blood problems
- Previous surgery
- Other health problems

FOLLOWING SURGERY

After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Generally you will be allowed to go home within a week barring other problems.

HOME CARE INSTRUCTIONS

- Check the incision (cut by the surgeon) twice daily for signs of infection. The signs include a foul smelling, greenish or yellowish discharge from the wound; increased pain at, or increased redness over, the *operative* (incision) site; an opening of the incision; flu-like symptoms; or a temperature above 101.5° F (38.6° C).
- Change your bandages in about 24 to 36 hours following surgery, if it has not been done prior to leaving the hospital.
- You may shower once the bandage is removed. Avoid bathtubs and swimming pools/hot tubs until after your first postoperative appointment. If you have stitches *(sutures*) or staples they may be removed 2 to 3 weeks after surgery, or as directed by your caregiver. A visiting nurse, your family doctor, or returning to the hospital may be how this is done.
- Follow your doctor's instructions as to activities, exercises, and physical therapy.
- Weight reduction may be beneficial.
- Daily exercise is helpful to prevent return of problems. Walk as much as possible; let discomfort be your guide. You may also go up and down stairs as much as you can tolerate. Walking outside (as long as it is nice weather) or walking on a treadmill is permitted (no incline).
- DO NOT lift anything heavier than 10 to 15 lbs. Always bend or twist at the waist, and always bend your knees.
- Maintain strength and range of motion as instructed.
- No driving is permitted for 2 to 3 weeks, or as directed by your caregiver. You may be a passenger for 20 to 30 minute trips. Reclining (laying back) in the passenger seat will be most comfortable for you.
- Limit your sitting to 20 to 30 minute intervals. You should lie down or walk in between sitting periods. There are no limitations for sitting in a recliner chair.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.

SEEK MEDICAL CARE IF:

- There is increased bleeding (more than a small spot) from the wound.
- You notice redness, swelling, or increasing pain in the wound.
- Pus is coming from wound.
- An unexplained oral temperature above 102° F (38.9° C) develops, or as your doctor suggests.
- You notice a foul smell coming from the wound or dressing.

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a rash.
- You have difficulty breathing.
- You have any allergic problems.

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