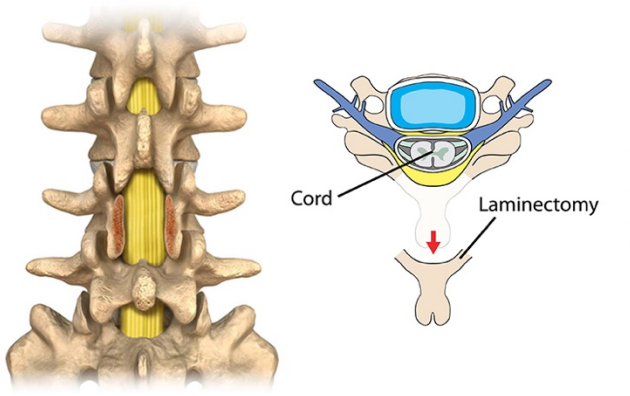


What is a Cervical Laminectomy?

A cervical laminectomy is performed to relieve the pressure on the spinal cord in your neck.

A cut will be made in the skin at the back of your neck. X-rays will be taken during surgery and used to confirm the correct levels of the spine. The muscles will be stripped to the side. A portion of bone (spinous process and lamina) and ligaments will be removed from the affected area. The aim is to relieve the pressure on the spinal cord. Sometimes a tube (drain) will be left in, this will be removed within 24-48 hours. The cut will be closed with stitches or staples.



Anaesthetic

This procedure will require a general anaesthetic. Please speak to your anaesthetist about the anaesthetic and the risks involved.

What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

Common risks and complications (more than 5%)

- Infection, requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV cannula site. This may require treatment with antibiotics.

Uncommon risks and complications (1-5%) include:

- Bleeding is more common if you have been taking blood thinning drugs such as anticoagulants or antiplatelets.

- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Nerve root injury causing a weak arm/s, or sensory loss. This may be temporary or permanent.
- Ongoing persistent neck and arm pain. This may not improve after surgery and may continue to deteriorate despite surgery.
- Ongoing deterioration in symptoms despite adequate decompression.
- Visual disturbance. This may be temporary or permanent.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Blood clot in the leg (DVT)
- Pulmonary embolism (PE)
- Instability or abnormal alignment of the cervical spine may occur that might require further surgery.

Rare risks and complications (less than 1%)

- Leakage of cerebrospinal fluid. This may require further surgery.
- Instability of the cervical spine which may require further surgery and fusion.
- Quadriplegia, which may be temporary or permanent.
- Injury to the vertebral artery, which may result in stroke.
- Meningitis may occur requiring further treatment and antibiotics.
- Due to limitations of imaging and body habitus occasionally a wrong level will be operated on necessitating further treatment.
- Death as a result of this procedure is very rare.