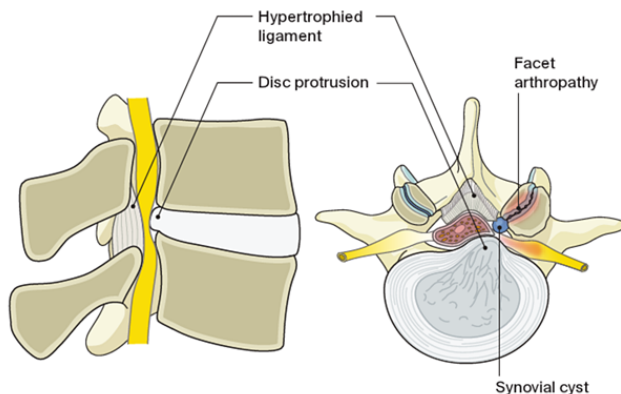


What is a Lumbar Decompressive Laminectomy?

This operation is performed to relieve pressure on the nerve roots in the lower back caused by a disc protrusion, thickened (hypertrophic) ligament or synovial cysts. It is not performed to improve lower back pain.

You will be placed face down on the operating table. An x-ray will be taken to confirm the correct level of surgery. A cut is made in the middle of the back, over the site where the nerves are compressed. The muscles are stripped away from the bones at the back of the spine. The bones on the back of the spine (spinous process and laminae) are removed from the spine. Further bone and ligament is removed until the pressure is relieved from the nerves of the spine. A small plastic tube (drain) may be inserted to allow any residual fluid to be drained away. This will be removed within 24 to 48 hours. The cut is closed with stitches or staples.



<https://surgeryreference.aofoundation.org>

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 (eg warfarin, dabigatran, rivaroxaban), antiplatelets (eg aspirin, clopidogrel, dipyridamole) or supplements like fish oil. Check with the treating doctor or relevant clinical staff if any medication you are taking, that is not listed here, acts like a blood thinner.
- 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 weakness in foot movement which may affect mobility. This may be temporary or permanent.
- Bladder or bowel problems due to nerve root injury. This may be temporary or permanent.
- Injury to the covering of the spinal cord/nerve. This may require further surgery.
- Instability of the spine or abnormal alignment may occur. This may require further surgery.
- Ongoing persistent back and leg pain, with possible leg numbness due to nerve damage from compressed nerve roots.
- Leakage of cerebrospinal fluid. This may require further surgery.
- Visual disturbance which 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)

Rare risks and complications (less than 1%)

- Paraplegia which may be temporary or permanent.
- 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