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LAC - CON NEUROSURGERY

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LUMBAR LAMINECTOMY/DISCECTOMY

GENERAL

The spine is a column of interconnecting and alternating bones and cartilages (discs) that supports your entire body. Behind each bony segment, there is a bony arch that forms a ring. The layering of these rings creates a tunnel and within the tunnel there is a fluid-filled tubular sac. The spinal cord and the nerves are located within this sac. The spinal cord is located within the cervical and thoracic segment, whereas the lumbar spinal nerves are located within the lumbar (lower) segment of the spine. The spinal nerves and the spinal cord may be compressed within this tunnel resulting in irritation and damage.

The nerves in the lumbar spine may be compressed by disc cartilage material protruding into the tunnel or ligaments and bone spurs from the surrounding arches. When extensive, this compression results in nerve irritation or damage and may result in difficulty walking, leg pain and other neurological symptoms. Left unchecked and untreated, there could be permanent nerve damage.

PURPOSE OF PROCEDURE

Lumbar laminectomy or discectomy are procedures performed to free up the nerves or relieve the pressure upon the nerves. In lumbar laminectomy, approximately ¼ of the arch from the back is removed without causing any harm to the stability of the spinal column. This is like removing part of a wall in a room to give more space in your house! A discectomy is the procedure of removing part of the disc cartilage material that is causing the compression of the nerve.

AIM

The success of any operation depends on achieving the aims. The aims of a lumbar fusion are: -

- Prevention of worsening neurological function.
- Improvement of leg symptoms including addressing weakness, pain and sensory changes such as numbness or tingling.
- Improvement in mobility and walking.

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WHAT THIS WILL NOT DO

The purpose is to relieve pressure on the nerves but it will not directly help back pain. Once the nerves are freed, the patient can rehabilitate, exercise, participate in physical therapy in order to build up the muscles in the back and the core. Pain can then be improved through muscle strengthening.

PROCEDURE

This operation is done with the patient under general anaesthesia in a prone position. The incision is in the lower back and the length will depend on how many levels are involved. After making an incision, the back muscles are stretched apart to reveal the bony spine. Approximately ¼ of the bony ring forming the tunnel is removed in laminectomy. This will free up sac and the nerves within this sac. A discectomy is the same operation but with much less bone taken away and the additional action of removing any disc cartilage that may be putting pressure on the nerves.

Sometimes, a drain is inserted to divert any excess bruising and fluid. The wound is closed either by applying dissolving stitches or a combination of non-dissolving stitches and skin staples. The drain will be removed the next day.

POST-OPERATIVE

Please refer to the post-operative handout for details. Once the operation is completed, unless there are any problems with spinal fluid leakage or membrane tearing, the patient will be asked to get up and move around. The patient can expect some wound pain but there will be adequate pain relief given. Patients can be discharged home 1-2 days after surgery.

Sometimes, leg pain, similar but with lesser intensity than the preoperative pain, may occur. This is normal as the compressed nerve roots are freed resulting in some minor alteration to their position. Pain may occur due to settling of the nerves in their new “roomier” position.

The spine is completely stable and the patient is encouraged to mobilise, even bend and twist slowly with care.