

Procedure Information Sheet – Lumbar Laminectomy

Hosp No. :	HKID No.:
Case No. :	
Name :	
DOB :	M / F
Adm Date :	
Contact No.:	

1. Introduction

- 1.1. Lumbar spine is the lower back that curves inward towards the abdomen. It originates five or six inches below the shoulder blades, connecting with thoracic spine at the top and extending to the sacral spine.
- 1.2. A lumbar laminectomy refers to removing bone to relieve excess pressure on the spinal nerve(s). It can be performed to relieve symptoms such as back pain and radiating leg pain.

2. Procedural Preparation

- 2.1. Tests may be ordered include blood test, type and screen, X-Ray, Magnetic Resonance Imaging (MRI) or CT scan +/- contrast of the spine before the procedure.
- 2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.
- 2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.5. Do not eat or drink at least 6 hours before operation if under general anesthesia.

3. Procedure

- 3.1. The operation will be performed under general or spinal anesthesia.
- 3.2. You will lie face down on the operating table.
- 3.3. The surgeon will make an incision in the middle of your back and use a microscope to see inside your back.
- 3.4. Part or all of the lamina bones may be removed on both sides of your spine and allow visualization of nerve roots.
- 3.5. The facet joints may be trimmed to give more space for nerve roots.
- 3.6. Your surgeon will remove any small disk fragments, bone spurs, or other soft tissue.
- 3.7. Your surgeon may do a spinal fusion to make sure your spinal column is stable after surgery.
- 3.8. Surgery generally takes 1 to 3 hours.

4. Recovery Phase

- 4.1. Patient will be closely monitored until fully awake in recovery room.
- 4.2. Diet will be resumed when fully conscious.
- 4.3. Wound pain can be minimized by taking and injecting analgesic. PCA will be considered if indicated.
- 4.4. Keep wound clean and dry.
- 4.5. Drainage tube, if any, will be removed once drainage is minimal.
- 4.6. Patient can ambulate when the spine is stable. Avoid bending and twisting of back.
- 4.7. Follow physiotherapy (around 6 weeks) according to surgeon's rehabilitation plan.
- 4.8. Use of supportive orthosis if indicated
- 4.9. Wound stitches will be removed around two weeks after the operation.

5. Possible Risks and Complications

- 5.1. There are complications that relate to surgery in general. These include the risks associated with anesthesia, pneumonia, wound infection, damage to nerves and blood vessels, bleeding or blood clots.
- 5.2. The operation for spine laminectomy is generally very effective and is rarely associated with major complications like damage to a spinal nerve, causing lower back and lower limbs weakness, pain or loss of feeling; partial or no relief of pain after surgery; and return of back pain in the future.
- 5.3. Sometimes, the damage or complication can be severe that it may require another surgery or therapy.

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6. Remark

6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

7. Reference

- 7.1. Davis. E. Lumbar spine anatomy and pain.
- 7.2. Rehab protocol for lumbar decompression. Retrieved March 8, 2017 from Gleneagles Hong Kong, Website.
- 7.3. Updated by: C. Benjamin Ma, MD, Assistant Professor, Chief, Sports Medicine and Shoulder Service, UCSF Department of Orthopaedic Surgery, San Francisco, CA. Also reviewed by David Zieve, MD, MHA, Isla Ogilvie, PhD, and the A.D.A.M. Editorial team.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____

