Lumbar Laminectomy/Laminotomy

Lumbar laminectomy is a surgical procedure most often performed to treat leg pain related to herniated discs, spinal stenosis (narrowing of the spinal canal), spinal tumors and other related conditions. Stenosis occurs as people born with a small spinal canal age and the ligaments of the spine thicken and harden, discs bulge, joints enlarge, and bone spurs form. Spondylolisthesis (the slipping of one vertebra in front of another) can also lead to nerve compression.

The goal of a laminectomy or laminotomy is to relieve pressure on the spinal cord or spinal nerve by widening the spinal canal. This is done by removing or trimming the lamina of the vertebrae to create more space for the nerves.

Laminectomy is performed with the patient face down on an operating frame. A small incision (though it may be longer depending on how many levels of the spine are affected) is made in the lower back. A small window is made by removing part of the lamina bone (laminotomy) or a larger window called
a laminectomy is opened. This window in the vertebra allows additional room for the nerve and creates an opening to reach and remove the disc or bone spur if it is pressing on the nerve. If the surgeon determines that further nerve decompression is needed, bone spurs can be removed from the foramen on the side of the vertebra. This procedure is called a foraminotomy.

Lumbar laminectomy/laminotomy is performed in the operating room under general anesthesia. Patients undergoing this procedure can expect to be in the operating room from two to four hours with additional time (one to three hours) spent in the recovery room. You will be anesthetized and prepared for the procedure while in the operating room. Patients who have lumbar laminotomy laminectomy usually stay in the hospital one to two days. In some cases, laminotomy and foraminotomy with minimally invasive technique can be an outpatient procedure.

**Before Your Surgery**

Before having surgery on the back, patients may be required to provide written medical clearance from their primary care physician, cardiologist, hematologist or pulmonologist. Some patients will also receive a pain management consultation for medication management before and after surgery.

*Provider: Please check if needed*

- [ ] Provide written clearance from your primary care physician, cardiologist, hematologist or pulmonologist.
- [ ] Obtain pain management consult.
- [x] Review medications with nurse/nurse practitioner before surgery. Patients should bring a list of all medications to medical appointments and to the hospital.
- [x] Within a week of your surgery you will be contacted to schedule an appointment in the Prepare Clinic. During this appointment you will meet with the anesthesia department to complete lab tests and obtain final medical clearance. You should bring your medication list. If you haven’t been scheduled within a week of your surgery, contact your surgeon’s practice assistant: __________________ at __________________.

- [x] Stop all anti-inflammatory medications, such as Advil or Aleve, megavitamins, herbal preparations and supplements for two weeks before surgery.
- [x] Do not resume anti-inflammatory medications, such as Advil or Aleve, until directed by your physician.
- [x] Stop blood clotting inhibitors, such as aspirin, coumadin, or plavix, before surgery. Contact your primary care physician or cardiologist for directions to stop anticoagulants or blood thinners before surgery. You cannot have surgery while taking blood clotting inhibitors.
- [x] To ensure the safety of your surgery, you must stop smoking.
- [x] Shower the night before and the morning of surgery using antibacterial soap.
- [x] Arrange for help at home after surgery by asking family and/or friends. Most patients go directly home following hospitalization.
- [x] Arrange transportation home from the hospital.
- [x] The Osher Center at UCSF teaches coping strategies for use before and after surgery. You may contact the Osher Center at (415) 353-7700 if you wish to schedule an appointment.

- [x] Blood donation is not required for every spine surgery, however should your surgeon advise you that blood may be needed, or if you choose to donate blood, you may contact the UCSF Blood Center (415) 353-1809 to make the necessary arrangements. If you donate blood at your local blood bank, contact (888) 226-8806 to confirm that UCSF received the blood before your surgery.

- [x] While you are hospitalized at UCSF Medical Center, staff will
check two patient identifiers prior to providing any medication. Staff will review your ID band and verify your name before you are given medications. Feel free to ask questions about your medications.

**Disability Forms**

UCSF Spine Center will assume responsibility for completion of any necessary disability forms for patients undergoing surgical procedures. If you are on disability or require completion of disability forms, please complete as much of the disability form as possible prior to your visit, leaving physician signature blank. Provide the form to the practice coordinators at the time of your visit, or send by mail. The form will be carefully reviewed and signed. Make copy to assist you with future disability forms. If the papers need to be faxed, have the fax number available. This will expedite processing your disability paperwork. Because of the complexity and volume of requests, completion of the disability forms can take up to two weeks. Should you remain on disability for a time period greater than three months after surgery, you may be referred back to your primary care physician for issues related to disability.

**After Your Surgery**

**Preparing for discharge home**

- Patients will need transportation home from the hospital. You will not be able to drive yourself. Please arrange to be picked up from the hospital on the day of discharge.

- You will be able to go home when you can walk with minimal assistance, go to the bathroom and take pain medications by mouth.

- A discharge planner or social worker can assist with discharge arrangements and home aids.

- Pain management is very important. A pharmacist will talk to you in the hospital and will provide prescriptions for medications to be used at home.

- The surgeon will prescribe medications only for three to six months after surgery.

- The surgeon will discuss return to work, physical therapy and gradual increase in activities at your first post-operative visit.

**Incision Care**

Care of your incision is vital to the success of your surgery. Once you leave the hospital, care of your incision is your responsibility with assistance from family or friends. Please follow these guidelines:

- Always wash your hands prior to touching the dressing over your incision. Anyone involved in the care of your incision must wash their hands prior to touching the dressing or incision.

- Cover your incision with plastic wrap and tape to keep your incision dry when you shower. Remove plastic wrap and tape after your shower. Apply a new, dry, clean dressing.

- Incisions without sutures or staples (only covered by steri-strips) can get wet 14 days after surgery. They should be removed after 14 days.

- If you have steri-strips (small, sterile bandages) they may start to peel or fall off after 10-14 days. Do not attempt to remove steri-strips that are adherent before 14 days after surgery.

- If you have stitches or staples, come to the spine center or to your local health provider to have them removed between 10-14 days after surgery. Steri-strips may be applied following the removal of your stitches or staples.

- The incision can be left open to air and you may shower 24 hours after the sutures or staples are removed.

- Your incision should be inspected daily for three weeks after surgery.
• Contact your doctor if you have:
  ➤ redness, swelling, or increased pain around the incision
  ➤ pus or bad smelling discharge from the wound
  ➤ separation of edges or opening of the incision

**General self-care tips**

Each patient reacts differently to surgery and anesthesia. Here are some helpful hints to keep in mind following your surgery:

• Allow family and friends to help you.

• Use supportive thinking and relaxation techniques to help cope with pain.

• Walk for 5-15 minutes several times a day. Gradually increase activity as tolerated. Avoid prolonged bed rest.

• Stair climbing is allowed; use the hand rails for support.

• In general, driving is not allowed for two to six weeks following your surgery. Ask your doctor for instructions.

• Eat healthy foods.

• Make sure you drink fluids, eat fruits and eat vegetables to prevent constipation.

• You may need stool softeners or an enema to have a BM after surgery. Narcotic pain medications may aggravate or initiate constipation.

• Please review the driving precautions included on the information provided by the pharmacy with any pain medication you may be taking. Pain medication may cause drowsiness which interferes with the ability to operate a motor vehicle.

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**For two to six weeks after surgery:**

• No bending, extending or twisting the back.

• No lifting over 10-15 pounds.

• No sexual activity.

• Gradual return to prolonged sitting, standing and walking.

• No driving.

**For three months after surgery:**

• To protect your back, do not schedule routine dental work for three months after surgery.

• Your surgeon will advise whether you need antibiotics prior to dental surgery. Please check with your surgeon at your follow-up visit.

**There are excellent books and web sites for additional information:**

**Books:**

- *Chronic Pain Solution* by Dr. James Dillard
- *Full Catastrophe Living* by Dr. Jon Kabat-Zinn teaches relaxation techniques

**Websites:**

- UCSF Spine Center
  www.ucsfhealth.org/spine

**Additional Resources:**

www.spineuniverse.com
www.spine-health.com
www.WebMD.com
www.understandsgurgery.com

Notes