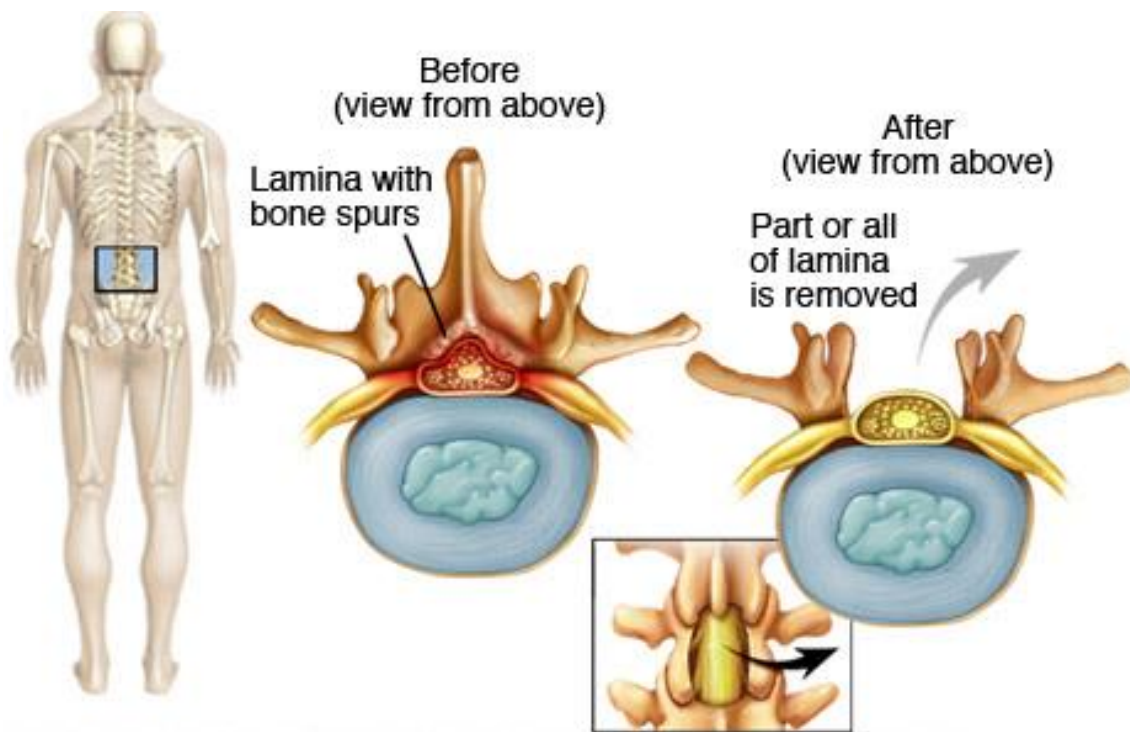


Provider: Conor Regan, MD

## Lumbar Laminectomy

Lumbar laminectomy is a procedure that I perform for stenosis or narrowing of the spinal canal. Lumbar stenosis is usually due to disc bulging and bone spurs from arthritic changes in the spine. It causes pain in the buttocks, thighs, and legs which is worse with standing and walking and better with sitting down. Classically, pain from stenosis also improves with leaning forward over a shopping cart or walker.

Many cases of stenosis can be treated nonoperatively with physical therapy, medications, and epidural steroid injections. Symptoms from stenosis are generally stable with 70% of patients reporting no significant improvement or worsening over the course of 10 years. However, if the symptoms are bad enough to cause you to stop walking as much as you'd like or if conservative treatments like those above do not provide relief, surgery is an option.



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED.

For patients with stenosis, the problem is mechanical. There is simply not enough space for the nerves, just like a clogged pipe. A laminectomy provides more space for the nerves.

During a laminectomy, I use a tool called a Kerrison rongeur to remove the back of the spinal canal and remove pressure from the nerves. The procedure often is combined with a fusion in patients with some signs of instability on Xray. If there is no fusion, I leave all

the joints of the spine alone so that I do not cause any instability. Single level (one vertebra) or two-level laminectomies can often be performed as an outpatient whereas 3- or 4-level laminectomies require at least an overnight stay.

I try to disrupt the muscles in the back as little as possible, but even so the surgery is not painless. I tell patients that it will feel like they got hit by a car for the first couple of days which is not an exaggeration. It is a limited amount of time but be prepared to be uncomfortable for a few days. I'll give you plenty of pain medication, but it's still not a lot of fun. In the long run, this is a very effective surgery to relieve leg pain with walking and improve quality of life. It is also quite safe with a low complication rate.

Complications can include a tear in the lining around the nerves (dura) which I seal up at the time of surgery and can cause headaches for a day or two, nerve root injury, infection, fracture through the decompressed area, and recurrent stenosis in the future, usually a decade or more down the line.

After surgery, your job is to walk and move around as much as possible. Most patients do not require any formal physical therapy after a laminectomy although about 10-20% eventually wish to have PT a few months after the surgery. Your restrictions are to not lift more than about 20-25lbs for about six (6) weeks and to limit bending as it will cause significant back pain. I close the incision with dissolving sutures and skin glue (Dermabond) so you can shower whenever you like. I place a drain in patients with multilevel laminectomies which is removed 1 to 2 days after surgery in the hospital before you leave.