

Laminotomy

WHAT DOES THE SURGERY INVOLVE?

- This surgery is done to take pressures off of the nerves in the center of the spine. Surgery is done from the back, through an incision that is 1.5 inches for each level that is treated. Dr. Hoel takes pressure off of the nerves by creating a window in the back of the bone, removing nonessential bone a ligament that is pushing on the nerves.

WHAT ARE SOME REASONS FOR WHICH THIS PROCEDURE IS DONE?

- This surgery is done to take pressure off of nerves. Common causes of the pressure on nerves are central stenosis, lateral recess stenosis, and facet cysts.

DESCRIPTION OF THE SURGERY:

- This surgery is done under general anesthesia (fully asleep). Usually Dr. Hoel does this through a tube that is less than an inch in diameter. The tube works by spreading apart the muscle, rather than cutting the muscle, which helps promote a faster recovery after surgery.
- This tube is placed on the back of the bones that are compressing the nerves. Dr. Hoel then performs a hemilaminotomy (dome-shaped window) in the bone on one or both sides. He then removes the ligamentum flavum, which is a nonessential ligament that often is a cause of compression of the nerves. After completing this, the tube is removed and a steri-strip is placed over the incision site.

WHAT TO EXPECT DURING RECOVERY FROM SURGERY:

- With a one or two-level decompression patients can usually go home the same day. Patients who are older, or who have more medical problems may be asked to stay in the hospital overnight for one night for close monitoring after the anesthesia. Three or more level decompressions may require a 1- or 2-night stay in the hospital.
- Despite early pain relief it may take from weeks to months for your ability to walk distances to return, this is due to deconditioning prior to surgery.
- You will notice some soreness around the surgical site from surgery, but this should fade over two weeks or so. Some patients note a fast relief of their nerve-related pain in the legs, but for others it may take a couple of weeks. Dr. Hoel will ask you to restrict yourself to lifting <10 lbs, with no excessive bending or twisting in the first two weeks after the operation.
- The goal is to continually increase your walking tolerance. Many patients feel that their walking tolerance builds slowly, as they have become deconditioned from the symptoms they had before the operation.

WHAT CHANGES IN FUNCTION SHOULD I EXPECT AFTER I RECOVER FROM SURGERY?

- You will not have any restrictions of motion after you recover from this surgery. Most people find their walking tolerance is much better after recovering from this surgery.