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## *DECOMPRESSION LAMINECTOMY*

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The spine is made up of interlinking bony structures (vertebrae) held together by ligaments. Vertebrae consist of a 'body' which bears the weight and an 'arch' of bone which joins the body horizontally on either side at the back to form a 'canal'. Nerves (spinal cord) run down the canal and spongy discs act as shock absorbers between the bodies of the vertebrae.

Damage to or compression of these structures can cause pain, as well as weakness or numbness in the limbs.

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### *SPINAL STENOSIS*

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Spinal Stenosis is the narrowing of the spinal canal causing pressure on the nerves which produces any combination of pain in the back, buttocks and / or lower limbs, with burning sensations, numbness and weakness.

These symptoms are made worse by standing and walking and can temporarily be partly or fully relieved by lying or sitting. Changes in urinary control may also occur. This narrowing can be caused by a number of things but the most commonly it is due to degenerative changes of the bone that can occur with age.

In order to identify the cause and level of the problem X-rays and scans (CT scan or MRI) are taken.

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### *CONSERVATIVE TREATMENT*

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These measures are aimed mainly at the relief of symptoms. Medications (non-steroidal anti-inflammatory drugs) to decrease the amount of swelling and inflammation around the spinal cord may be helpful.

Physiotherapy or Sports Medicine measures to identify better spinal posture and to relieve pain also may be effective. Referral to a pain specialist may be recommended.

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### *SURGICAL TREATMENT*

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The operation to relieve the pressure on the nerves is called a decompression laminectomy. This involves the removal of part of the 'arch' of any vertebrae that are causing the compression. Two or three levels may be affected.

***This should relieve the leg pain and neurological symptoms but may not relieve the back pain.***

Surgery involves making an incision down your back about 15 cm long through which the operation is performed. Dissolving sutures are used to close the wound. A wound drain is inserted after the surgery, which is removed on day 2 post-op. At this time your wound will be checked and a waterproof dressing applied. Before you go home the dressing will be removed from your back as the wound will be healed.

A urinary catheter is also inserted after the surgery to make you more comfortable. This is also removed on the second day after surgery.

You will have to remain in bed, lying flat, for 2 days. During this time the nurses will roll you onto your side, maintaining your hips and shoulders in alignment (log-roll), every 2 to 4 hours to prevent pressure areas developing.

After 2 days the physiotherapist will teach you how to get out of bed without straining your back. You will be encouraged to sit out of bed from this time. Gradually, your mobilisation will increase until you are ready to go home about 7 days post-op.

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### *AFTER CARE*

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You should be able to travel home in the front seat of a car with the seat pushed back to give you plenty of legroom and the seat upright or slightly reclined position.

You will have an appointment made to see your surgeon again about 1 week after discharge. At this time your wound and mobility progress will be checked and further exercises discussed.

You should not drive a car or resume any physical labour until your surgeon approves this. This will be for a minimum of 3 weeks for driving and 3 months for lifting.

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### *COMPLICATIONS*

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There are always some risks with any surgery. They are not common but may occur. These include:

- the possibility of infection,
- damage to surrounding nerves and blood vessels,
- bleeding,
- Deep Vein Thrombosis (DVT). This risk is low unless you have had a DVT or have a family history of this. Please inform your doctor if this is the case.

Specific risks for this surgery are:

- nerve damage may occur increasing symptoms
- the surgery may not be successful in relieving the symptoms

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### *DISCLAIMER*

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