

CERVICAL LAMINECTOMY

This leaflet is intended to provide you with general information. It is not a substitute for advice from your neurosurgeon. You are encouraged to discuss the benefits and risks of cervical laminectomy with your neurosurgeon. This is an abridged version of the NSA patient education pamphlet: Cervical Laminectomy – a guide for patients. The complete pamphlet is available from your neurosurgeon.

Cervical laminectomy is one of the surgical procedures to treat symptoms of nerve root or spinal cord compression. Symptoms include pain, numbness, tingling, and weakness and clumsiness of the upper extremities.

Pressure on the spinal cord can cause symptoms such as changes in sensation of the torso, difficulty with walking, and bowel/bladder dysfunction.

Surgery can remove the pressure on nerves and spinal cord by opening the spinal canal and widening it. The surgeon creates more space around the spinal cord and the nerve roots. This may reduce inflammation and irritation.

Cervical laminectomies can treat spinal canal stenosis, a narrowing of the spinal canal. Spinal stenosis occurs mainly in older patients due to age-related changes such as:

- osteoarthritis of the spine and degenerative changes in cervical vertebrae
- enlargement of facet joints
- thickening of facet-joint tissue
- formation of bone spurs on a vertebra
- thickening, hardening and calcification of spinal ligaments
- thinning of intervertebral discs
- herniated or bulging discs
- forward displacement or “slippage” of one vertebra over another.

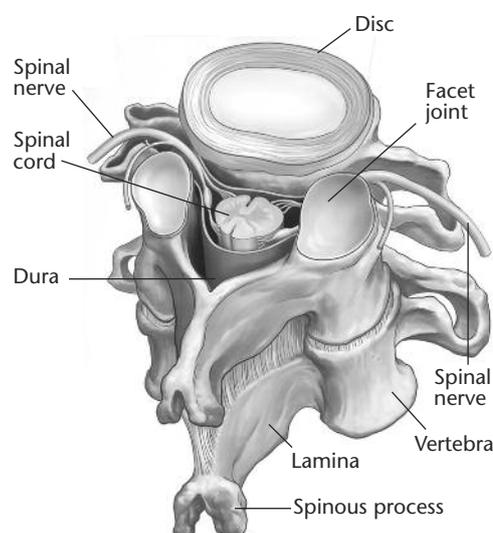
These conditions cause a decrease in space around the spinal nerves or spinal cord, increasing the risk of compression.

Other conditions that can lead to spinal stenosis include:

- rheumatoid arthritis of the spine
- epidural abscess
- spinal cord tumour
- Paget’s disease
- acute vertebral trauma
- congenital spinal stenosis
- scoliosis (curvature of the spine)
- achondroplasia (a hereditary condition).

Diagnosis

Diagnostic imaging can provide important information about vertebrae, other spinal structures and abnormalities. Magnetic resonance imaging (MRI), computer tomography (CT), and



X-ray examination may reveal the precise location of abnormalities. One or more of these tests may be necessary.

Your surgeon will examine you to determine strength, reflexes, ability to feel pain, ability to move and any bowel or urinary problems.

Your medical history

Your surgeon needs to know your medical history to plan the best treatment. Tell your surgeon about any health problems you have. Some may interfere with surgery, anaesthesia or recovery.

Treatment Options

These include “wait and see”, pain relievers, foraminal block (local anaesthetic injection), physical therapy and surgery.

A decision whether to have laminectomy

As you make the decision whether to have surgery, make sure that you understand its risks, benefits and limitations. If you do not have surgery to relieve compression of a spinal nerve, further damage may occur, with more pain, numbness, paralysis or loss of bladder or bowel control.

Only you can decide if surgery is right for you. If you have any questions, ask your surgeon.

Anaesthesia

Cervical laminectomy is usually performed under general anaesthesia.

Possible risks and complications

Modern laminectomy procedures are safe but do have risks of side effects. Although uncommon, complications are possible. These are more fully outlined in the complete NSA patient education pamphlet and should be discussed with your neurosurgeon.