



How long is the hospital stay?

The length of time spent in the hospital depends on your particular situation, the extent of the operation, and your general health. Many patients who have a lumbar laminectomy return home the same day.

How long is the recovery period?

Recovery time varies from person to person and depends on your particular situation. It is very important to maintain a positive attitude. Many patients begin daily walks shortly after returning home from the hospital. You should avoid prolonged sitting or standing. It is best to change your position frequently to help minimize back spasms and aching legs. Your doctor will give you specific instructions regarding bathing, driving, returning to work, and other activities.



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REDLANDS COMMUNITY HOSPITAL

350 Terracina Blvd.
Redlands, CA 92373
Redlands Community Hospital: (909) 335-5500
Spine & Joint Institute: (909) 335-5642
www.RedlandsHospital.org

Understanding Lumbar Laminectomy



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What is lumbar laminectomy?

Lumbar laminectomy is a procedure performed on the lower back to relieve pressure on one or more nerves. During the operation, a portion of the vertebra (called the lamina) is removed, creating a "window" for access to the spinal canal. The surgeon can then remove the source of the pressure, which may be part of a herniated disc, a disc fragment, or a bone spur.



When is lumbar laminectomy considered?

For many, frequent pain and/or numbness in the back or legs will bring about a visit to the doctor.

A condition called spinal stenosis is often the cause of this lower back and leg pain. Spinal stenosis refers to the narrowing of the spinal canal or of the openings in the spinal column where the nerve roots emerge. This narrowing can cause pressure on the nerves and nerve roots, resulting in pain and numbness – especially after sitting or standing for a while. Lumbar laminectomy may be an option to relieve the underlying cause of this pressure. Spinal stenosis can be caused by arthritis, calcium build-up, repetitive stress and advancing age. Some people may be born with a narrow spinal canal that becomes symptomatic as they age.

Conservative treatments such as medications, steroid injections, physical therapy and exercise may help to relieve symptoms for a time. However, they usually do not permanently alter the underlying conditions that cause spinal stenosis. Surgery may be the only way to create more room for the nerves.

How is spinal stenosis diagnosed?

Your doctor may use a number of approaches to diagnose spinal stenosis and rule out other problems. These include:

History – Providing the doctor with an accurate history of the problem is very important. Has there been a recent injury? When and where it hurts, a description of the pain, what makes it worse, what makes it better – all are important details for your doctor to know.

Physical Exam – A thorough physical exam by a back expert is very important.

X-ray – X-rays can show the structure of the vertebrae and how the joints line up, as well as the presence and magnitude of osteophytes (bone spurs).

MRI and CT – MRI (Magnetic Resonance Imaging) and CT (Computerized Tomography) produce detailed computer images of soft tissues and bones. MRIs are especially beneficial for the study of soft tissue abnormalities such as disc protrusion and rupture. MRIs can also show the spinal cord itself and the nerve roots as they leave the spinal column. CT scans give a cross-section view of the spine and can show the shape and size of the spinal canal as well as the structures surrounding it.

Bone Scans – Bone scans can reveal abnormalities such as fractures, infections, tumors and arthritis. Because bone scans are not able to differentiate one of these problems from another, they are usually performed in conjunction with other tests.

LUMBAR LAMINECTOMY

