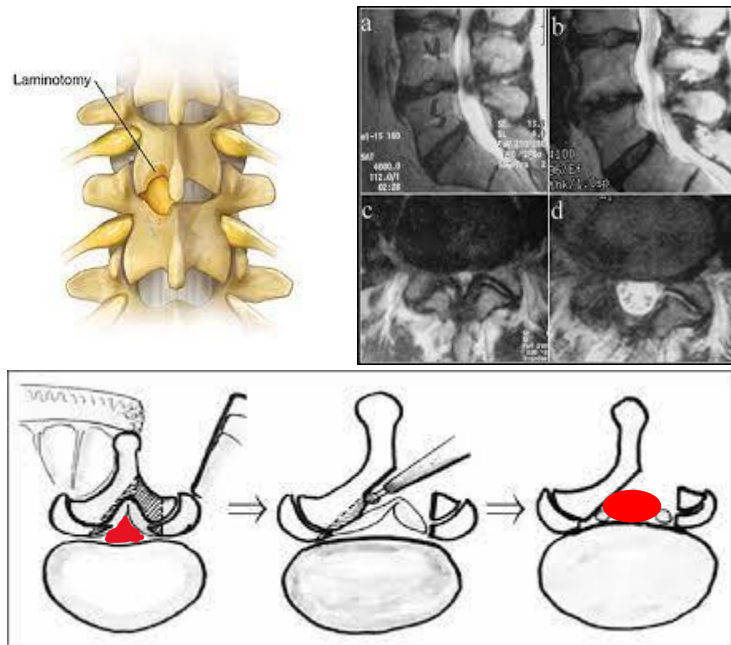


Lumbar laminotomy



Lumbar laminotomy is one of the more common spine surgeries completed. This procedure is done when the nerves in your low back are all squeezed together, often leading to buttock and leg pain while walking and standing upright. This procedure is typically completed through a small incision 1-2 inches long in the back. Usually, a microscope is utilized. A small hole is burred in the bone in order to gain access to the spinal canal. Bone and ligament is carefully removed to make more space for the nerves. This is often referred to as the “Roto-rooter” procedure. This can be completed on an outpatient basis, or occasionally with an overnight stay, depending on patient factors.

The risks of this procedure are low, but they include: infection, dural tear requiring repair, and nerve injury. The risk of nerve injury causing long term disability is very low, <1%. Although this surgery does not increase the risk that you may need further surgery later in life, it does not eliminate this risk either.

It is important to note that this surgery is primarily intended to treat buttock or leg pain, and not back pain. Although some improvement in back pain can happen, it should not be expected, and treating back pain is not the primary goal of this procedure.

Post-op instructions

Lumbar Laminotomy

-Depending on patient factors and number of levels being treated, you may go home the day of surgery, or the following day. These instructions may vary slightly depending on the length of your stay.

WOUND CARE

-You may have a small drain placed in the wound to prevent the accumulation of blood. This will be removed before you leave the hospital.

-You can shower normally, just pat the wound dry and make sure water doesn't accumulate under the bandage. No bathing or swimming (don't submerge the incision) until after your first follow up.

-If water DOES accumulate, simply remove the bandage. No further bandaging is needed. There may be steri-strips over the incision. Just leave these alone; they will either fall off on their own or will be removed at your first post-op visit. You can continue to shower normally, just let water run over the incision, but do not scrub.

-Either way, the bandage can be removed after 5 days. No further bandaging is needed.

BRACING

-Bracing is not always considered necessary after this kind of surgery. Sometimes, a corset type brace can be supplied to help compensate for healing back muscles. This type of brace is worn for comfort. There are no wearing requirements, it is just for your comfort. If a different kind of brace is to be used, your doctor will discuss this with you.

DIET

-Eat normally, but start slowly. Imagine you had a stomach bug until today. Be cautious, start with fluids and small amounts of food. Increase your intake as tolerated.

-It is not abnormal to experience some nausea after surgery.

-If you have severe or consistent nausea, medications can be prescribed to help. Call us if you are having that problem! If you have had problems with nausea in the past, either related to prior surgeries or pain meds, or if you just feel like you have an easily upset stomach, let us know beforehand. We can prescribe you anti-nausea medications just in case.

MEDICATIONS

-Pain medications will be prescribed. Take these as written on the bottle, do not take more than the prescribed amount unless you have been instructed otherwise by your doctor. You may take less if your pain is not bad, but do not take over the prescribed amount.

-Pain medications can cause constipation. If this is a problem, take over the counter laxatives or stool softeners. They can also cause nausea, as addressed above. Taking them at meal times can help limit nausea.

-Restart all home medications after surgery, unless you are directed to do otherwise.

-If you take an anticoagulant or blood-thinner, discuss this with your doctor prior to restarting this medication. This includes Plavix/clopidogrel, Coumadin/warfarin, Aspirin, Xarelto-rivaroxaban, Eliquis/apixaban, heparin, and others.

-An anti-inflammatory like Celebrex may be prescribed to limit swelling and inflammation. Take this as prescribed.

-Sometimes a nerve pain medication like Gabapentin or Lyrica can be prescribed. Also take these as directed. The medications can sometimes cause side effects (drowsiness, confusion) that can make them difficult to tolerate. Let us know if you have had a problem with either of these medications in the past.

ACTIVITY

-Walking is your job! Walking is great for many reasons. Walking helps prevent the development of ileus (when your belly shuts down and doesn't want to move food/fluids through), as well as preventing blood clots. Walking is the one thing YOU can do to help these conditions.

-Make sure that you are getting up and taking walks frequently. We want you moving! Remember, this is surgery on your back. Not your arms, and not your legs. Frequent short walks are strongly encouraged.

-Avoiding Bending, Lifting, and Twisting (BLT) is important to your recovery as your muscles and bones heal. A little bit of motion is OK, a lot of motion, and especially STRENUOUS motion, needs to be avoided. Avoid any heavy lifting, nothing heavier than about 10 pounds.

REASONS TO CALL US

-Fever over 101.5 degrees F.

-Excessive pain despite appropriate use of pain medications and other pain medications.

-Excessive drainage at the surgical site: mild bleeding is common, but significant bleeding requiring multiple bandage changes, or fluid that doesn't look like blood, is a good reason to call. Really, call us if anything is coming out of the wound other than a few spots of blood.

-Nausea/vomiting that you can't control, or constipation that doesn't improve with over the counter stool softeners and laxatives.

-Worsening weakness in the legs or worsening function in the legs. Feeling a little weak after surgery is normal, but this should improve. If instead that weakness is worsening, or if you have worsening numbness in the legs, contact us immediately.

FOLLOW-UP

-Your first follow up should be scheduled prior to your surgery, about 2 weeks after the surgery. If it hasn't been scheduled yet, call our office and we will make sure you are seen at around the 2-week point.

-There will be several follow ups after this initial appointment. Usual follow-up appointments are around 2-weeks, 6-8 weeks, 3-4 months, and 1 year. Sometimes more or less follow-ups are required, depending on your surgery and your progress.

Don't hesitate to call us at 415-750-5570 if you have any questions.