

PATIENT INFORMATION

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Lumbar Laminectomy

What is a lumbar laminectomy?

A lumbar laminectomy (lam-ih-NECK-tu-me) is a surgery done on the lower back to remove whatever is irritating or pressing on the spinal cord, nerves, or nerve roots. The surgery may include the removal of part of a bone, a disc, or both. This is done to relieve pressure on the nerve or to allow your doctor to be able to work on a disc that is pressing on a nerve.

Sometimes a fusion procedure is also done. Spinal fusion permanently connects two or more bones in your spine to make them more stable, correct a deformity, or treat pain that you are having. Small pieces of bone are needed to fill the space between two vertebrae. The extra bone may come from a bone bank or your own body, usually your pelvic (hip) bone. Sometimes wires, rods, screws, metal cages, or plates are used, especially if your spine is unstable or the operation is being done to correct a deformity. If your doctor plans to do a spinal fusion, he or she will talk with you about the procedure, how it will be done, and what incisions you will have.

Where is the surgery done? How long does it take?

The surgery area or Operating Room is located on the second floor of the hospital. The surgery itself usually takes from one to three hours. Before the surgery, you may be taken to the Pre-Anesthesia Unit (PAU). This is a "pre-op" area and is located close to surgery. After surgery you will go to the Recovery Room where you will stay until you start to wake up. You may be away from your room for three to five hours.

What do I do to get ready for surgery?

- After the doctor has explained the surgery and risks to you and answered any questions you may have, you will be asked to sign a consent form.
- Blood tests, a chest x-ray, and an EKG (heart tracing) are usually done before surgery. These may be done at the hospital or at your doctor's office.
- Take a shower the night before your surgery and the morning of surgery. If you were pre-admitted for surgery, you will be given a special soap to use.
- Do not eat or drink anything after midnight the night before your surgery.
- Please do not chew gum. (This raises the level of acid in your stomach.)
- If you take medicine for your blood pressure, heart, or asthma you may take this with a small sip of water before you come to the hospital. If you take diabetes medicines and/or insulin, talk with your doctor about whether you should take them.
- You may brush your teeth and rinse your mouth as long as you do not swallow any water.
- Please remove all fingernail polish.

- Please remove all jewelry including body piercings.
- Do not wear makeup.
- If you will be checking into the hospital on the day of your surgery:
 - Bring all medicines that you take with you to the hospital.
 - Do not bring any valuables or large amounts of money with you to the hospital.
 - Have a responsible adult drive you to the hospital and stay during your surgery.

What can I expect the day of surgery?

- If you are checking in on the day of your surgery, after you have been to the Admitting Office, you will be taken to a room. This may not be the room where you will be taken after surgery.
- You will be given a hospital gown and asked to remove all of your clothes including underwear and socks. Put on the gown opening in the back.
- You will also be asked to remove all dentures, partial plates, prosthesis, hairpieces, jewelry (including body piercings), contact lenses, and glasses.
- You will be asked questions about your medical history. Many of these will be the same questions that you have already been asked. Please know that we need to ask these again so that we can give you the best possible care.
- You may be taken to the Pre-Anesthesia Unit (PAU) to get ready for your surgery. You will be in the PAU for one to one and a half hours before your operation. Your nurse will tell your family where to wait.
- Someone from anesthesia (the person who will put you to sleep) will talk to you.
- You will have one or two IV's (needle in the vein for fluids) started. The nurse will give you medicine in the IV to help you relax.
- You may have an area on your back washed and the hair removed. If you are going to have bone taken from your hip, this area will also be cleaned.
- When the doctor is ready, you will be taken to the operating room. This room will be cold. The nurse will give you a warm blanket.
- The operating room staff includes your doctor and his assistant, an anesthetist, a circulating nurse, and a scrub nurse. These people are in the room to take care of you and no one else.
- You will have sticky pads placed on your chest so that the staff can watch your heart. A blood pressure cuff will be placed on your arm so that your blood pressure can be checked. A device called a pulse oximeter will be put on your finger. It will tell how much oxygen is in your blood.
- The anesthetist will put a soft mask over your face. This will give you plenty of oxygen. You will be given medicine in your IV to relax you and help you go to sleep. The anesthetist will give you medicine so that you will not feel any pain and you will not wake up during your operation.
- The nurse will call your family when the doctor starts your operation and she/he will call them about one time an hour. The surgery usually takes one to three hours.
- At the end of your operation, the anesthetist will give you medicine that will help you to wake up. You will be taken to the Recovery Room. The doctor will call your family.

What should I expect after surgery?

- You will have a nurse taking care of you in the Recovery Room. You may have an oxygen mask on your face. Your nurse will check your heart rate, blood pressure, temperature, and oxygen levels. He or she will also be checking your dressing for bleeding.
- If you are sick to your stomach or in pain, please let the nurse know so that she/he can give you medicine.
- It is important for you to tell your nurse if you have pain, tingling, or numbness in your legs.
- You will be in the Recovery Room for about one hour before going to your room.
- You will be sleepy for several hours after you get to your room. Your nurse will check you often.
- You will have a bandage over the incision on your back. If you had bone taken from your hip, you will also have a bandage there. You may also have a small tube coming from your incision(s) to drain any extra blood from the site(s). The tubes and bandages are usually removed the next day.
- Every two hours, you will be asked to turn, cough, and take deep breaths. This will help keep you from having problems with lung congestion and circulation. The nurse will help you.
- Most patients have some pain after surgery. Be sure to let your nurse know if you have pain so that you can be given medicine.
- After you are awake, if you are not sick to your stomach, you will be given ice chips and water. Later, you will be given solid food. Your IV will be taken out when you are able to eat and/or drink.
- Most patients are able to sit on the side of the bed and then be out of bed the day after surgery. Your activity level will increase according to your doctor's orders and how you are doing. The nurse will help you the first few times that you are out of bed. You may feel a little lightheaded at first. **Do not try to get out of bed without help.**
- Most patients are able to go home the first or second day after surgery.
- On the morning you are discharged, you will be given your follow-up visit date and any needed prescriptions from your doctor.

What can I expect after I get home?

You will be given specific instructions to follow. Below are some general instructions to follow.

Activity:

- You will still be sore, so take it easy. Slowly get back to your daily activities.
- Do not lift anything heavier than a five pound bag of potatoes.
- Be careful and limit bending. **Your doctor will give you guidelines to follow.**
- Do not drive. Do not ride in a car until it is time for your follow-up visit to your doctor.
- Your doctor will tell you when you can go back to work. This will depend on your recovery and what kind of work that you do.

- Do not sit on soft chairs or sofas. They will not give your back the support it needs. To rest, it is better to lie down than to sit. Sitting for long periods can put added stress on your back and incision.
- Walk every day, slowly building up until you can walk up to one mile twice a day. Walk on flat, smooth surfaces only. Do not push yourself when you first start walking. If you feel tired or uncomfortable, stop and rest.

Care of your incision (wound)

- Follow your doctor's specific instructions about how to care of your incision.
- Keep your incision clean and dry.
- Do not sit in a tub to bathe or soak until the incision is healed. You may take a shower but follow your doctor's specific instructions on showering and the care of your incision.

Call your doctor if:

- You have any bleeding that does not stop with gentle pressure.
- The area gets red, puffy, or feels warm.
- There is an increase in drainage or if the drainage looks cloudy or pus-like or has a bad smell.
- The area around the incision starts to swell, break open, or get larger.
- You have increased pain in the area.
- A temperature greater than 100.5° twice.
- You have any weakness or numbness.
- More pain than usual or pain not controlled by your pain medicine.
- Any other questions or concerns.