Cervical Laminectomy

What is a Laminectomy?
This is when the lamina and the spinous process are removed. This may need to be done at one or more levels.

Why is this usually done?
Because you have difficulty walking / spinal cord compression / difficulty using your hands (myelopathy). Usually this is because the spinal canal is too narrow (usually from spinal canal stenosis). It may be done to gain access to a spinal cord tumour or other pathology.

How is this usually done?
This may be done by removal of the bone with a high speed drill or a laminectomy punch.

How common is this type of surgery?
This is a common cervical operation.

How much of the bone is removed?
This usually extends from the side of one facet joint to the side of the opposite joint. It is often necessary to remove part of the joints on either side to decompress the nerves (forametomy).

What is the chance of the bone growing back?
Very unlikely but over the passage of 5 years or more a little bone can regrow.

Will removing the bone make my neck unstable?
As an adult this is unusual but it can happen. In children it is far more likely and you may develop what is called a swan neck deformity. If the joints on either side have too much of the joint removed or if you already have failure of the joints causing a slip of one vertebra on another (called spondylolisthesis). It can also occur if the disc itself falls and this can cause instability.

If I have a spondylolisthesis and have a laminectomy is there a risk of making the spondylolisthesis worse?
Yes. It depends on the underlying stability of the spine at that point prior to the surgery.

What are the commonest complications?
Infection / Blood clot requiring drainage / Neck pain

Will the laminectomy remove all my neck pain?
It may not. It depends on the state of your neck and the reasons for your surgery. If you have multiple levels involved and only one fixed then the others may still cause symptoms.

Is the chance of quadriplegia?
Yes

I am having one level done but have problems on my x-rays at other levels should I have these done too?
No unless the surgeon feels that in doing the surgery at your symptomatic level it will cause problems at the other level fairly soon.

Could I need further surgery?
Yes! This may need to be done from the front (Cervical Fusion)

Who gets the best results from a fusion?
Usually those with short duration of symptoms

Will I have to wear a neck brace (collar) ?
No but some patients may wear a collar for comfort.

Could I be worse after the surgery?
Yes! All the terrible things you hear about spinal surgery going wrong are true!

What if I get an infection?
This is treated with a cleaning of the wound and long term antibiotics.

What happens if I get no better with the surgery?
Some patients will need further surgery from in front and this is normally discussed with you prior to the laminectomy surgery.

If I have had the surgery for myelopathy (pressure on the spinal cord) will this make me better and stop any deterioration?
Not always. It will depend on how badly your spinal cord is damaged prior to the surgery. Some patients do deteriorate with age despite post op imaging showing no compression.

Are the risks of redo (revision) surgery higher than the original surgery?
Yes!

Can I go back to playing active sport?
In time yes. Most surgeons would suggest avoiding contact sport in the recovery period.

Will all the pain go away?
It may not.

Could the pain get worse?
Yes! Sometimes when you have had very bad compression the spinal cord can wake up with numbness that has a burning unpleasant nature to it.

What is the chance of needing surgery at another level?
Yes we can see the development of stenosis at the level above your surgery. This was usually present to a degree prior to your surgery but not bad enough at the time to require treatment.

Can I get back to relatively normal activity post operatively?
Yes!

Can I go back to playing active sport?
In time yes. Most surgeons would suggest avoiding contact sport in the recovery period.

What is my chance of needing a Cervical Fusion?
This will depend on the underlying state of your spine and if this is reasonable then the chance is small.

What protects the spinal cord when the bone is removed?
There is still a large amount of muscle closed over the top