



Bendt P. Petersen III

Lumbar Laminectomy or Discectomy

Your doctors have determined that you have an abnormality in your back that may be best treated by an operation and have offered you surgical treatment. A lumbar “laminectomy” is an operation on the spine in the lower part of your back where the doctors open up or unroof a portion of the spine. The most common problems making this surgery necessary are a “ruptured disc” and too much tightness in the spinal canal or in the windows where the nerve roots run out of the spinal canal causing compression or pinching of the nerve(s). This second situation is called “spinal stenosis.”

In the case of a ruptured disc, only the ruptured or herniated portion of the disc is removed along with an extra “safety margin.” The disc can be thought of as a “jelly” filled doughnut. A weakness or hole in the doughnut allows the jelly to run out, rubbing against, irritating, and compressing the nerve or nerves. At surgery, the jelly outside of the disc is removed, as well as the jelly plugging up the opening in the doughnut. Some of the jelly still inside the doughnut is also removed to lessen the likelihood that the disc can “re-rupture.” With time, the hole or opening in the doughnut will seal and heal. It is important that you follow the post-operative instructions carefully to allow for good strong healing of the hole in the doughnut and the disc in general. The doughnut or disc is left in place to act as a spacer and shock absorber between the vertebrae.

Complications and Results:

Complications from this type of surgery are infrequent, but they do occur. It is possible that you will be no better after having had this surgery. It is even possible that you may be worse after the operation than you are right now. Because of these facts, your doctor can make no guarantee as to the results that might be obtained from this operation. Generally speaking, however, our results have been good or excellent in 80-90% of patients undergoing this type of surgery.

As in any operation, this type of surgery can be complicated by excessive bleeding and infection (1%). These complications can result in the need for blood transfusion, the need for further surgery, prolonged illness, increased medical costs, increased pain, suffering, and disability, and even death (very rare). Infection (such as AIDS or hepatitis) is very rare after receiving a blood transfusion, but can occur. The great vessels in the abdomen can be injured during discectomy (very, very rare), requiring immediate abdominal vascular surgical correction. Injuries to the nerves are uncommon with this kind of surgery, but can occur in about 1% of cases. This type of complication can result in temporary or permanent weakness of one or more of the muscles in one or both legs, such as a “foot drop.” Also, pain and numbness in the lower half of the body on one or both sides can result, as well as loss of bladder and bowel control and sexual dysfunction, i.e. loss of the ability to have or maintain an erection in males (very rare). Some patients have continued back problems after this type of surgery. Occasionally the same problem which made the surgery necessary in the first place can come back. In the case of a disc, the likelihood for re-rupture is probably about 5-10%.

Other complications are possible including spinal fluid leakage which may take a long time to subside or even necessitate the need for further treatment or surgery. It is possible that the disc space may collapse or that the spine may become unstable or may degenerate further with age resulting in a recurrence of back and/or leg pain or a worsening of these conditions. This may require the need for additional surgery in the future, approximately 5-10%.

** There are also imponderables associated with any surgical procedures. It is important to note that certain complications can result in increased costs and time to recover (if ever) with prolonged time off work and resultant economic hardships and possible emotional, marital, or psychological problems. **

Alternatives and Considerations:

There may be alternatives to this operation available to you such as the use of medications and other techniques. Medications have been developed that can be injected into the disc space to help dissolve the jelly, equipment is available to aspirate (suck out) the disc material, however, the results with these techniques are not as good as the surgery which is being offered to you. These alternative therapies also carry their own risks in those patients in whom lumbar laminectomy or discectomy surgery is indicated, we feel this operation provides the patient with the best chance of successful treatment and a low risk of complications.

It is important that you stop taking any aspirin, aspirin-containing drugs, and other aspirin-like (anti-inflammatory) medicine at least 7-10 days prior to surgery. These medications cause increased bleeding at the time of surgery which we would like to avoid. Please call or ask us if you need help with this.

Summary and Acknowledgement:

The scope of this information handout may not be complete. Patients have the right to have their questions answered to their satisfaction and in a manner they understand. We want you to understand the risks and alternatives available. It is our purpose to provide you with the best medical care possible. We need for you to be well informed regarding your treatment, tests, and any surgery you might undergo. If you have any questions or concerns that are not answered, please ask for further information so that you can be more comfortable with what is being done for you. After reading this material carefully, please do not hesitate to call us back for any additional questions you may have at (251) 607-6117.

I have read this document under quiet conditions at my leisure away from the physician's office and have discussed it with those family members I feel should be aware of its content. I understand its contents and accept the inherent risks in such major surgery.

Witness

Signed

Date

Printed Name

Date