



Laminectomy and Laminotomy

Low Back Surgery to Reduce Your Pain

If You Need Low Back Surgery

Having a low back problem can be frustrating. You may have pain when you sit, stand, or walk. Simple lifting or bending may give you back or leg pain. But you don't have to live this way. Your healthcare provider may have told you that a laminotomy or laminectomy is likely to reduce your pain. This booklet can tell you more about these procedures.

When You Have Pain

When it's healthy, the low back allows you to bend and stretch without pain. But if you have an irritated or pinched nerve, you may have pain, tingling, or numbness in your buttock and all the way down your leg. Sometimes just standing or sitting causes symptoms. Your back problem may be due to a sudden injury. Or aging and the wear and tear of constant use may have caused changes in your spine.

Surgery Can Help

Laminotomy and laminectomy are surgeries that remove a small amount of bone from the spine. This takes pressure off nerves in the spine, which can greatly reduce symptoms. When pain puts limits on your life and other treatments don't help, surgery may offer the best relief.



How You Benefit

Many people feel better soon after their surgery. It is common to feel almost back to normal within 1 to 3 months. Having a laminotomy or a laminectomy can help by:

- **Reducing pain.**
The procedure can relieve leg pain from the buttock down to the foot.
- **Improving leg strength.**
As the pain lessens, you'll be able to use your legs more. This rebuilds muscles.
- **Reducing numbness.**
The procedure may help restore feeling in the affected leg.
- **Improving quality of life.** After surgery, you should be able to move with greater ease. Many people return to tasks and sports they did before their back problems started.



Understand Your Role

For best results, take an active role in your treatment and recovery. Understand what the surgery can and can't do for you. Ask what range of outcomes to expect. Know the benefits and risks of surgery. Also keep in mind:

- After surgery, you will be asked to limit activities that put stress on your back for a time.
- A formal physical therapy program may be needed after surgery. This helps improve strength and mobility.

Learning About the Low Back

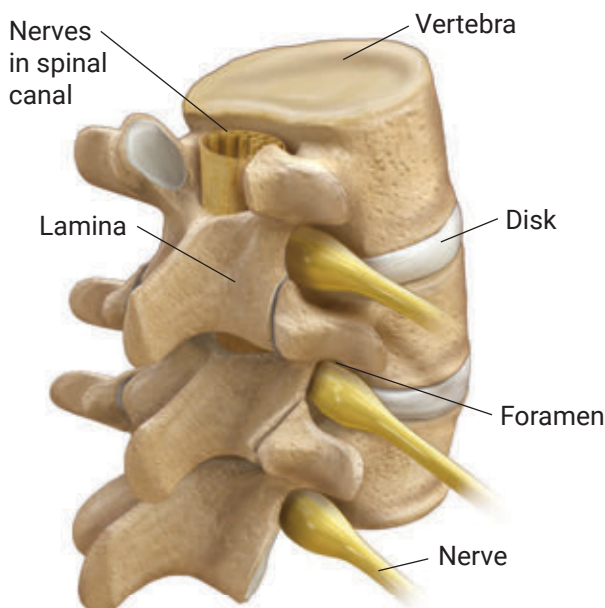
Vertebrae are bones that stack like building blocks along with the disks to make up the spine. The lumbar spine contains the 5 bottom vertebrae in the back. If any part of the lumbar spine is damaged, symptoms may result.

A Healthy Spinal Column

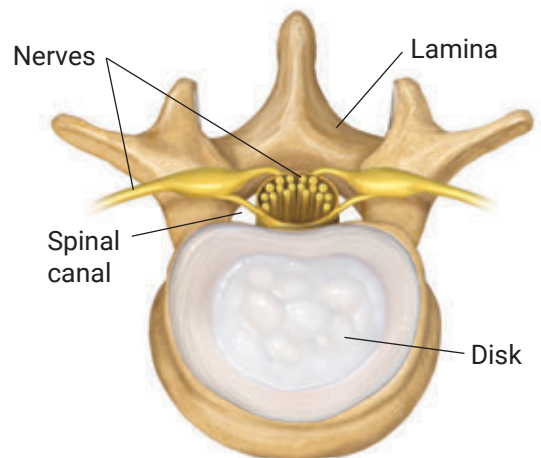
The stacked vertebrae are separated by disks. Together with the disks, the vertebrae form a tunnel called the **spinal canal**. Running through this canal is a fluid-filled sac containing spinal **nerves**. Nerves carry signals between the brain and body. When a spinal column is healthy, the following parts fit together without pressing on the nerves:

- The **lamina** of each vertebra forms the back of the spinal canal.
- A **foramen** is a small opening, formed by the stacked vertebrae, through which a nerve leaves the spinal canal.
- **Disks** serve as cushions between vertebrae. A disk's soft center absorbs shock during movement.

Spinal column viewed from side and back

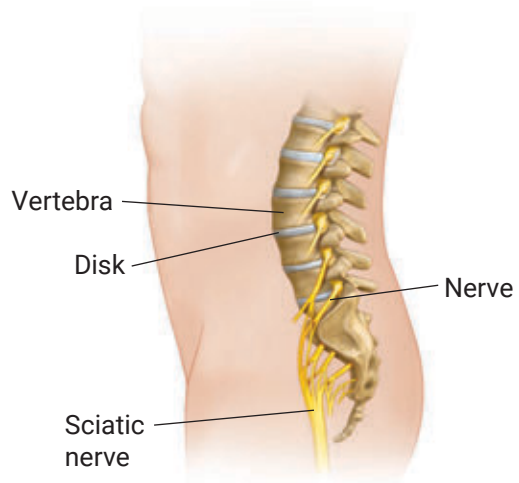


Top view of vertebra and disk



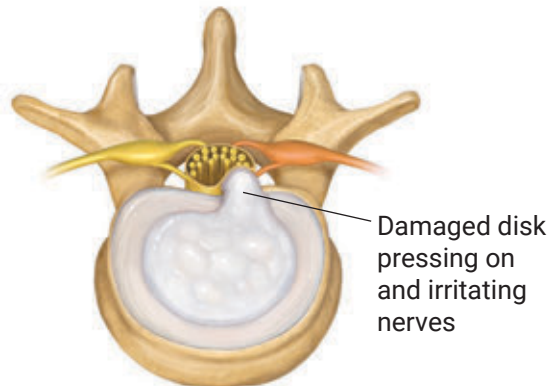
When a Back Problem Inflames or Pinches a Nerve

A damaged disk or abnormal bone growth may press on and irritate a nerve. This can cause pain, burning, tingling, or numbness in the leg. Pressure on a nerve that connects to the **sciatic nerve** may cause pain in the buttock and down the leg.



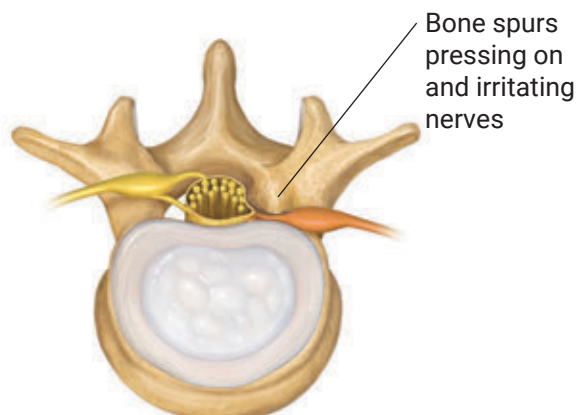
Pressure from the Disk

Constant wear and tear can weaken a disk over time. The disk can then more easily be damaged by a sudden movement or injury. If its soft center begins to bulge, the disk may press on a nerve. Or the outside of the disk may tear, and the soft center may squeeze through and irritate or pinch a nerve.



Pressure from Bone

As a disk wears out, the vertebrae above and below the disk begin to touch. This can put pressure on a nerve and cause irritation. Often abnormal bone (called **bone spurs**) grows where the vertebrae rub against each other. The foramen or the spinal canal can narrow (called **stenosis**). This may cause irritation of a nerve.



Preparing for Surgery

Once surgery is scheduled, **plan ahead for both your procedure and recovery. Follow any instructions you are given. If you have questions, be sure you get them answered before the procedure.**



▶▶ After your surgery, you may not be able to drive for a while. Plan to have others give you rides during this time.

Preparing for Surgery

Before your surgery, you can do some things to make life easier and movement safer when you return home. Try these tips:

- Stock up on any supplies you'll need after surgery. Then move those items to between hip and shoulder level in your home. That way you can get to them without reaching or bending.
- Remove items that could cause you to trip and fall, such as loose rugs and things stored in hallways or on stairs.
- Arrange for rides while you recover. You may not be able to drive for several weeks after surgery. Also, have someone who can help with chores and errands during this time.

Before Surgery

- Tell your provider what prescription and over-the-counter medicines, supplements, or herbal remedies you take. This includes anti-inflammatories, such as ibuprofen and naproxen, and blood thinners, such as aspirin. Ask if you should stop taking any of them before surgery.
- Stop smoking. Smoking affects the body's ability to heal and increases the risk of infection. If you smoke, ask your provider for advice on stopping before surgery.
- Arrange for an adult family member or friend to give you a ride home from the hospital. If you live alone, have someone stay with you for 1 or 2 nights when you return home after surgery.
- Follow any directions you're given for not eating or drinking before surgery.
- See the checklist on the back cover of this booklet for further instructions.

The Day of Surgery

Arrive at the hospital on time. An intravenous line (**IV**) will be placed in your arm or hand before surgery. This delivers fluids and medicines. You may be given an IV medicine to help you relax. You may be asked several times your name, what procedure you are having, and where the procedure will be done. This is for your safety. The area of your spine to be operated on will be marked. You'll receive **anesthesia** to keep you comfortable and free from pain during surgery. The type of anesthesia you'll receive will be discussed with you. You may be given general anesthesia, which puts you into a deep sleep throughout the surgery.



Risks of Surgery

As with any surgery, laminotomy and laminectomy each have risks. These include:

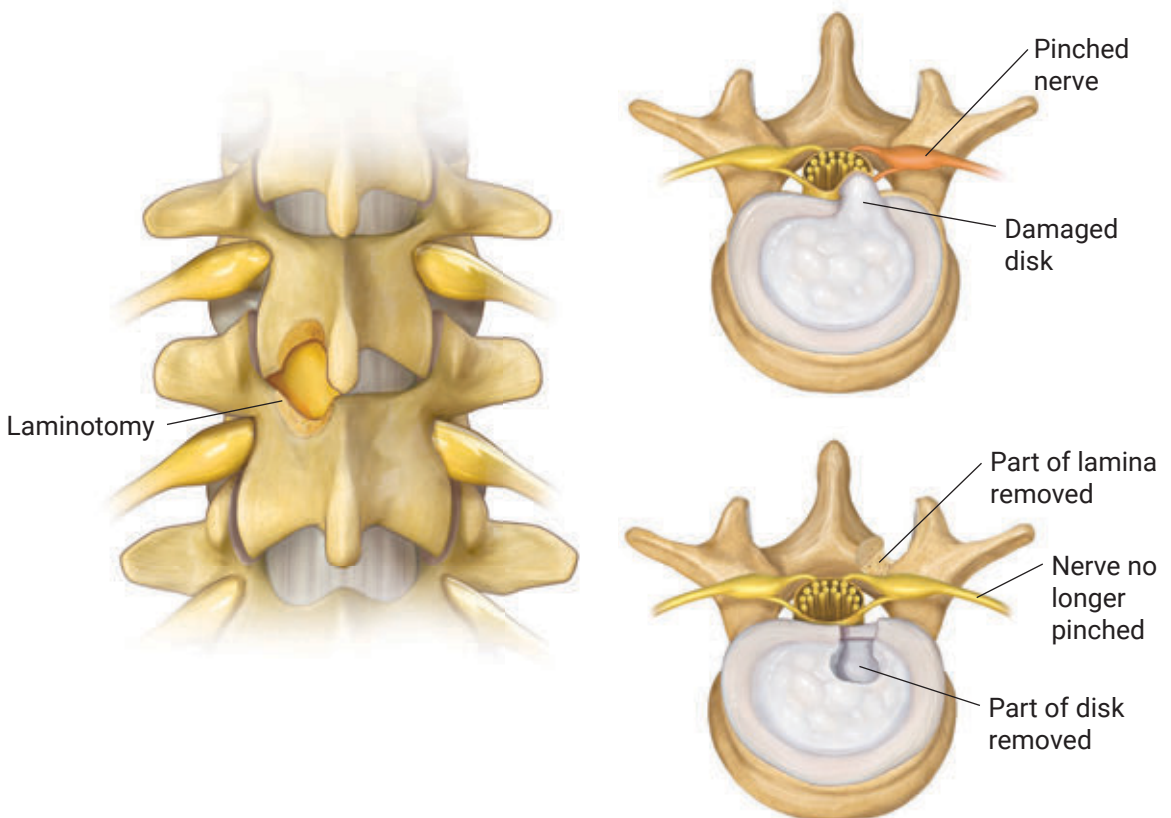
- Infection
- Nerve damage with leg weakness or numbness
- Bladder or bowel dysfunction
- Bleeding
- Spinal fluid leak
- Blood clots
- Continued or worsened pain
- Risks of anesthesia (these will be discussed with you)

During Surgery

To reach the spine, an incision is made near the center of your low back. The incision may be about 1 to 6 inches long. This depends on how many vertebrae are involved. In some cases, removing part or all of the lamina may be enough to relieve pressure on the nerve. In other cases, disk material or bone spurs must also be removed. Once the nerve is free of pressure, the incision is closed with surgical glue, stitches, or staples.

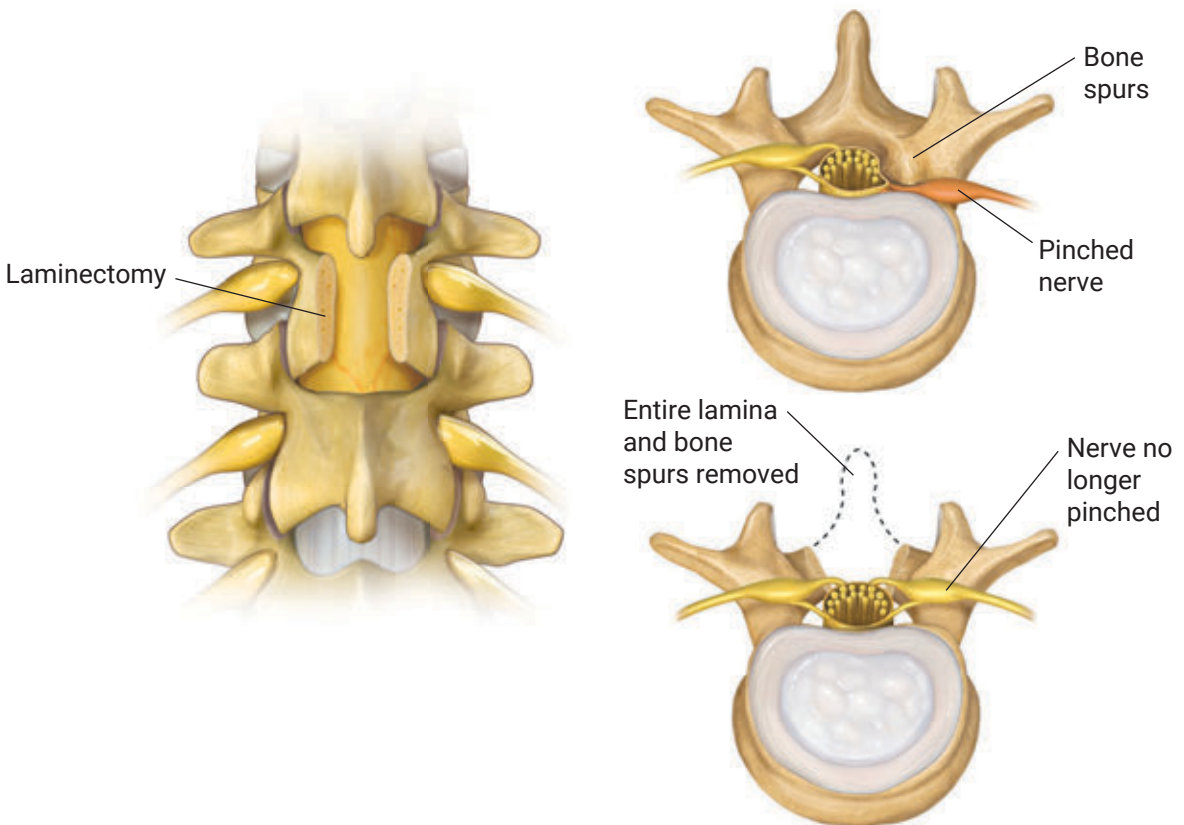
Laminotomy

During a laminotomy, part of the lamina is removed from the vertebra above and below the pinched nerve. The small opening created is sometimes enough to take pressure off the nerve. If needed, disk material or a bone spur that is pressing on the nerve is also removed.



Laminectomy

During a laminectomy, some or all of the lamina is removed from the affected vertebra. The opening created may be enough to take pressure off the nerve. If needed, the surgeon can also remove any bone spurs or disk material still pressing on the nerve. After laminectomy, the opening in the spine is still protected by the thick back muscles.



Recovering in the Hospital

After surgery, you'll be sent to the PACU (postanesthesia care unit). When you are fully awake, you may be moved to a hospital room. The length of your stay depends on what type of surgery you had and how well you're healing. You may stay 1 or more nights.

Right After Surgery

The nurses in the PACU will give you medicines by IV, by mouth (oral), or both to ease your pain. You may have a **catheter** (small tube) in your bladder. There may also be a tube in your low back to drain your incision. To help reduce the risk of blood clots, you might be wearing compression boots or special stockings.





▶▶ Using an incentive spirometer can help you breathe more deeply.

Clearing Your Lungs

Fluid can collect in the lungs after any surgery. To clear your lungs and prevent pneumonia, breathe deeply and cough. You should do this often—at least a few times each hour. A respiratory therapist or nurse may show you how to use an **incentive spirometer**. This machine can help you breathe in and out the right way.

Controlling Pain

The nurses will work closely with you to control your pain. To gain the best pain relief, answer honestly when you are asked how much you hurt. You will be given pain medicines by IV, injection, or by mouth (oral). If the medicine does not reduce your pain or you are in a lot of pain, be sure to tell the nurse.

Getting Up and Moving

You may begin to walk within hours after surgery. This reduces some risks of surgery, such as blood clots. With an IV line in place, walking may be a little tricky. But don't worry. A healthcare provider will help you. Follow all directions given to you about safe movement.

Recovering at Home

At home, you are in charge of your recovery. For a smoother recovery, follow all the instructions you are given. Be sure to get answers to any questions you may still have.

Incision Care

Take care of your incision as directed. Ask your provider how long to avoid getting your incision wet. Change the dressing if you are told to. If surgical glue was used, it will flake off over time. If sticky strips were used, they should loosen as the incision heals. Stitches or staples are often taken out 1 to 2 weeks after surgery.



Getting Back into Action

You'll need to increase your activity level slowly. These tips can help:

- Know that some days you will feel better than others. It helps to take short, frequent walks each day.
- Talk with your surgeon about when you can return to driving and work. If you do active work, you may need to wait several months before going back.
- As your back heals, you may feel ready to have sex. Ask your surgeon or nurse when you can return to sexual activity and what positions are safest for your back.

▶▶ Start with short walks. As you feel better, you can increase the length of your walks.

Improving Strength and Motion

Strong, flexible muscles help protect your back. You may be taught exercises or be told to do the ones shown here. At first, exercises may be easier to do on a bed than on the floor. You may also need to work up to the time and repetitions given. Talk with your healthcare provider if doing an exercise causes new or increasing pain.

Pelvic Tilt

- Lie on your back with your knees bent and your feet flat.
- Tighten your stomach muscles. Press down until the curve of your low back flattens against the bed or floor.
- Hold 10 seconds. Repeat 10 times. Do this twice a day.



Partial Sit-Up

- Lie on your back with your knees bent and your feet flat.
- Slowly raise your head and shoulders off the floor.
- Hold 10 seconds. Repeat 10 times. Do this twice a day.



Lifting Safely

The first weeks after surgery, lift only objects that weigh less than 5 pounds. If you must lift, now or in the future, protect your back with these steps:

- Get close to the object. Lower your body by bending at the hips and knees. Keep your ears, shoulders, and hips in a line.
- Hold the object close to your body.
- Press down with your feet. Allow your legs to lift your body and the object.



When to Call the Surgeon

Call your surgeon if you have any of the following:

- Swollen, red, or draining incision
- Inability to urinate
- Fever of 100.4°F (38°C) or higher, or as directed by your provider
- Headache
- Increasing leg pain, numbness, or weakness
- Shortness of breath

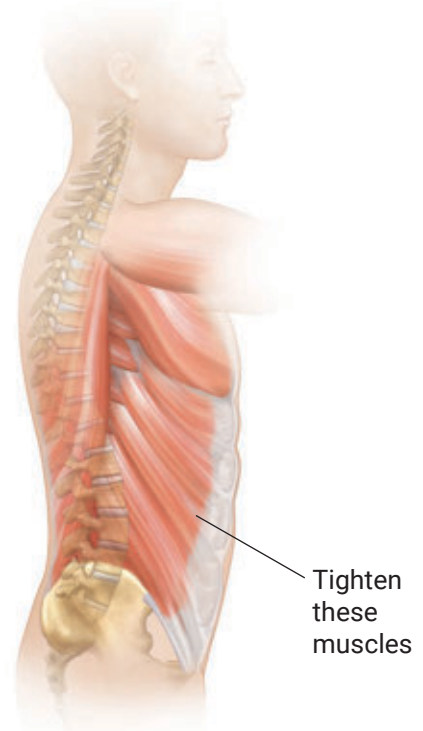
Learning to Move Safely

Before or after surgery, you will be shown ways to move more safely. Practice what you are taught and learn the keys to safe movement. This will ensure your best recovery. It will also help protect your back in the future.

Keys to Safer Movement

To move more safely, you need to follow a few simple guidelines. Whether you are getting into bed, standing, or doing a daily task, the keys to safer movement are the same. To protect your back, do these things:

- Tighten the muscles in your stomach to support your spine.
- Keep your ears, shoulders, and hips in a line.
- Bend at the hips and knees, not at your waist.
- Move your body as a unit. Don't twist at your shoulders or waist.



Getting Out of Bed

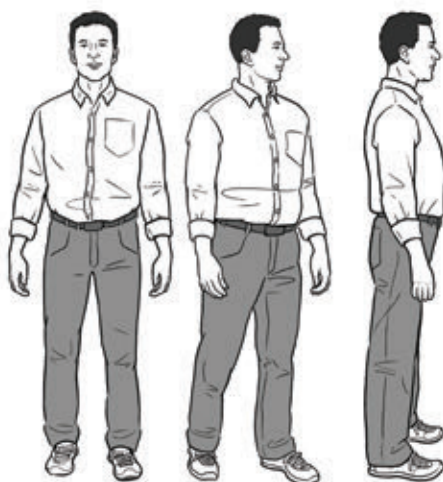
- Tighten your stomach muscles. Roll onto your side. Be sure to move your body as a unit. Don't twist.
- Scoot to the edge of the bed.
- Press down with your arms to raise your body as you gently swing both legs to the floor.
- Place 1 foot slightly behind the other. Keep your stomach muscles tight. Then, use your leg muscles to raise your body.

Sitting and Standing Up

- **To sit**, back up until the front of the chair touches the back of your legs.
- Tighten your stomach muscles. Bend forward slightly from the hips (not the waist).
- Using your leg muscles, lower your body onto the chair. Then scoot back.
- **To stand up**, scoot to the edge of the chair. Place 1 foot slightly behind the other. Use your leg muscles to raise your body.

Standing and Turning

- Stand with 1 foot slightly in front of the other.
- Keep your knees relaxed and your stomach muscles tight.
- **To turn your body**, move your feet. Take small steps to turn rather than twisting at the waist.



Getting into Bed

- Back up until the edge of the bed touches the back of your legs.
- Tighten your stomach muscles. Bend forward slightly from the hips.
- Use your leg muscles to lower your body onto the bed.
- Using your arm for support, lower your body onto its side. (Move your body as a unit, allowing your feet to lift onto the bed.)
- Roll onto your back without twisting your waist.

Safe Sleeping Positions

- Lie on your back with a pillow under your knees.
- Lie on your side with your knees slightly bent. Keep a pillow between your knees.

Work with Your Provider

Laminotomy or laminectomy can help ease your back and leg pain. But before you decide on surgery, know your options. Be clear what results you can expect and what surgery can and can't do for you. Work with your surgeon to have all your questions answered before moving forward.

Your Surgical Checklist

Use the checklist below as a reminder for what to do before and after your surgery. Follow any other instructions you're given.

Before Surgery	After Surgery
<ul style="list-style-type: none"><input type="checkbox"/> Have any tests or exams as instructed.<input type="checkbox"/> Stop taking any medicines as instructed.<input type="checkbox"/> Don't smoke.<input type="checkbox"/> Stop eating and drinking as directed before surgery. Depending on the time of your surgery, this may mean nothing to eat or drink after midnight the night before surgery.	<ul style="list-style-type: none"><input type="checkbox"/> Care for your incision as directed. Ask how long you should keep your incision from getting wet.<input type="checkbox"/> Practice safe movement. Avoid twisting. And do your exercises or physical therapy as instructed.<input type="checkbox"/> Ask when you can begin driving again. Also ask about returning to work and sex.<input type="checkbox"/> Make and keep follow-up visits with your surgeon.

Also available in Spanish

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