



NEUROSURGERY AND SPINE

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CERVICAL LAMINECTOMY

A cervical laminectomy is a spine surgery that involves removing some bone from the spine in the neck. The bone is removed to create a larger opening for nerves to pass through and to relieve pressure on the nerves in the cervical spine (neck).

WHY A LAMINECTOMY MAY BE NEEDED

When an individual begins experiencing significant neck pain, often with that pain radiating into the shoulders, arms and/or hands, a neurosurgeon will suspect and begin evaluating the potential of cervical stenosis.

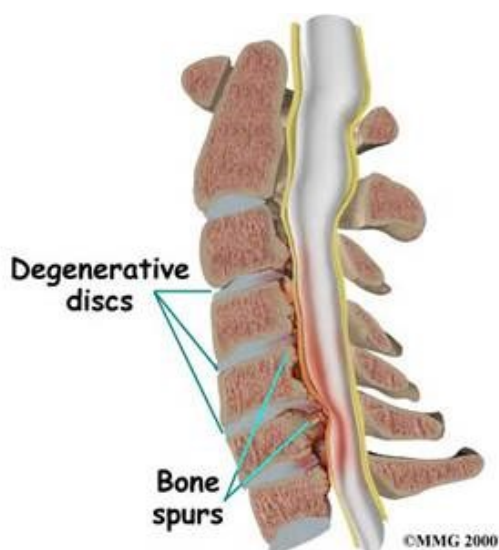
Other symptoms that point to cervical stenosis include, numbness, tingling and muscle weakness in the neck and/or upper extremities, and in severe cases impairment in the functioning of the bowel and bladder.

WHAT IS CERVICAL STENOSIS?

Spinal stenosis is a condition that is caused by a gradual narrowing of the spinal canal.

This narrowing usually happens as a result of the normal aging process. As we age, degeneration of the spinal structure occurs affecting both the facet joints and the intervertebral discs.

Arthritis in parts of the spine called facet joints causes those joints to enlarge, limiting the space available for the nerve roots.



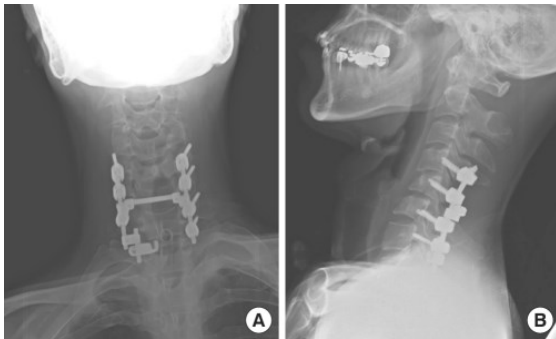
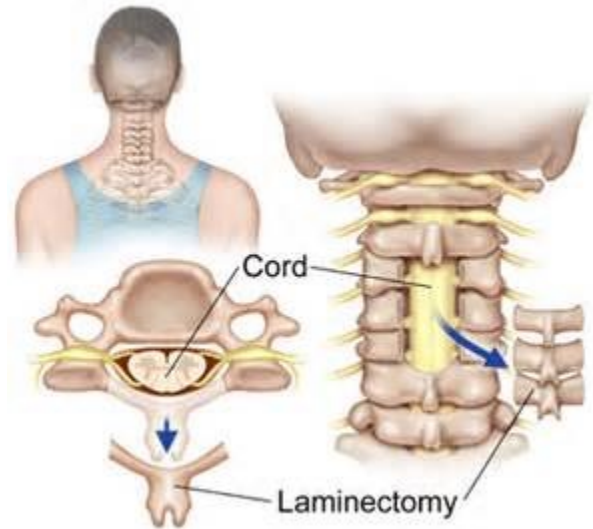
There can also be formation of bone spurs which grow into the spinal canal, narrowing the space available for the nerves roots and spinal cord, putting pressure on those nerves and causing the symptoms of pain, radiation of pain and bowel and bladder

HOW IS A CERVICAL LAMINECTOMY PERFORMED?

A cervical laminectomy is performed through a small incision made at or near the center of the back of the neck. Dr. DenHaese then moves aside skin, fat and muscle until there is a clear view of the spinal bones.

The surgeon will cut away all or part of the roof of the spinal structures (lamina) to relieve the compression on the nerves, and then remove any other sources of nerve compression such as bone spurs or disc material.

Sometimes a cervical laminectomy also may be performed in conjunction with spinal fusion. Spinal fusion involves placing bone graft or bone graft substitute between two or more vertebrae to promote bone growth between the vertebral bodies. The graft material acts as a binding medium and helps to maintain normal disc height – as the body heals, the vertebral bone and bone graft eventually grow together to join the vertebrae and stabilize the spine.



As part of the stabilizing process during a laminectomy, the surgeon will use Lateral Mass Screws to further support the spine during the process of bone growth and fusion. Usually those screws remain, although rarely they may be removed after fusion has been accomplished. This X-ray image shows how the screws are placed.

RECOVERY

Every patient recovers differently, but in general patients will be up and walking within the first day following surgery. Other surgical instructions will be given to you before surgery and upon discharge.

You may be required to wear a cervical collar to support your neck during the healing process, and to limit certain activities which may put strain on the neck. This is particularly important because many people feel almost immediate improvement in some or all symptoms right after surgery, and this may encourage too much movement before healing is complete.

You should stop smoking or make very effort to decrease the number of cigarettes you smoke prior to and after surgery because smoking decreases your body's ability to heal.