

ZNAG PIS09 P

(V1) Mar 2023



Procedure Information - Laminectomy

Visit No.: Dept.:

Name: Sex/Age:

Doc. No.: Adm. Date:

Attn. Dr.:

Patient No.: PN affix patient's label

Page No:

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+10	+20	+30	+40	+50	+60	+70	+80	+90

Introduction

Laminectomy is a surgery to remove the posterior arch of the vertebral bone (Lamina) lying between the spinous process (which juts out in the middle) and the more lateral pedicles and the transverse processes of each vertebra. It can take pressure off of the spinal nerves or spinal cord.

Indications

- 1. Spinal cord or spinal nerve decompression, spinal fracture.
- 2. Spinal stenosis, spinal malformation.
- 3. Congential spinal deformity, posterior vertebral body osteophytes.
- 4. Miscellaneous conditions causing spinal

cord or spinal nerve damage.

- Degenerative conditions causing compression of spinal cord or spinal nerves, cervical spine disease, intervertebal disc prolapse.
- 6. Spinal tumour.

The Procedure

- 1. Operation is done under general anesthesia.
- 2. The skin incision is usually on the back of the body and removal the prolapsed intervertebal disc.
- 3. Surgery is performed depending on individual patient.
- 4. Drain(s) for removal of fluid might be inserted depending on necessity.
- 5. Wound is closed with sutures.

Risk and Complication

- 1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
- 2. Surgical instruments or implant may be broken off and retained at the surgical site during operation.

A. Complications of general anesthesia

- 1. Cardiovascular complications: acute myocardial infraction, cerebrovascular accidents, deep vein thrombosis, pulmonary embolism etc.
- 2. Respiratory complications: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airways disease etc.
- 3. Allergic reaction and anaphylactic shock.

B. Operation related complications

- 1. Injury to the dura causing cerebrospinal fluid leakage or meningitis.
- 2. Wound bleeding, haematoma formation and wound infection.
- 3. Problems in wound healing or persistent pain.
- 4. Deterioration of pre-existing medical problems, e.g. heart disease and stroke etc.
- 5. Recurrence or deterioration of the original spine condition.
- Injury to the aorta or vena cava causing torrential bleeding and may be fatal.
- 7. Injury to the spinal nerves causing neurological damage and lower limb weakness. In extreme case may affect the artery or venous, then lead to be foot drop, paraplegia, double incontinence and death.



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Before the Procedure

- You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
- 2. Blood tests, X-ray, correct and optimizing existing illness e.g. diabetes, asthma.
- 3. Fast for 6-8 hours before the operation.
- 4. Inform your doctors about drug allergy, your regular medications or other medical conditions
- 5. Treat and optimize existing disease conditions, e.g. ischemic heart disease, hypertension, diabetes mellitus, anemia, lung disease.

After the Procedure

- 1. Intravenous fluid replacement may be necessary. Normal diet would be gradually resumed according to the post-operative progress assessed by doctor.
- 2. Analgesics will be prescribed for better pain control and facilitates rehabilitation.
- Bed rest and turning of body must need assist by nurse are usually allowed according to doctor order but should not bend the back after surgery and gradually increase activity according to the progress.
- 4. Deep breathing and lower limb exercise are encouraged.
- 5. Passing stool and urine will be arranged in bed in the lying position.
- 6. Sit out with corset and walking exercise will be started according to the progress.
- 7. Keep wound dressing dry and clean.
- 8. Drain(s) for removal of fluid might be inserted depending on necessity.
- 9. Contact your doctor or go back to hospital if excessive bleeding, collapse, severe pain or signs of infection at your wound site such as redness, swelling or fever (body temperature above 38°C or 100°F) occurs.
- 10. Follow up on schedule as instructed by your doctor.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

<u>Reference</u>							
Hong Kong Baptist Hospital							
I acknowledge that the above ir	nformation concerning	g my operation/procedure has be	een explained to me				
by Dr	I have also been given the opportunity to ask questions and receive						
adequate explanations concern	ing my condition and	the doctor's treatment plan.					
Patient / Relatives Name	Signature	Relationship (if any)	Date				