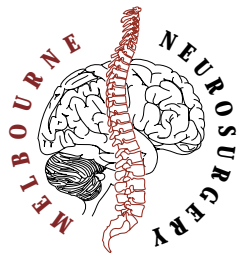


PROCEDURE INFORMATION

CERVICAL LAMINOPLASTY



WHAT IS A CERVICAL LAMINOPLASTY?

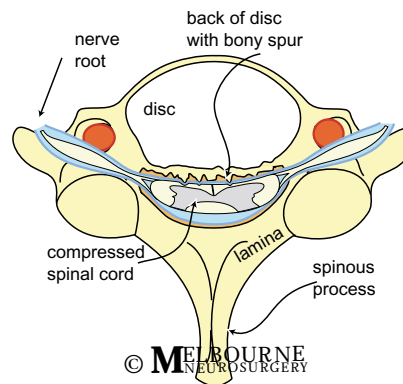
Through an incision in the back of the neck the bone over the back of the spinal cord (lamina) is opened. This may be at one or more levels. The removal of the bone allows the lamina to be lifted up from the spinal cord and then a block of bone from the spinous process is placed in the gap to hold the lamina elevated. Sometimes at the same operation one or more of the holes (foramen) that allow the nerves to leave the spine are opened up with a special drill (foramenotomy).

WHAT ARE THE REASONS FOR THE SURGERY ?

1. Pain/weakness/numbness in the arm
2. Difficulty walking and clumsy hands

The above can be from narrowing of the spinal canal that protects the spinal cord (causing spinal cord compression).

3. Bony tumour
4. To gain access to the spinal cord to biopsy or remove a lesion in it.



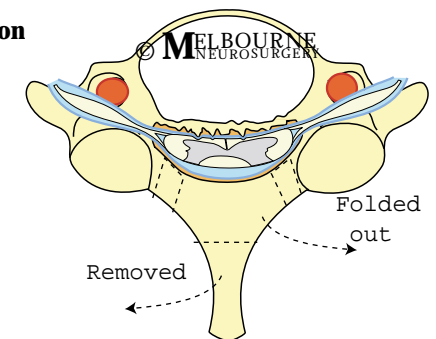
WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have clotting problems.
Any recent new Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti-inflammatory
Drug or other allergies

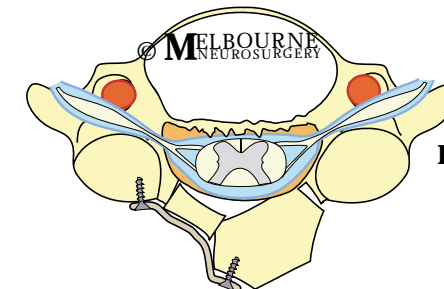
HOW IS THE OPERATION PERFORMED ?

In the operating room you are given a general anaesthetic. You are positioned face down on the operating table and your head is held still with a special device with three pins. An incision on the neck is marked out. This is prepared with anti-septic. You are covered in drapes so that only the incision can be seen. Local anaesthetic is injected and then the skin is cut. Initially we dissect the muscle on the back of the neck from the lamina and spinous process. This is then held back with a retractor. The spinous process is then removed (to be used later) and using a special drill the edges of the lamina are thinned out. The lamina is folded off the dura containing the spinal cord. If the holes for the nerves are narrow the symptomatic holes are opened up with a drill. The lamina is supported with blocks of bone and these may be plated in position.

Pre-operation



Post-operation



All bleeding is stopped. Everything is then repositioned the way we found it. The muscle is sutured together. The skin is then closed either with dissolvable sutures / nylon suture / or special staples

WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. You may be wearing a cervical collar. The nursing staff will be continually checking your pulse/blood pressure/limb strengths and level of alertness looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have analgesia from the drip that you control with a button to push (this will be explained pre-operatively).

Sometimes you will have difficulty passing water and you may require a catheter (this may have been inserted during the operation).

In the next day or so the drip in your arm will be removed. Usually this is the day after surgery. The day after surgery you will be encouraged to go for a walk. Gradually over the next two days you will be able to get around as normal. When you are comfortable you will be able to go home. You may have an Xray of your neck before going home. The sutures are usually dissolvable, if not they are removed 3-5 days after surgery.

HOW LONG WILL YOU BE IN HOSPITAL ?

Unless you have been admitted as an emergency you may be admitted on the day of surgery or the day before. You will fast from midnight on the day of surgery.

You will be discharged about 3-5 days post-operatively. On discharge you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.) Depending on how quickly you recover from any preoperative disability you may require rehabilitation.

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

Return of you symptoms
Fever
Swelling or infection in the wound.
Weakness or numbness
Neck pain
Clicking in the neck

WHAT HAPPENS WHEN YOU GO HOME ?

You probably need to wear a collar for 6 weeks.
You will not be able to drive for 6 weeks.
You will not be able to lift anything heavy.
You may be on anti - inflammatory drugs.
You will require some analgesia.
You will be reviewed at 4 - 6 weeks post operatively.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

Infection (treated with antibiotics)
Post operative blood clot requiring drainage.
Damage to a nerve may cause arm pain/weakness/numbness
Damage to the spinal cord to produce paraplegia
Development of instability in the neck requiring further surgery
Clot in the legs (can travel to the lungs [uncommon])
Complication not related directly to the surgery
e.g. Pneumonia
Heart attack
Urine infection

WILL YOUR SYMPTOMS GET BETTER ?

The reason for the operation is usually to improve or completely remove your symptoms. Sometimes no improvement can be expected and the surgery to prevent further deterioration (you should discuss this with your surgeon).

If you have severe problems from spinal cord compression then the operation is primarily to prevent you getting worse but most patients will get significant improvement. (some unfortunately will not improve).

If you have severe arm pain/weakness and numbness then you should wake up with improvement in your arm pain. The weakness depending on its severity should improve next, sometimes this will not improve completely and may take a few months. The numbness is the last to improve and this is usually incomplete.

**YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS .
IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.**

MELBOURNE
NEUROSURGERY
neurosurgery.com.au

545 ROYAL PARADE
PARKVILLE VIC 3052

PHONE 03 9816 - 9844
FACSIMILE 03 9816 - 9877

MELBOURNE NEUROSURGERY
PTY LTD
ACN 082 289 316

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