

An introduction to

Cervical laminectomy

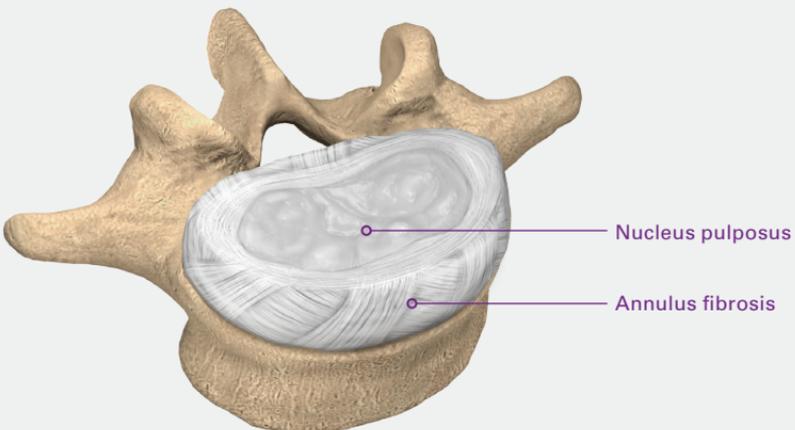
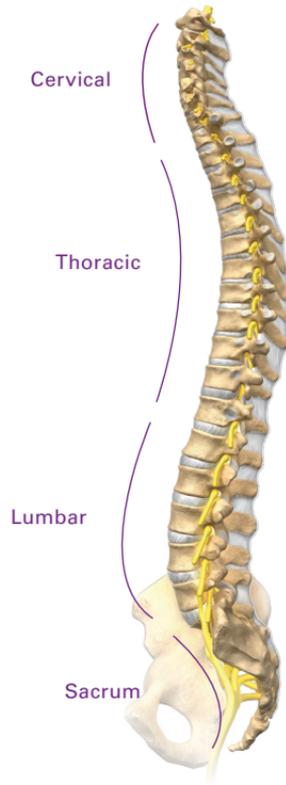
This booklet provides general information on cervical laminectomy. It is not meant to replace any personal conversations that you might wish to have with your physician or other member of your healthcare team. Not all the information here will apply to your individual treatment or its outcome.



About the spine

The human spine is made up of 24 bones or vertebrae in the cervical (neck) spine, the thoracic (chest) spine, and the lumbar (lower back) spine, plus the sacral bones.

Vertebrae are connected by several joints, which allow you to bend, twist, and carry loads. The main joint between two vertebrae is called an intervertebral disc. The disc is made of two parts, a tough and fibrous outer layer (annulus fibrosis) and a soft, gelatinous center (nucleus pulposus). These two parts work in conjunction to allow the spine to move, and also provide shock absorption.

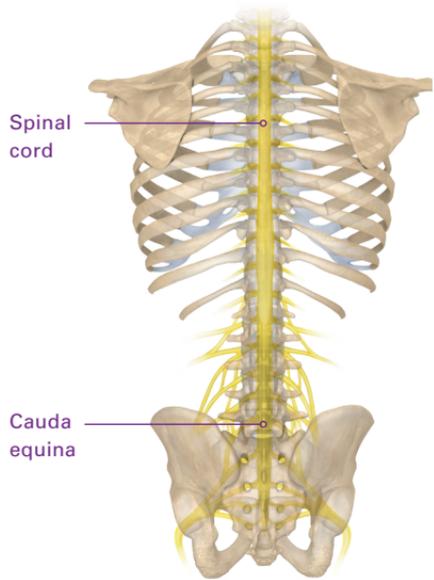


About the spinal cord

Each vertebra has an opening (vertebral foramen) through which a tubular nervous structure travels. Beginning at the base of the brain to the upper-lumbar spine, this structure is called the spinal cord.

Below the spinal cord, in the lumbar spine, the nerve roots that exit the spinal cord continue to travel through the vertebral foramen as a bundle known as the cauda equina.

At each level of the spine, spinal nerves exit the bony spine then extend throughout the body.



Side view of the cervical spine



What can cause pain?

Pain may be caused by cervical spinal stenosis. Spinal stenosis is a condition defined as the narrowing of the bony spinal canal (vertebral foramen) where the spinal nerves, spinal cord, and cauda equina pass through the spine. Cervical spinal stenosis occurs specifically in the neck.

Advanced degenerative disc disease (DDD) can cause spinal stenosis. DDD is defined as the wear and tear of intervertebral discs. This wear and tear may result from normal aging or may be due to longstanding trauma. DDD typically begins with a decrease in the water content of the nucleus pulposus and tears in the annulus fibrosus, and can lead to a gradual narrowing of the vertebral foramen.

Symptoms of cervical spinal stenosis may include:

- Radiating arm pain
- Arm and hand weakness and numbness
- Loss of dexterity and motor function
- Gait instability
- Neck pain

What are treatment options?

Many symptoms can be treated without surgery including rest, heat, ice, medication, injections, and physical therapy.

If symptoms do not improve with conservative treatment, physicians may recommend spinal surgery. Surgery is reserved for those who do not gain relief from non-operative forms of treatment, patients whose symptoms are increasing or worsening, and/or patients that present with a spinal condition which indicates the need for surgery. It is important to speak with a physician about the best option.

What is cervical laminectomy?

A cervical laminectomy is a spinal surgical procedure from the back (posterior) of the neck that attempts to relieve pressure on the spinal cord or nerve roots. It is most commonly performed to relieve the pain resulting from cervical spinal stenosis.

Can cervical laminectomy be right for me?

Your physician may determine that the cervical laminectomy procedure is a good option for you if non-surgical treatment has failed to improve your condition, and you are experiencing loss of fine motor skills and coordination, arm pain, trouble balancing, and the feeling of heavy limbs.

Conversely, your physician may determine that a cervical laminectomy is not a good option for you due to other medical conditions.

What to expect

Before surgery

Your physician will review your condition and explain treatment options, including medications, physical therapy, and other surgeries. Should you have any questions regarding the procedure, do not hesitate to ask your surgeon. Your physician will provide thorough preoperative instructions.

During surgery

After you are sedated, positioned face down, and surrounded by the appropriate surgical draping, an X-ray image is taken of your spine to identify the location of the operative level(s) of your cervical spine.

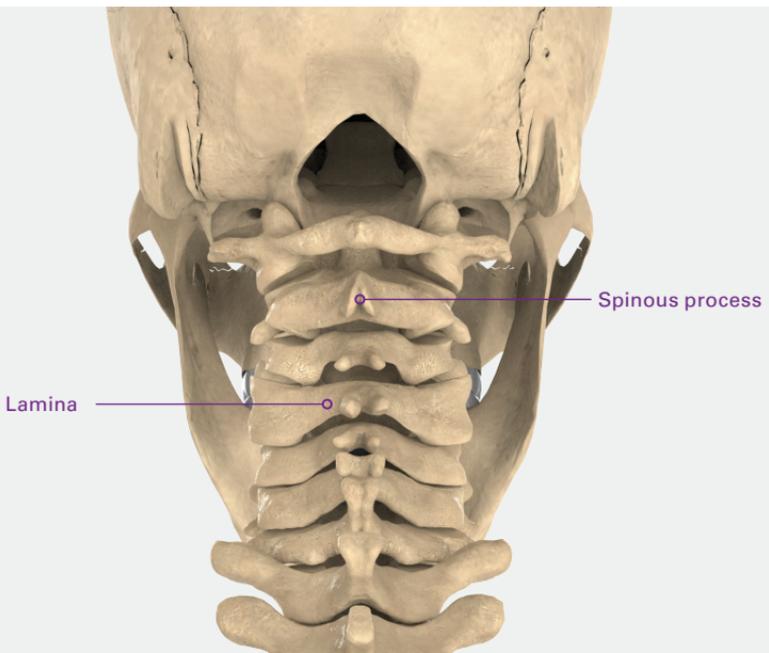
Step 1: Approach

Your surgeon will make an incision over the treatment area down the midline of the back of the neck and separate the muscles to access the spine.

Step 2: Decompression

Your surgeon will remove any bony or soft tissue anatomy that is causing pain. This may include the removal of the spinous process (bony projection off the back of each vertebra) and lamina (bony arch that forms the backside of the spinal canal) of the affected spinal level(s).

Removing bony anatomy will open up the spinal canal and create more space for the spinal cord and spinal nerves that have been impinged.



After surgery

After surgery you will wake up in the recovery room, where your vital signs will be monitored and your immediate postoperative condition will be carefully observed. Once the medical staff feels that you are doing well, you will be returned to your room in the hospital.

Your physician will determine the best postoperative course for you. This will include any medications to take home, as well as a prescribed program of activities. Your physician will provide instructions on wound care, exercises, and limitations to postoperative activity.



What are the potential risks of a cervical laminectomy procedure?

Keep in mind that all surgery presents risks and complications that are important to discuss with your physician prior to your surgery. Listening to your physician's guidance, both before and after surgery, will help your recovery.

Risks associated with the laminectomy procedure include: bleeding, infection, blood clots, nerve injury, spinal fluid leak, and bowel or bladder incontinence. This is not intended to be a complete list of all possible complications. Please contact your physician to discuss all potential risks.

Frequently asked questions

Can I shower after surgery?

Depending on your surgical incision, you may have showering restrictions. Ask your physician for appropriate instructions.

Will I have a scar?

Your physician will discuss the incisions that will be made during a cervical laminectomy surgery.

When can I drive?

For a period of time after your surgery, you may be cautioned about activities such as driving. Your physician will tell you when you may drive again.

Notes

Resources

For more information about spine surgery, please visit:

nuvasive.com

If you would like to learn more about patient support and education for chronic back, leg, and neck pain sufferers and their loved ones, please visit:

thebetterwayback.org

If you have any questions about cervical laminectomy or spine surgery, please call or visit your physician, who is the only one qualified to diagnose and treat your spinal condition. This patient information brochure is not a replacement for professional medical advice.

About **The Better Way Back**[®]

The Better Way Back is a nationwide patient support program created by NuVasive[®], a leader in developing minimally invasive, procedurally-integrated spine solutions. The Better Way Back is a free community built on the power of empathy, and is dedicated to providing hope, support, and information to individuals suffering from chronic back, leg, or neck pain.

Through its Patient Ambassador Program, The Better Way Back pairs patients considering spine surgery with patients who have previously undergone a spine procedure. Ambassadors volunteer their time to discuss their experiences in order to provide additional, first-hand perspectives.

To learn more about The Better Way Back, please



call **1.800.745.7099**



visit **thebetterwayback.org**



text "TBWB" to **858.360.8292**

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NuVasive, Inc.

7475 Lusk Blvd., San Diego, CA 92121

+1 800.475.9131

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