

The muscles and skin are then closed, the skin being closed with an invisible dissolvable stitch thus obviating the need for stitch removal.

## **The Hospital Stay**

Normally you will be admitted the day before or the day of your operation. After surgery you will be encouraged to get out of bed as soon as possible. You may be seen by a physiotherapist who will help with mobility and posture, and perhaps give some advice for the future. Most patients are well enough to go home within two or three days of their operation.

## **Post Operative Course**

How well you progress is often dependent on how disabled you were pre-operatively and the main aim of this type of surgery is to prevent further neurological deterioration. It is not uncommon however for there to be actual improvement after surgery, sometimes to quite a significant extent. Generally you will need to keep the wound reasonably dry for about a week. You should try and take as much exercise as possible and avoid driving the car for a few weeks as turning the neck may be uncomfortable and therefore somewhat limited.

## **Follow up**

You will be seen regularly as an outpatient for a few months to ensure that all is well.

## **The Longer Term**

Exactly what you are able to do will depend to some extent on the level and duration of symptoms before the operation and the degree to which they have recovered. You will be encouraged to do as much as possible however and to resume as many of your normal activities as you are able.

General advice would include

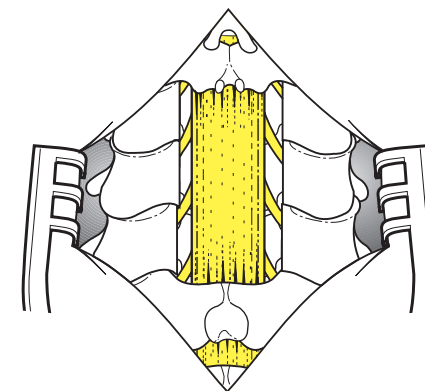
Make sure that you are not over your ideal weight.

Take some regular exercise to maintain muscle strength and suppleness.

Pay attention to good posture, both walking and sitting.

# **Cervical Laminectomy**

## *A Patient's Guide*



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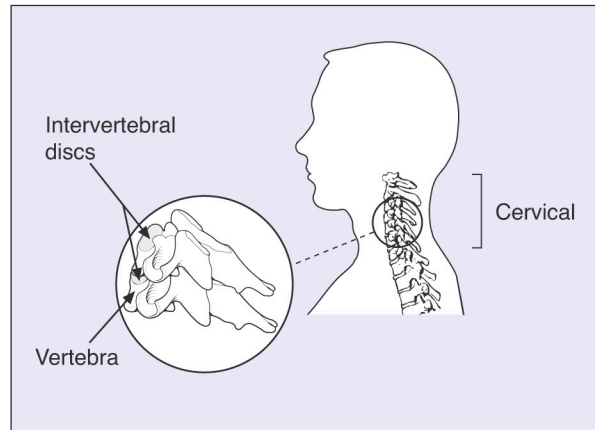
## Introduction

This leaflet is intended to reinforce the things that have already been discussed about your neck and forthcoming operation.

## Anatomy

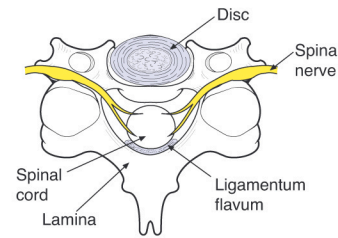
The spinal column consists of twenty four bones called vertebrae. They are connected together by small joints (called facet joints) and a spongy intervertebral disc, which together allow a small amount of movement between each vertebra, and a large amount of flexibility over the spine as a whole (Fig. 1). There are seven vertebrae which

Fig. 1



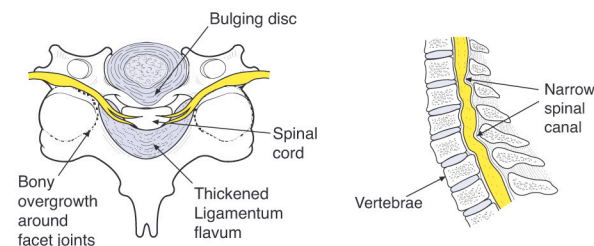
make up the cervical (neck) part of the spinal column, which is one of the more flexible areas. Each disc consists of a soft spongy central portion (the nucleus pulposus) and a tougher fibrous outer coat (the annulus fibrosus). At the back the vertebrae are joined together by a thick ligament (the ligamentum flavum) and a small joint at either side (the facet joints). The spinal cord and the nerves to the arms lie in the spinal canal between the vertebral bodies and discs at the front, and the laminae, ligamentum and facet joints behind (Fig 2).

Fig. 2



As we get older the structures of the neck gradually wear or degenerate, and certain changes occur. In particular the ligamentum gets much thicker, bony overgrowth occurs around the facet joints and the disc at the front starts to bulge backwards. The consequence of these changes is to make the spinal canal (where the spinal cord sits) much narrower (Fig 3). If it gets too narrow there is insufficient room for the spinal cord itself which becomes squashed and compressed. At this point it may cease to function properly giving rise to symptoms in the arms and legs such as weakness, tingling, sensory loss, bladder and bowel disturbance or even complete paralysis.

Fig 3



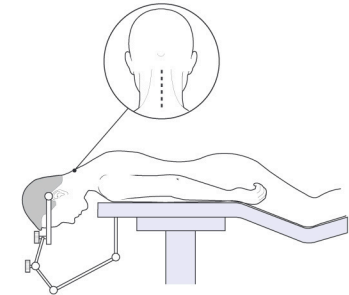
## Course

As this is essentially a degenerative condition, ie one associated with getting old, these changes in the spine do not spontaneously improve. If the symptoms are severe, disabling and/or deteriorating then surgery is often the best solution.

## Cervical Laminectomy

This is one of the commoner neurosurgical procedures and is performed under a general anaesthetic (so you are asleep). An incision is made in the middle of the back of the neck in order to expose the spines and laminae (the back parts) of the cervical (neck) vertebrae (Fig 4).

Fig. 4



These are then removed from those vertebrae where the spinal canal is tight in order to open up the canal and give the spinal cord more room (Figs 5 & 6).

Fig. 5

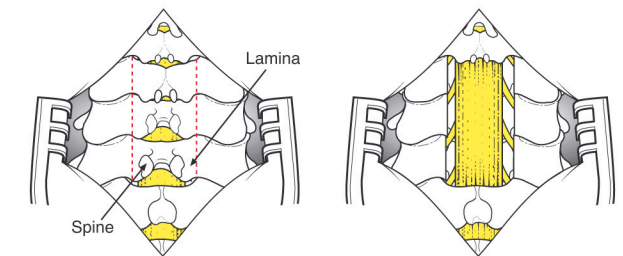


Fig. 6

