Lancashire Teaching Hospitals
NHS Foundation Trust

Information for patients and carers

Spinal Decompression

Excellent care with compassion

Surgical Division - Orthopaedics

@LancsHospitals

What is Spinal Decompression?

You have been advised to have an operation called spinal decompression (this is also sometimes known as laminectomy, and may include facetectomy or partial facetectomy)**.** The Surgeon, Doctor, Specialist Nurse, or Specialist Physiotherapist who you saw in clinic will have discussed this operation with you and will have explained the risks and benefits of this procedure. The aim of this leaflet is to give you written information about the procedure, risks and benefits again. This is so you can make an informed consent to the proposed surgery, **if you have not been informed of the risks and benefits of surgery or are unsure whether to continue with surgery please contact the secretary of your surgeon and ask for an appointment to discuss the surgery further.** You should also have been informed of alternative methods of treatment.

This operation is normally performed for a condition known as spinal stenosis. The operation involves removing a small amount of bone from your spine and sometimes some of the disc to relieve pressure on one or more nerves. Pressure on the nerve causes pain, numbness, tingling and burning sensations in the leg and foot.

What is Spinal Stenosis?

Spinal stenosis or neurogenic claudication is a narrowing of spaces in the spine (backbone) that results in pressure on the spinal cord and/or nerve roots. This disorder usually involves the narrowing of one or more of three areas of the spine:

(1) The canal in the centre of the column of bones (vertebral or spinal column) through which the spinal cord and nerve roots run,
(2) The canals or openings between vertebrae (bones of the spine) through which nerves leave the spine and go to other parts of the body.

The narrowing may involve a small or large area of the spine. Pressure on the lower part of the spinal cord or on nerve roots branching out from that area may give rise to pain or numbness in the legs especially when walking or standing for long periods of time.

What will happen to me?

You will be admitted to hospital either the day before or the day of your operation. This allows you to be assessed by the doctors and nurses and prepared for surgery. You will be asked to stop eating and drinking a few hours before the operation.

You will be asked to stop any anti-inflammatory medication, such as Ibuprofen, Diclofenac Naproxen etc and medication that may thin your blood such as Clopidogrel or Aspirin, 7-10 days before the operation. If you take Warfarin or other anti-coagulant medication this will be stopped 4 - 5 days before your operation. This will be discussed at your pre-operative assessment.

It is important that you stop smoking at least 48 hours before your operation. Smoking increases you risk of complications such as problems with the anaesthetic and developing blood clots. It also reduces the amount of oxygen available to the muscles and skin. There is help available for everyone who wants to give up smoking. You can access this through your GP or the Preston Smoking Cessation Service on 0845 601 2186

On the day of the operation you will be dressed in a theatre gown and taken to theatre. Once you have been anaesthetised the surgeon will make a small incision (cut) on your back about 5-15cm long. The surgeon will remove bone from around the nerve root and spinal cord to relieve the pressure. This is often done at more than one level. Sometimes part of the disc also needs to be removed to help relieve the pressure. When the operation is complete your back will be stitched (depending on the surgeon this may be a dissolving stitch under the skin, clips or stitches) and a dressing applied.

After the operation you may find that your leg pain has reduced or gone away altogether. However, for some people the pain may be worse or the sensation altered. This is due to the nerve having been moved during the operation. There may also be some slight swelling or bruising which is irritating the nerve. This should settle over time. The staff on the ward will check regularly that you can feel and move your legs normally.

You may find that you have increased pain in you back. This is due to the operation as muscles and nerves have been moved to allow access to your spine. Regular painkillers will relieve the pain and help you to move more easily in bed.

Some patients will have difficulty passing urine after the operation. Again this is due to irritation of the nerve and should resolve over time. If you cannot pass water a catheter may need to be inserted temporarily to drain the bladder.

Depending upon the surgeon's instructions you will be able to start getting out of bed the day of surgery or the day after the operation with help. Once you are able to walk independently and the nursing and physiotherapy staff are happy with your progress you will be discharged home. This is usually within 1 or 2 days.

If required the ward staff will arrange for the sutures or clips to be removed by the practice or district nurse at 10 to 14 days after your operation.

You will be reviewed approximately 6 weeks after your operation unless you contact us earlier with a problem. This may be a telephone clinic rather than a visit to the hospital.

What Are the Benefits of Decompression Surgery?

The main aim of decompression surgery is to relieve the pain caused by pressure on the nerve. This means that it will reduce or completely relieve the amount of pain in the leg. Numbness and weakness may last longer and may not recover completely.65 to 90% of patients having discectomy surgery have good relief of the leg symptoms. It does not alter the risk of further episodes of leg pain.

After surgery 75% of people have considerable improvement in symptoms, 20% show an improvement but have some persisting symptoms. The remaining 5% are not helped at all and in some cases may be worse than before surgery.

This operation is not designed to help back pain. Some patients will have back pain after surgery even if they did not have it before.

This type of surgery is not guaranteed to "cure" the problem and you may always have some pain, weakness and sensation changes in the leg and pain in the back.

What Are the Risks of Decompression Surgery?

General risks associated with any surgery include:

- Anaesthetic problems including breathing difficulties, allergies to the drugs used, heart attack, and stroke are dealt with in more detail in the leaflet; "**You and Your Anaesthetic",** which was given to you at your pre-operative assessment.
- Blood loss requiring transfusion
- Deep Vein Thrombosis (DVT) a blood clot in the leg veins
- Pulmonary Embolism (PE) a blood clot in the lungs
- Wound infection

Specific risks to decompression surgery include

- No improvement in the amount of leg or back pain
- Back pain even if you did not have it before
- Nerve damage-you may have pain, muscle weakness and sensation changes in the leg which are as bad or worse than before the surgery
- Some patients may experience numbness or loss of sensation to the buttocks or genitalia.
- Rarely the layers around the spinal cord (dura) can be damaged (dural tear) resulting in a leak of fluid (cerebrospinal fluid). This can cause severe headaches. This occurs in 3-5% of cases and is more likely in patients who have already had spinal surgery previously (revision procedures).
- Bladder problems including incontinence or retention (not being able to pass water), which are usually temporary, but can rarely be permanent, requiring catheterisation.
- Very rarely impotence
- Bowel problems including constipation or incontinence
- Scarring around the nerve leading to increased pain in the future
- Need for further surgery in the future as you may have further problems with the same level of the spine, develop arthritis in the joints, or have problems with other levels of the spine.
- Serious complications such as paralysis or death are rare. This may happen in 1 in 400 to 500 cases per year.

What happens after discharge?

- It is important that you continue with the exercises shown to you by the physiotherapist.
- You may be referred for further physiotherapy treatment depending on your surgeon's post-operative management. As each patient has different levels of fitness, physiotherapy programmes will vary depending on the treating physiotherapist.
- Gradually increase your activity by walking each day. You can start to cycle and swim after 2 weeks and should be able to take part in normal sports and activity within 12 weeks.
- You may start to do light housework such as dusting, washing up etc, but avoid anything which involves bending or lifting such as vacuuming, bed making etc for the first 2-4 weeks.
- Be aware of maintaining a good posture and avoid sitting for prolonged periods.
- Avoid driving for the first 2 weeks. You can travel as a passenger in a car but avoid long journeys. You may resume driving when you feel you can safely do an emergency stop. You need to inform your insurance company that you have had spinal surgery.
- Avoid having a bath for the first 2-4 weeks. You may have a shower providing your wound is covered.

- Return to work will depend on the type of job you have. Generally most people return to clerical work at 2-4 weeks, light manual work at 4-6 weeks and heavy manual work after 10-12 weeks. It is advisable to discuss return to work with your employer and consider a 'phased' return to work where you may work shorter days or return on reduced duties.
- Do take regular pain relief initially to allow you to be as active as possible. Reduce these as your pain levels begin to improve.
- Stay active, rest does not improve recovery but will slow your recovery as doing less leads to stiffness and weakness.
- Don't be frightened of the pain. It is common to have some pain after surgery. Simple painkillers will not mask pain and by keeping active you will not hurt or harm yourself.
- Don't panic if pain increases. It is common to have some setbacks during recovery.

Contact details

Should you require further advice or information please contact:

Orthopaedic Spinal Team 01772 522613 please leave a message

Royal Preston Hospital
Ward 14 01772 522474
Ward 16 01772 522990

Chorley Hospital
Leyland Ward 01257 245742
Sellars Ward 01257 245747

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Sources of further information

www.lancsteachinghospitals.nhs.uk

www.patient.co.uk

European Spinal Surgeons website, information on spinal conditions and surgery - www.eurospine.org

British Association of Spinal Surgeons; Advice and information on spinal conditions and surgery. www.spinesurgeons.ac.uk

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Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Lancashire Teaching Hospitals is a smoke-free site

On 31 May 2017 Lancashire Teaching Hospitals became a smoke-free organisation. From that date smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking including Nicotine Replacement Therapy to help manage your symptoms of withdrawal.

If you want to stop smoking you can also contact the Quit Squad Freephone 0800 328 6297.

Cantonese:

如果你希望以另外一種格式接收該資訊，請和我們聯絡，不必猶豫。

Gujarati:

જો તમને આ માહિતી બીજી રચના કે ફોર્મેટમાં મેળવવાની ઈચ્છા હોય, તો કૃપા કરી અમારો સંપર્ક કરતા અચકાશો નહિ.

Hungarian:

Kérjük, vegye fel velünk a kapcsolatot, ha más formában kéri ezt az információt.

Polish:

Jeżeli chciał(a)by Pan/Pani otrzymać niniejsze informacje w innym formacie, prosimy o kontakt.

Punjabi:

ਜੇ ਤੁਸੀਂ ਕਿਸੇ ਹੋਰ ਫਾਰਮੈਟ ਵਿਚ ਇਹ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਤੋਂ ਨਾ ਝਿਜਕੋ।

Urdu:

اگر آپ اس معلومات کو کسی اور صورت میں حاصل کرنا چاہتے ہیں تو برائے مہربانی ہم سے رابطہ کرنے میں ہچکچاہٹ محسوس نہ کریں۔

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Division: Surgery
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