

HOME INSTRUCTIONS

CERVICAL LAMINECTOMY WITH FUSION INSTRUCTIONS

Dr. Holladay

- Call 913-955-3300 to make a follow up appointment for 2 weeks for staple removal
- Ask for Kellie, RN-ARNP with any questions
- Surgical procedure information can be viewed at: www.understandspinesurgery.com

Stenosis can occur in any portion of the spine and is caused by degenerative changes in the disc space, bones, and ligament structures. As the degeneration occurs, the space for the nerve roots becomes compressed. Symptoms are related to the area of compression. In the cervical area, the symptoms can range from pain, numbness and tingling in both or one arm as well as difficulty walking distances, difficulty fixing hair, buttoning buttons, and holding objects in your hands.

Cervical laminectomy is performed to remove the bone from around the compressed nerves. This may be performed at one or more levels, depending on the examination. The surgery takes 1 ½ to 3 hours, depending on the levels involved. The surgical incision is generally 2-5 inches in length and then the muscle is removed along the bone structure. The bone is removed and the nerve roots are exposed. A fusion is the placement of screws and rods along with a bone material in order to provide structure support to the spine after the bone is removed. The muscle and tissue are closed and sutured over the spine and the incision is closed. The skin is closed and staples secure the top incision. A final dressing is placed.

Generally, you will be in the hospital overnight. Rehabilitation involvement is based on individual need and can vary from an acute inpatient rehabilitation stay or transfer to outpatient recommendations once the incision and muscle have healed.

A soft cervical collar may added for your comfort while you heal. The collar is removed for showering in 48 hours and the incisional dressing can be removed and left open to air, if it does not rub on the collar. Avoid direct water pressure on the incision area for several days. Ice pack can be used every 4 hours for 45 minutes to aid in comforting the pain in the neck. Topical rubs should be avoided until the incision is well healed. Swimming or hot tubs should be avoided until the incision is well healed. Staples are removed in 2 weeks. Monitor the incision for signs of infection, such as redness, swelling, and drainage after 5-7 days. Call if the incision is concerning.



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Activity is as you tolerate. Light activity around the house for the first few days; then set about a walking program daily. Start slow and increase the distance on a weekly basis. Be consistent with activity throughout the week. No activity that puts you into a prolonged head-down position such as reading, computer, or needle-craft work. Lifting, pushing, pulling is restricted to 10 lbs for the first month. The muscles will be sore for the first 2-3 weeks. Resume more normal neck range of motion as tolerated. Avoid holding the neck stiff, as this will cause increased neck and arm pain. Driving can generally be resumed after 1 week. Physical Therapy is recommended on a case-by-case evaluation. Participation and resuming sports and exercise programs should be addressed during your follow-up appointments.

You will have a narcotic medication for pain and may also have a muscle relaxant. Anti-inflammatory medication, such as ibuprofen or Aleve, should not be used, as these will interfere with the fusion and will be resumed in 3-6 months. The narcotic pain medication will be weaned over the following weeks as you increase your activity and decreased pain is attained. You should not require long-term narcotics. To avoid constipation, please drink plenty of fluids, juices, and add stool softeners and laxatives as needed. Walking helps the bowel function by stimulation.

Smoking cessation information is available on request at the hospital. Smoking increases the concerns for fusion failure and increases the degenerative disc disease. A strong recommendation to stop smoking is advised.