



Cervical Laminectomy

Information for patients

What is a Cervical Laminectomy?

Cervical laminectomy is an operation performed when wear and tear in one or more levels of the cervical spine causes pressure on the spinal cord in the neck. This can cause weakness and/or numbness in your limbs and difficulty in your balance or walking.

What is involved in the operation?

The operation is done with you asleep under general anaesthetic, positioned on your front, through a cut in the back of your neck to remove the compression from your spinal cord.

The aim of the operation is to prevent further deterioration of your symptoms. Unfortunately, the surgery may not guarantee complete recovery of your symptoms. Your surgeon will advise you further.

How long will it take to recover?

The recovery period depends on your symptoms, the extent of the surgery and your physical abilities, which will be assessed daily by physiotherapy and medical teams. Once you are fit and safely mobile you will be allowed home. Some patients require a further period of rehabilitation.

You should avoid lifting heavy objects, bending or turning your neck excessively for 6 weeks and not drive for 2 weeks. The physiotherapist will explain this in more detail during your admission.

What are the risks involved?

Cervical laminectomy is a routine operation performed regularly in this department but there are some risks, which you should know about, explained as follows:

- The operation is not aimed at helping chronic neck pain, as initially surgery can make the pain worse. However, some patients experience improvement in their chronic neck pain after a period of healing.
- There is a very small chance of a wound infection in spite of sterile techniques. This may be higher if you smoke heavily or if you have poorly controlled diabetes. To reduce this risk we administer a dose of antibiotics at the time of surgery and the nursing team will advise and give you a wound care leaflet on discharge. If it does occur, it is usually just in the skin and will resolve with antibiotics. Infections that are more serious are very rare.
- There is a small chance of nerve or spinal cord injury, which can cause a deterioration of your symptoms. In addition, there is a small risk of a spinal fluid leak that may interfere with wound healing. Sometimes this may require a second operation and a longer stay in hospital. However it must be stressed these risks are very small.
- There is a small risk of operating at the wrong level of your spine. Great care is taken to avoid this by using x-rays during the operation. However, it is recognised that wrong cervical level surgery can still occur, despite all precautions and procedures.
- There is a small risk (1 in 1,000, especially if you take medication to thin your blood), of developing a haematoma (a localised collection of blood at the operation site). This can cause complications, such as spinal cord or nerve compression, which may require a further surgery. You will be advised if you need to stop taking blood-thinning medicines before your operation.

All operations and general anaesthetics carry a small risk to life. If in your case, this risk is greater than usual, you will be advised. Uncommon occurrences to be aware of are blood clots in the legs and/or lungs, unexpected bleeding, and drug side effects can also happen.

If you have any queries please contact Ninewells Hospital, telephone number **01382 425712** and ask to speak to your Neurosurgical Surgeon's secretary.

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Speak to the nurse looking after you to arrange this