



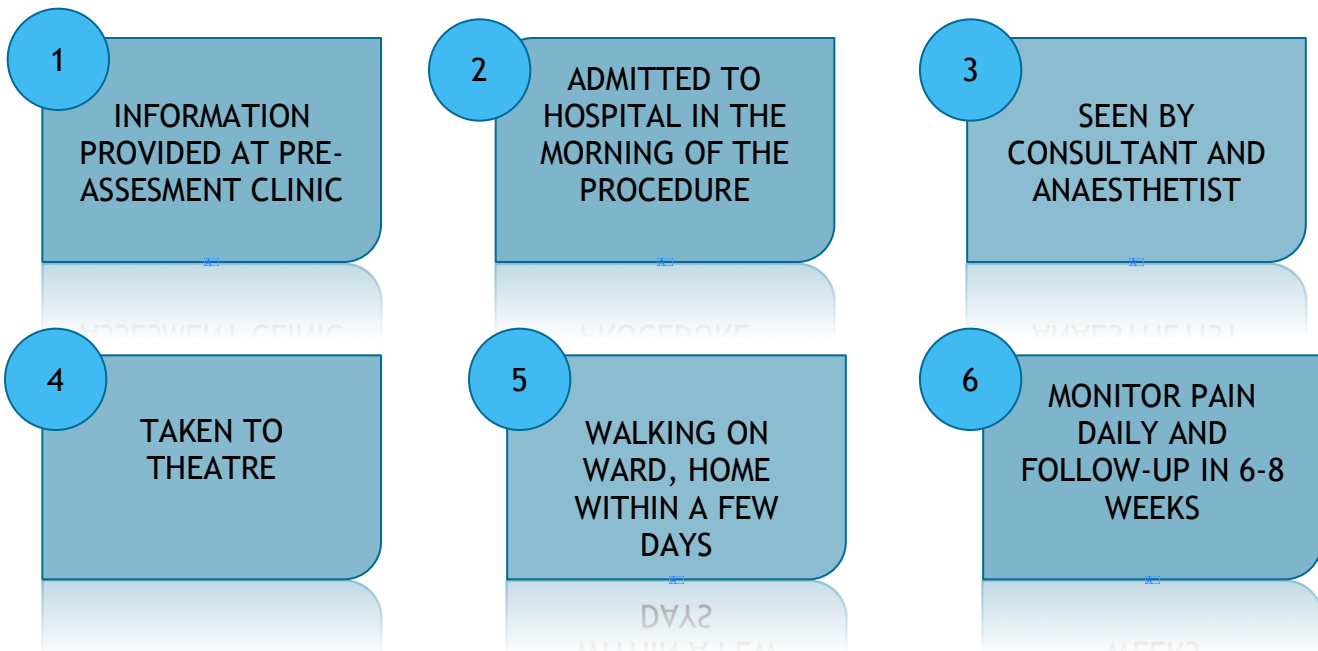
# Surgery for spinal stenosis

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Information booklet about lumbar decompression surgery.

## YOUR JOURNEY PLAN:

We explain what happens when you are listed for a decompression.



In this booklet we cover all of these steps in detail so that you know the most important facts about having decompression surgery

1

### INFORMATION ABOUT THE SPINE

#### WHAT IS SPINAL STENOSIS?

The spine is composed of 24 block-shaped bones called vertebrae, which are connected together by rigid discs sitting in between the bones. The vertebrae have an opening in the middle of the bone where the spinal cord passes and this is called the spinal canal. There are many ligaments and muscles around the whole spine which make it strong and flexible.

Spinal stenosis occurs when the spinal canal is compressed and narrowed. This typically produces symptoms in the legs and may reduce walking distance. There can be

several reasons for narrowing of the spinal column such as: herniated (slipped) disc, facet joint degeneration and ligament thickening. All of these structures press from the sides and eventually the space for the nerves to pass becomes tight.

The operation to treat spinal stenosis in the lower back is called lumbar decompression. It aims to relieve the pressure off the nerves by taking away parts of the disc, bone and ligaments. This can be done at one level or multiple levels. Sometimes a spinal fusion will be performed to fixate a few levels of the spine and reduce the chances of future damage to the spine.

Understanding the procedure and knowing  
will happen will reduce your fear

## ABOUT THE SURGERY

This procedure removes the part of the disc, bone and ligaments that are pressing on the nerves. During the operation, a small incision in the skin will be made and the surgeon will use tools to get through the muscles and the small bones towards the spinal cord. Once the structures are located, small fragments of the disc will be safely removed along with bony bits and ligaments, which are obstructing the nerve. This procedure ends once all the pressure from the nerves is relieved. X-rays will be used to guide the surgeon and ensure correct location. The whole procedure takes around 1 to 2 hours depending on the complexity of each case.

**Are there any risks?** There are very small and very infrequent risks. These may include a dural tear, injury to the nerves, infection and bleeding.

The success rate of lumbar decompression is 60-70% in reducing leg pain.

Surgery may not get rid of all your symptoms but it can stop your leg from getting weaker

The majority of spinal stenosis occurs in the bottom two levels



## 2

## ADMISSION TO HOSPITAL

On the day of the procedure you will be asked to arrive to the hospital in the morning. You will be taken to your room and showed around the ward by the nurses. Make sure you:

- Don't eat or drink anything from midnight the day before surgery
- Take your medication as usual the day before but not on the day
- If you have a cold or flu, inform your doctor
- If you need to cancel the appointment, do it as soon as possible
- If you have any questions, write them down in this booklet and ask your consultant
- Arrange for someone to drive you home

Make sure you ask any questions or address any worries you may have. This is the smallest and safest type of spinal surgery.

## 3

## VISIT BY CONSULTANT AND ANESTHETIST

Before the procedure your consultant and the anaesthetist on the ward will come and see you. They will explain all you need to know, agree on the details of the procedure, discuss sedation and fill out a consent form with you. If you have any questions, now is the time to ask. A friend or family member can accompany you in case you forget to ask something.

Your anaesthetist will discuss your sedation with you and a small cannula will be placed into your hand through which the sedation liquid is injected as well as fluid or other medication.

4

## WHAT HAPPENS IN THE THEATRE

### WHAT WILL HAPPEN DURING THE PROCEDURE?

The procedure will be performed at the operating theatre and you will be taken there from your room. In the theatre, you will be asked to lie on your front. You will be given an oxygen mask and the anaesthetist will be talking to you. After that he will give you anaesthesia and you will fall asleep.

After the procedure you will be taken to the recovery room where you will wake up and the nurses will monitor you until you are ready to go back up to the ward.

5

## GOING HOME

You will be able to get out of bed the same day after the procedure and will be required to walk around the ward over the next few days. You will be required to stay in the hospital for several days and once you are well enough, you will go home.

Once you go home, make sure someone drives you. Within the next 4 to 10 weeks, you will be asked to rest but it is recommended you do some gentle exercise and stretches. You can walk but avoid any strenuous activities and heavy lifting. Avoid prolonged driving, sitting for too long and bending too much.

If you are working, you will need to take up to 10 weeks off until you are able to return. You will be able to resume normal activities within a few weeks. A follow-up appointment will be arranged at 6 to 8 weeks after the procedure. It is advised that you keep a record of your pain on a daily basis including what activities or exercise you were able to do.

## MONITOR YOUR PAIN FOR 2 WEEKS

It is important to monitor your pain levels daily for 2 weeks so that you and the consultant can see how effective the surgery was. Use this table and fill it in daily. Bring it to your follow-up appointment, which will be arranged at 6 to 8 weeks after the procedure.

Every day tick which of the following applies to you in comparison to the leg pain you had before the injection.



	SAME	BETTER	WORSE	ACTIVITY I WAS ABLE TO DO
Day 1				
Day 2				
Day 3				
Day 4				
Day 5				
Day 6				
Day 7				
Day 8				
Day 9				
Day 10				
Day 11				
Day 12				
Day 13				
Day 14				

WRITE INSIDE

## QUESTIONS

### **What should I expect from the surgery?**

This operation has a good success rate (60 to 70%) at relieving leg pain and improving walking distance. The degree of improvement depends on each person and many biological and lifestyle factors. This surgery is not very effective in relieving pins and needles or numbness in the legs.



### **How big will the scar be?**

The size of the scar depends on whether the number of levels the decompression will be. It can be single level or multi-level. The scar size for a single level approach will be about 3-5 centimeters long, which is about the size of one and a half of a 50 pence coin.

### **How long will I need to be off work?**

You will need to stay out of work for 4-12 weeks depending on your recovery. Also depending the nature of your job, you may be able to go on a gradual graded return to work.

### **Are there any complications of the surgery?**

Complications and risks of a lumbar decompression are small. The most common complication is a skin infection near the wound, which occurs in 1 out of 25 people. Other risks include significant bleeding, tears of the dura sheath, injury to the nerves or death to an unexpected circumstance such as a blood clot.