

Definitions— Laminectomy: Complete removal of the bone in the back of the spine.

Spinal fusion: Aims to completely eliminate motion and weight bearing in the segment(s) being fused. Therefore, fused motion segments no longer perform any work, and no longer wear out.

Symptoms

Back, hip and leg pain as well as varying amounts of numbness/tingling in the affected areas. Some may also experience weakness in muscle groups supplied by the affected nerves or incontinence. Surgical decisions are made if patients do not improve with conservative treatments such as physical therapy, chiropractic therapy or injections.

Indications for laminectomy/fusion:

Patients who have disabling pinched nerve symptoms due to disc herniations or arthritis of the spine. Degenerative disc disease. Segments that have required repeated operations in the past, and structural deformities such as fractures, spondylolisthesis and scoliosis.



Risk Factors

Anesthetic complications, Nerve injury, Spinal fluid leak, Bleeding/Blood loss, Infection, General medical problems, Chronic pain, Reoperation, Bowel/great vessel injury, Incontinence/urinary retention, Impotence, Wrong level surgery, Fusion Failure, Hardware Placement Problems, and Hardware Removal. A fusion stresses its neighboring motion segments, by requiring more work from them. Neighboring level degeneration, disc herniation, and/or arthritis are therefore potential long-term problems with fusion, and may require additional surgery.

Physical Therapy

Will generally begin on the first or second day after surgery. Therapy will focus on functional mobility to do routine/daily activities while following your back precautions. (getting in and out of bed, transfers, and walking). Instruction in proper body mechanics (to protect your spine). Using proper body mechanics everyday from now on is a necessity. Simple exercises to help decrease pain and enhance your recovery.

DON'T: Twist your back to reach for something.

DO: Turn your entire body to face the item you want to pick up.

DON'T: Bend over at the waist.

DO: Squat down (bend at the hips and knees) or use long-handled tools.

DON'T: Reach out to pick up objects.

DO: Move close to item before picking it up

Resuming normal functional activity is an important goal after spine surgery. Normal functional activity should include exercise, which is important for your healing process, recovery of function, pain management, weight control, health, fitness, and emotional well being. A progressive walking program is safe and should begin the day following your surgery. Using home exercise equipment is not advised.

Activities may include aquatic aerobics, core stabilization or lumbar stabilization programs, resistance training on exercise equipment, and stationary bicycle.

Persons who have had spinal fusion procedures may need to wait 6-12 months for complete healing of the fusion before beginning these types of activities. Swimming is not advised because undesirable movement can be introduced to the spine weakening the fusion.

Prognosis

First Year Post-Fusion: A fusion requires lengthy recovery time. Patients may need 1 to 1.5 years to reset their lives after such a procedure. Some return to prior lives with some physical limitation, others more commonly assume a life of partial or full disability. This process is a major life change, and as with all life changes creates issues that potentially affect recovery. Included are:

- 1) Depression
- 2) Marital or Relational Stress
- 3) Financial Difficulties
- 4) Anxiety over Unresolved Legal Issues
- 5) Sexual Dysfunction
- 6) Chronic Pain and Narcotic Dependence

A variable amount of the above is present in all patients. These problems slow down recovery and lead to increased pain complaints. It is highly recommended that you candidly discuss your issues with your doctor, and allow him to assist you in any way he can.