
CERVICAL LAMINAPLASTY

SURGICAL EXPLANATION:

An incision is made on the back of the neck to expose the spine. The bony structure called the lamina is cut on one side creating a “door way” to open up the spinal canal. A titanium spacer is put in place to allow more room in the spinal canal and unpinch the spinal cord. It is normal for the patient to have increased soreness in the back of their neck and shoulders.

HOSPITALIZATION:

The surgery is usually done as inpatient, the patient can expect to stay one night in the hospital or outpatient care suite.

For more information, please visit www.orthoillinois.com and click the following: Resources, Patient Education, scroll down to Spine Procedures and click on your surgery procedure.

Cervical Laminoplasty Postoperative Instructions

Wound Care

- Keep incision area dry and clean. Do not put any ointments or antibiotic solutions on the incision. Steri-strips or staples are used to close the skin. Let the steri-strips fall off by themselves or you should remove them after two weeks. If you have staples, you will receive a staple removal appointment 3 weeks after surgery. If you notice **any drainage**, redness, swelling or increased pain at the incision sites, call the office immediately. You may use an ice pack after surgery to help with incisional discomfort as needed.
- Under anesthesia, the hair on the back of your head and neck will be trimmed to expose the surgical site.
- You will likely go home from the hospital with a drain. Please refer to the postoperative drain instruction sheet provided to you for any additional showering, incision, and drain care instructions.
- You may shower 4 days after your surgery (24 hours after drain removal) as long as the white dressing (Silverlon) covering your incision is sealed and intact. Remove your dressing after 7 days. Do not take a bath or get into a pool for 6 weeks and evaluated by physician.
- For the best cosmetic result, keep your incision away from direct sunlight and tanning booths until it fades completely to flesh tone. Otherwise, there is a risk of permanent discoloration. You may use vitamin E lotion to massage the incision after 6 weeks.
- The collar should be worn for 2 weeks after surgery. You may resume driving when you are no longer taking narcotics or using the cervical collar.
- Increasing your protein intake will improve your rate of successful healing.

Activities and Restrictions

- At around the one week mark, you should gently start to restore your neck motion with slow head turning and up-and-down motions. Returning to full motion usually takes 3-6 months.
- You can walk as much as you wish. Stair climbing is permitted.
- You may engage in sexual activity when it is not painful.
- No sporting activities until released by your doctor.
- No lifting over 20 pounds until 6 weeks after surgery.
- No pulling with your arms.
- No overhead activities. You may raise your arms overhead to wash or brush your hair, but stop if it becomes painful.
- TED stockings should be worn for 2 weeks after surgery during the day then remove at night.

Medications and Nutrition

- For the next year, you should take antibiotics prior to any dental work or invasive medical procedure. If possible, avoid dental procedures for 3 months after surgery.
- Do not take anti-inflammatory medication (e.g., ibuprofen, naproxen) for 2 weeks before and 6 weeks after surgery, unless specifically discussed with your surgeon.
- Do not take any blood thinning medication (e.g., Coumadin, Plavix, Eliquis, Xarelto, Aspirin) for 1 week before. Refer to your post op instruction sheet to resume blood thinner as directed by physician.
- Do not take any osteoporosis medication (e.g., Fosamax, Actonel, Evista, Prolia) for one month before and 3 months after surgery, unless specifically discussed with your surgeon.
- Medications for Rheumatoid Arthritis may need to be held for a time period both before and after surgery. Notify your physician of any of these medications (e.g., Enbrel, Remicade, Imuran, Arava, Humira) and refer to your post op instruction sheet for timeframe directed by physician.
- Do not take herbal supplements including fish oils or Niacin (vitamin B3) 2 weeks before or 2 weeks after surgery
- Just a reminder: **NO SMOKING.** Tobacco smoke (even second-hand smoke) and nicotine (even gum, patches, or E-cigarettes) after fusion surgery will jeopardize the healing process, and may result in chronic pain and the need for further surgery.
- Take over-the-counter calcium (600 mg) daily and vitamin D3 (2000 I.U.) two times daily with meals prior to surgery and for 6 months following surgery. Depending on your pre-op vitamin D level, we may require that you take a prescription vitamin D3 supplement instead. If you have a history of kidney disease or kidney stones, please talk to your PCP regarding adjusting calcium dose before starting supplementation. Increasing your protein intake also improves the rate of successful healing.
- The medications prescribed for your post-operative pain are to be used as needed, not scheduled. You may alternate your pain pill with Tylenol for breakthrough pain as needed (daily limit of Tylenol 4000mg) as needed. Do not take your pain pill and your muscle relaxer at the same time. These medications should be taken 2-3 hours apart.
- Dilaudid is a habit-forming medication. You should stop this medication as soon as possible.

Questions and Emergencies

Call 815-398-9491 during business hours for questions and emergencies (Monday-Thursday 8 A.M. to 4 P.M., Friday 8 A.M. to noon). **Medication refills will only be authorized during business hours.** Please specify if you calling for an emergency and you will be connected with the spine nurse. All emergencies are reported to the physician immediately.

After business hours, you may 815-398-9491 and the answering service will contact your physician. If he is out of town or if it is the weekend, another physician or physician's assistant will be available.