

DLHL or Decompressive Lumbar Hemi-Laminectomy

Brief description of the procedure

A decompressive lumbar laminectomy during which only part of the Lamina and only a portion of the of the Facet Joint is removed to allow more room for the Lumbar Nerves.

Disorders it treats

Patients typically have symptomatic, painful lumbar Spinal Stenosis, or Degenerative Joint Disease at the facet joints, occurring at multiple levels of the lumbar spine. During this surgery, large bone spurs or osteophytes are removed to relieve the pressure off the spinal nerves/spinal cord.

Possible Post-Op findings

Most patients are usually able to go home 2-5 days after surgery. Before patients go home, Physical Therapist at the hospital will work with the patients and instruct them on proper techniques of getting in and out of bed and walking independently and safely. Patients are instructed to avoid bending, lifting and twisting (BLT) for the first 4 weeks after surgery to avoid injury to the back. After this period, patient 's will be slowly trained in how to best bend and lift by the Physical Therapist.

Factors influencing recovery

Slower healing rate caused by i.e. diabetic, smoker, old age, osteoporosis, obesity, and malnutrition. •If you had a fusion, do not use non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., aspirin; ibuprofen, Advil, Motrin, Nuprin; naproxen sodium, Aleve) for 6 months after surgery. NSAIDs may cause bleeding and interfere with bone healing.

Brace (Y/N)

Patients are generally not required to wear a back brace after surgery. Occasionally, some patients may be issued a soft or rigid lumbar corset that can provide additional thoracic and/or lumbar support in the postoperative period, if necessary. Your surgeon will inform you of this.

How long?

If needed 2 months

Driving restrictions (Y/N)

Patients may begin driving when the pain has decreased to a mild level, which usually is between 7-14 days after surgery. Patients should not drive while taking pain medication (narcotics). When driving for the first time after surgery, patients should make it a short drive only and have someone come with them, in case the pain flares up and they need help driving back home. After patients feel comfortable with a short drive, they can begin driving longer distances alone.

Physical Therapy Needed?

Yes

PT restrictions

No Bending/Lifting/Twisting during the first 4-6 weeks. No ROM/PIVM in the lumbar spine either

PT objectives

Physical Therapy will initially focus on safety. A Physical Therapist will train you how to safely and correctly get up out of bed and will explain your restrictions. Later, you will start a strengthening program, specifically designed for you which will include leg strengthening and spine/CORE strengthening exercises. This strengthening will initially be done isometrically. During the final phase of your recovery, the Physical Therapist will also guide you back to an active lifestyle where you will understand the restrictions of your condition, while maintain an active lifestyle.

PT modalities

Strengthening, Coordination, Proprioception exercises at first. Later on gentle AROM exercises will be added. US/E-stim as indicated

Work/Hobby restrictions

Patients may return to light work duties as early as 2-3 weeks after surgery, depending on when the surgical pain has subsided. Patients may return to moderate level work and light recreational sports as early as 6-8 months after surgery, if the bone has healed, the surgical pain has subsided, and the back strength has returned appropriately with physical therapy.

Incision Care

You may shower 1 to 4 days after surgery. Follow your surgeon's specific instructions. No tub baths, hot tubs, or swimming pools until your health care provider says it's safe to do so. If you have staples or stitches when you go home, they will need to be removed. Ask your surgeon or call the office to find out when.

When to call your surgeon

If your temperature exceeds 101° F, or if the incision begins to separate or show signs of infection, such as redness, swelling, pain, or drainage. If your swallowing problems interfere with your ability to breathe or drink water.

Follow up with surgeon

Patients will return for a follow-up visit with the surgeon, approximately 12-14 days after surgery. The incision will be inspected and the stitches or staples will be removed. Patients will be given a prescription to begin Physical Therapy for back exercises, to start about 2-4 weeks after surgery.

Outcomes

The results of Decompressive Lumbar Laminectomies for the treatment of symptomatic Lumbar Spinal Stenosis are generally excellent. About 81-95 % of the patient patients undergoing such a procedure report good or excellent result from this procedure. Most patients are noted to have a rapid improvement of their pain and return to normal function.