

Cervical Laminoplasty

Pre-Operative:

There are no specific preoperative exercises or preparation. Since the surgical approach is from the back of the neck, you may wish to have a haircut that includes a close trim on the back of the neck prior to surgery. This will facilitate us being able to shave this area during surgery and apply a post-operative bandage. Since there will be a bandage in place following surgery, please bring a loose-fitting shirt or a blouse to wear post-operatively. You will also have a few small incisions in your head – to allow us to stabilize your head during surgery. These will heal without further treatment.

Further instructions will be provided during the preoperative appointment.

Hospital Stay:

Most patients are discharged home 1-2 days following the surgical procedure. In some circumstances, you may stay a third night. The surgical procedure should take approximately 4-5 hours. Following surgery, there will be a bandage on the back of the neck. I do leave a small drainage tube in place, so that any bleeding that occurs overnight will be collected in the drain canister. This drainage tube will be removed before you discharge.

Post-Operative:

You will be given multiple different medications to help control your pain. These medications are weaned over a 1-3 week period.

The dressing you are discharged with should remain in place until your follow up appointment with me in 2 weeks. There are sutures holding the skin incision together. You can shower, but please keep the incision and bandage dry.

You will be given a soft cervical collar to wear for the first 6 weeks for comfort only. You can remove this and work on neck range of motion exercises as you tolerate. Please refrain from any heavy lifting or impact activities for the first six weeks following surgery. Non-impact aerobic exercise such as walking can be initiated as soon as you feel comfortable. I ask that you refrain from any repetitive impact activity such as using a lawnmower (ride or push), boats, motorcycle, skid steer, or any other activity that can produce repeated jarring motions for 3-4 months after surgery.

Follow Up:

You will be given a follow-up appointment for two weeks following surgery. At this visit, we will inspect your incision and remove the surgical sutures if needed. We will also obtain x-rays at this visit to evaluate the hardware.

By this visit, I do expect that you will have weaned off of your post-operative narcotic pain medication. It is fine to use Tylenol or NSAIDs (Aleve, Advil, etc) at any point following surgery, provided there is no other medical reason that you should be avoiding it.

I will see you at the 6-week post-surgery visit as well as at 3 months and 6 months. I would expect by the 3-month point there will be minimal activity restrictions.

Constipation:

- To prevent constipation you should take the Colace 1 tablet twice a day (stool softener) until you have regular bowel movements, then can take once a day.
- You may also take over-the-counter Sennakot 1-2 tablets twice a day (gentle laxative)
- Take these medications until you have regular daily bowel movements, then decrease to once a day.
- You should hold these medications if you experience loose stool or diarrhea. It is also best to stay well hydrated to avoid constipation.

Smoking, Vaping, E-Cigarettes:

Failure of fusion is as high as 65% in smokers and nicotine users. Therefore, spine patients should not smoke or use nicotine for 6 months after surgery. This is your time to quit.

Do not smoke, as this interferes with bone healing. Smoking can also increase your risk of wound healing complications and infection. If you cannot quit – please refrain from smoking 1-2 months before and 6 months after your surgery.

CALL IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Pain that is continually increasing or not relieved by pain medicine
- Any new weakness, numbness, tingling in your extremities
- Any signs of infection at the wound site: redness, swelling, tenderness, drainage
- Fever greater than or equal to 101° F
- Any change in your bowel or bladder function including inability to urinate or bowel or bladder accidents.
- New tenderness in your calf, redness or discoloration of the leg, new shortness of breath, coughing up blood, or chest pain. These may be signs of a blood clot.

Report to the local Emergency Department with chest pain, shortness of breath, difficulty breathing, or any other acute events.

You may not drive while taking pain medications and/or muscle relaxants.

Driving will be discussed at your first post operative appointment. Do not drive until cleared by your physician.