

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.

At your preoperative appointment you will be provided a special soap to use on the specific area to be operated on starting 3 days before surgery. 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 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 the day after surgery by one of our spine residents, fellows, or nurse practitioners.

Post-Operative:

You will have a customized **Pain Plan** that will be formulated during your pre-operative clinic visit. Usually, several different medications are used, and 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.

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. 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.

Blood sugars:

Your blood sugars were monitored prior to meals and 2 hours after dinner. Ideally, post surgery your blood sugars should be less than 130 to help reduce the risk of infection. You can simply decrease your blood sugars by reducing the number of carbohydrate or sugars you eat. At your next PCP appointment, you should discuss your blood sugar. You do not need to continue to check them daily or take insulin at home.

Smoking:

Do not smoke, as this interferes with bone healing.

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.