

Cardiff Spinal Clinic

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Decompressive Surgery:

Decompressive surgery is surgery to relieve compression/pressure on a nerve or spinal cord. If the compression is related to a disc herniation, then the procedure is called a discectomy. If the compression is due to facet joint thickening or ligamentum flavum thickening, giving rise to pressure on the nerve roots, then the procedure can be called a decompression or a laminectomy. The lamina is the posterior arch of bone that sits behind the spinal canal.

Decompressive surgery is used for the treatment of stenosis, nerve root pain ie sciatica or myelopathy in the cervical spine.

Before the procedure: once the decision has been made to proceed with decompressive surgery then you will be seen for appropriate consent and discussion about the procedure in more detail. Information on the procedure can be found in the patient information section of this website. You will be given information to take home with you in respect of consent and British Spine Registry information.

You will be seen by a pre-assessment nurse and they will perform tests to confirm your fitness for surgery. They will need to know about blood thinning medication and/or any anti-inflammatory medication that you are taking in order for it to be stopped appropriately before the surgery.

You should not eat anything within six hours before the surgery time, but you can drink clear fluids, ie water, up to two hours before surgery.

Once you arrive in the hospital on the date of the procedure, you will be taken to your room and seen by the surgeon again and any concerns with the consent information can be discussed and the anaesthetist will review you.

The consent form is usually signed in advance of the day of surgery but in emergency scenarios occasionally this may not be possible.

During decompressive surgery: an incision will be made in the back of the neck or lower back and using x-ray the appropriate level will be identified. Bone, ligament and/or disc will be removed to decompress the nerve and give it more space. The procedure usually takes between one to two hours.

After the procedure: you will be transferred from the theatre to the recovery room until you have recovered, before being transferred back to the ward. Local anaesthetic will be injected around the wound to assist with pain management post operatively.

Occasionally a PCA pump will be given for pain relief. Otherwise, appropriate pain-relieving medications will be given by the anaesthetist. There will be drain coming out of the skin in the surgical area which normally is removed the next day.

It is unusual to need a brace.

The physiotherapist will see you and give you some gentle exercises to do and you will be seen then by the physiotherapist in the clinic following discharge.

An out-patient appointment will be made for you for approximately four weeks following the procedure.

If there are any concerns during the first four weeks, then you will be given the ward number and you should have the secretary's number.

Return to work varies among patients and is related to their overall health and type of work they do.