

# Central decompressive lumbar laminoplasty

Kwon performed surgery in 57 patients with [lumbar spinal stenosis](#) between 2006 and 2010. Data were gathered retrospectively via outpatient interviews and telephone questionnaires. The operation used in this study was named [central decompressive laminoplasty](#) (CDL), which allows thorough decompression of the lumbar spinal canal and proximal two foraminal nerve roots by undercutting the lamina and facet joint. Kyphotic prone positioning on elevated curvature of the frame or occasional use of an interlaminar spreader enables sufficient interlaminar working space. Pain was measured with a [visual analogue scale](#) (VAS). Surgical outcome was analyzed with the [Oswestry Disability Index](#) (ODI). Data were analyzed preoperatively and six months postoperatively.

The interlaminar window provided by this technique allowed for unhindered access to the central canal, lateral recess, and upper/lower foraminal zone, with near-total sparing of the facet joint. The VAS scores and ODI were significantly improved at six-month follow-up compared to preoperative levels ( $p < 0.001$ , respectively). Excellent pain relief ( $> 75\%$  of initial VAS score) of back/buttock and leg was observed in 75.0% and 76.2% of patients, respectively.

CDL is easily applied, allows good field visualization and decompression, maintains stability by sparing ligament and bony structures, and shows excellent early surgical results <sup>1)</sup>

<sup>1)</sup>

Kwon YJ. Central decompressive laminoplasty for treatment of lumbar spinal stenosis : technique and early surgical results. J Korean Neurosurg Soc. 2014 Sep;56(3):206-10. doi: 10.3340/jkns.2014.56.3.206. Epub 2014 Sep 30. PubMed PMID: 25368762; PubMed Central PMCID: PMC4217056.

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