

# Complete facetectomy

This procedure is usually performed in the setting of a lumbar fusion, such as transforaminal or posterior lumbar interbody fusion and pedicle screw fixation. Alternatively, it may be performed unilaterally in the setting of a far lateral disk herniation (foraminal disk herniation). Removing one facet joint in its entirety does carry a more elevated risk of instability when combined with a decompressive procedure such as laminectomy (especially in extension, where alterations in rotational motion, flexibilities, and coupled motion are seen) and, while it may be performed as a stand-alone procedure, it is usually best to combine it with instrumentation and fusion.

When unilateral facetectomy is carried out alone, without disruption of the other posterior elements (ie, preservation of the spinous processes, interspinous and supraspinous ligaments, laminae, as well as the contralateral facet joint), the risk of instability is much lower (less than 3%).

Alternatives to medial facetectomy have been suggested, such as partial medial and lateral facetectomies with preservation of at least 50% of the facet joint, in cases of foraminal pathologies. This has been demonstrated to carry a lower risk of instability.

From:

<https://neurosurgerywiki.com/wiki/> - **Neurosurgery Wiki**

Permanent link:

[https://neurosurgerywiki.com/wiki/doku.php?id=complete\\_facetectomy](https://neurosurgerywiki.com/wiki/doku.php?id=complete_facetectomy)

Last update: **2024/06/07 02:51**

