

Lumbar laminectomy complications

General information

The overall risk of [mortality](#) in large series ^{1) 2)} 6 per 10,000 (i.e., 0.06%), most often due to [septicemia](#), MI, or PE. Complication rates are very difficult to determine accurately, ³⁾ but the following is included as a [guideline](#).

Common complications

[Lumbar laminectomy common complications.](#)

Uncommon complications

[Lumbar laminectomy uncommon complications.](#)

Scar formation

see [Peridural scar](#).

Spondylodiscitis

see [Spondylodiscitis after lumbar microdiscectomy](#).

Reoperation

A [retrospective study](#) includes 53 patients who underwent [reoperation](#) after failure of [lumbar disc surgery](#) to relieve [pain](#). All patients had [leg pain](#) before reoperation, which was successful in 28% of cases. Most clinical features, such as persistence or mode of recurrence of pain, radicular quality of pain, positive [Lasègue's sign](#), and myelographic root sleeve defects, were not helpful in predicting successful and unsuccessful reoperations. However, a significantly larger percentage of women than men had successful reoperations. Patients who had past or pending compensation claims, who had sensory loss involving more than one dermatome, or who failed to have myelographic dural sac indentations resembling those caused by a herniated disc did poorly with reoperation. A very convincing myelographic defect appears to be needed to justify reoperation at a previously unoperated location. Excision of scar alone or dorsal rhizotomy was of no avail in these cases ⁴⁾.

Associated with significant blood loss, postoperative wound pain, prolonged hospital stay and impaired lumbar stability requiring fusion or stabilization. Modification to the original technique to reduce the morbidity without affecting its effectiveness include less invasive surgery such as partial laminectomy or bilateral laminotomy decompression, foraminotomy with medial facetectomy as well as microdiscectomy.

However, the technique is associated with considerable trauma, postoperative spinal instability, degeneration acceleration near the segment, and nerve adhesion ⁵⁾.

References

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