Split laminotomy

see also Para-split laminotomy.

This surgical approach fulfills the requirements of other laminotomy techniques and helps prevent damage to the crucial posterior stabilizers of the spine. In contrast to conventional spinal canal approaches, preservation of the majority of posterior structures leaves muscle attachments on the spinous processes and laminae completely intact. Furthermore, the technique for exposure and decompression of the spinal canal is a suitable method for all spinal segments, the cervical, thoracic, and the lumbar spine in all age groups [1].

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A modification of the split laminotomy and heterologous grafting method fulfills the requirements of other laminotomy techniques. The split laminotomy is suitable for removing intramedullary tumors, and the posterior stabilizing structures of the spine, as the vertebral laminae and the longitudinal musculature are completely prevented. Due to use of allograft the complications of the classic hip bone grafting procedures are avoided. The spacers, inserted between the osteotomized faces, provided permanent decompression of the spinal canal, and bony healing–throughout the spacer–of the splitted vertebral laminae, without iliac graft complications [2].

1)
Banczerowski P, Vajda J, Veres R. Exploration and decompression of the spinal canal using split laminotomy and its modification, the “archbone” technique. Neurosurgery. 2008 May;62(5 Suppl 2):ONS432-40; discussion ONS440-1. doi: 10.1227/01.neu.0000326031.31843.99. PubMed PMID: 18596526.
2)
Papp Z, Vajda J, Banczerowski P. Split laminotomy and complementary spacer insertion for opening and enlargement of the thoracic spinal canal at infiltrative intramedullary tumor removal. Ideggyogy Sz. 2013 Sep 30;66(9-10):331-6. PubMed PMID: 24358689.