

Trumpet laminectomy microdecompression

Trumpet **laminectomy** microdecompression is a trumpet fenestration, with splitting of the **spinous process** and partial laminectomy of the caudal portion of the **laminae**. It involves exposure of the laminae by longitudinally splitting the spinous process into two halves and cutting the base of the spinous process transversely, leaving its muscular and ligamentous attachments undisturbed. It is followed by laminectomy, with minimal muscle dissection from the laminae. After decompression, split sections of the spinous process are reconstructed and repositioned with sutures ¹⁾.

This approach preserves posterior lumbar supporting structures for spinal stability and prevents atrophy of the paraspinal muscle, allowing for better exposure of intraspinal nerve tissues and adequate decompression of the spinal canal. The indications for trumpet laminectomy microdecompression are similar to those of standard lumbar decompression. Patients with degenerative lumbar canal stenosis and predominant leg pain who have failed in conservative measures are good surgical candidates, regardless of the number of segments ²⁾.

Series

Sixty-two TLM patients with lumbar disc herniation, facet hypertrophy or yellow ligament or intracanal granulation tissue. The symptoms are low back pain, dysesthesia and severe pain on both legs. Spine levels operated Th11-S1; the patients who had trumpet-type fenestration, 62.9% had hypertrophy of the facet joint, 11.3% had intracanal granulation tissue, 79.1% had hypertrophy of the yellow ligament and 64.5% had disc herniation. The average of procedure duration was 68.9 min and intraoperative blood loss was 47.4 mL. Intraoperative complications were found in 3.2% of patients, with dural damage but without cerebrospinal fluid leakage. The TLM can be performed for all ages and all levels of spinal canal stenosis, without the complication of spondylolistesis. The TLM has a shorter duration, with minimal intraoperative blood loss ³⁾.

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Jayarao M, Chin LS. Results after lumbar decompression with and without discectomy: comparison of the transspinous and conventional approaches. *Neurosurgery* 2010;66:152-160.

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Enni BL, Benzel EC, Biscup RS. Spine surgery: techniques, complication avoidance, and management. Benzel EC Philadelphia: Elsevier-Churchill Livingstone; 2005. pp. 601-618.

³⁾

Henky J, Yasuda M, Arifin MZ, Takayasu M, Faried A. Trumpet laminectomy microdecompression for lumbal canal stenosis. *Asian Spine J.* 2014 Oct;8(5):667-74. doi: 10.4184/asj.2014.8.5.667. Epub 2014 Oct 18. PubMed PMID: 25346821.

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