

Lumbar Laminectomy Understanding Your Risks

This document outlines the potential complications associated with **lumbar laminectomy, facetectomy, and foraminotomy**. These are surgical procedures performed through an incision in the lower back to remove bone, ligament, and/or soft tissue that is compressing the spinal nerves or spinal canal. Depending on the pathology, portions of the lamina, facet joints, neural foramina, and potentially even intervertebral disc may be partially removed to decompress the affected nerves.

The usual purpose of surgery is to **relieve nerve compression, improve leg and/or back pain, numbness, weakness, and walking tolerance**, and improve function in patients with conditions such as lumbar spinal stenosis, disc herniation, foraminal stenosis, facet hypertrophy, spondylosis, or nerve root compression. In some cases, decompression may increase the risk of spinal instability and may later require additional stabilization or fusion.

Risks:

- **Persistent or recurrent back or leg pain**
- **Incomplete relief of symptoms**
- **Neurologic complications** (new or worsened numbness, weakness, nerve injury, or cauda equina injury)
- **Dural tear with cerebrospinal fluid leak**
- **Wound infection** (superficial or deep)
- **Bleeding or hematoma formation**
- **Epidural fibrosis or scar tissue formation**
- **Spinal instability, which may require future fusion surgery**

- **Recurrent stenosis or disc herniation**
- **Adjacent segment degeneration**
- **All-cause reoperation**
- **Medical complications** (myocardial infarction, stroke, pneumonia, pulmonary embolism, deep vein thrombosis)
- **Death** (extremely rare)

Risk Factors for Increased Complications:

- **Multilevel decompression**
- **Prior lumbar spine surgery**
- **Advanced age and higher ASA class**
- **Medical comorbidities** (diabetes, tobacco use, obesity)
- **Severe degenerative changes or deformity**

Patient Acknowledgment: By signing below, the patient acknowledges understanding of the above risks associated with Lumbar Laminectomy and all questions have been answered to the patient's satisfaction.

Patient Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____

