

Lumbar Laminectomy Understanding Your Risks

This document outlines the risks and potential complication rates associated with **lumbar Laminectomy, Facetectomy, Foraminotomy** for degenerative lumbar spinal stenosis.

- **Any complication:** 10–18% for laminectomy/laminotomy, with higher rates in elderly or those with comorbidities.[\[1\]\[2\]\[3\]](#)
- **Dural tear (incidental durotomy):** 3–9%.[\[2\]\[4\]\[5\]\[6\]](#)
- **Wound complications (infection, dehiscence, seroma):** 0.6–2%.[\[2\]\[6\]\[7\]](#)
- **Hematoma/hemorrhage:** 0.5–5.2%.[\[2\]\[3\]\[8\]](#)
- **New or worsening neurological deficit:** 1–3%.[\[9\]](#)
- **Direct nerve root injury:** 1–2.6%.[\[9\]](#)
- **Reoperation (within 2 years):** 14.9% for laminotomy, including for recurrent stenosis or adjacent level disease.[\[1\]\[2\]](#)
- **Readmission (within 90 days):** 2.4%.[\[1\]](#)
- **Deep infection:** 0.37%.[\[7\]](#)
- **Wrong level surgery:** 0.74%.[\[5\]\[7\]](#)
- **Death:** 0.06–0.17% (higher in elderly with comorbidities).[\[3\]](#)
- **Thromboembolism (DVT/PE):** 0.047–0.138%.[\[5\]](#)

Complication and mortality rates increase with age and comorbidities, with rates up to 18.9% and 1.4% respectively in patients over 85 with multiple comorbidities.[\[3\]](#) Minimally invasive and endoscopic techniques may reduce infection risk and blood loss, but have similar or slightly higher rates of dural tear and reherniation compared to open procedures.[\[2\]\[4\]\[6\]\[8\]](#)

Patient Acknowledgment: By signing below, the patient acknowledges understanding of the above risks, their estimated incidence, and the potential for both common and rare complications associated with Lumbar Laminectomy. All questions have been answered to the patient's satisfaction.

Patient Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____

References

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