

Lumbar Laminotomy +/- Microdiscectomy

Understanding Your Risks

This document outlines the risks and potential complication rates associated with **lumbar Laminotomy +/- Microdiscectomy**.

- **Any complication:** 10–16% overall, with higher rates in elderly or those with comorbidities.[\[1\]\[2\]\[3\]](#)
- **Dural tear (incidental durotomy):** 3% (range 2–9%).[\[1\]\[2\]\[4\]\[5\]](#)
- **Wound complications (infection, dehiscence, seroma):** 1–2.1%.[\[1\]\[2\]\[4\]](#)
- **Hematoma/hemorrhage:** 0.5–1.2%.[\[1\]\[2\]](#)
- **New or worsening neurological deficit:** 1–3%.[\[1\]\[4\]\[5\]](#)
- **Direct nerve root injury:** 1–2.6%.[\[1\]\[4\]](#)
- **Cerebrospinal fluid leak:** 2.2%.[\[2\]](#)
- **Urinary retention or micturition problems:** up to 5% (usually transient).[\[5\]](#)
- **Recurrent disc herniation:** 4.4–6.9%.[\[1\]\[2\]\[5\]\[6\]](#)
- **Reoperation (within 2 years):** 4.3–7.1% for microdiscectomy, with 5.5% requiring revision microdiscectomy and 6.6% requiring fusion within 2 years.[\[1\]\[2\]\[6\]](#)
- **Readmission (within 90 days):** 2.4%.[\[7\]](#)
- **Deep infection:** 0.37%.[\[2\]](#)
- **Wrong level surgery:** 0.74%.[\[2\]](#)
- **Death:** 0.06% (0.6 per 1000 procedures).[\[4\]](#)
- **Thromboembolism (DVT/PE):** 0.047–0.138%.[\[4\]](#)

The American Society of Pain and Neuroscience guideline emphasizes that approximately 10% of patients undergoing microdiscectomy will experience reherniation, and up to 20% may require revision surgery. Complication and mortality rates increase with age and comorbidities.[\[5\]](#) Minimally invasive and endoscopic techniques may reduce infection risk and blood loss, but

have similar or slightly higher rates of dural tear and re-herniation compared to open procedures.[\[1\]\[2\]\[3\]\[5\]\[8\]](#)

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 Laminotomy +/- Microdiscectomy. All questions have been answered to the patient's satisfaction.

Patient Signature: _____ **Date:** _____

Patient Name: _____ **DOB:** _____

References

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3. [Complication Rates of Different Discectomy Techniques for Symptomatic Lumbar Disc Herniation: A Systematic Review and Meta-Analysis.](#) Chen X, Chamoli U, Vargas Castillo J, Ramakrishna VAS, Diwan AD. European Spine Journal : Official Publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society. 2020;29(7):1752-1770. doi:10.1007/s00586-020-06389-5.
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