

# LUMBAR POSTERIOR RECONSTRUCTION AND FUSION

In some cases a lumbar laminectomy and lumbar posterior reconstruction (opening of collapsed disc heights and freeing of the bony tunnel for the exiting nerve roots) are performed as a combined procedure.

The procedure is performed through a 10-12cm incision while the patient is asleep and face down in a cushioned and safe position. The muscles at the back of the spine are split in a minimally destructive way, and then special spinal bone screws (pedicle screws) are carefully placed into the vertebral bone of the levels that are to be fused.

After a possible laminectomy, rods are inserted to link the screws. Distraction of the collapsed disc space between two levels is performed. Bone graft is placed between the vertebral levels that are being fused and the facet joints (small joints linking the vertebral bones at the back of the spine) are also prepared to achieve a stiffening.

The wound is closed and blood loss is often less than 300mls.

With the new "cell saver" technique, any blood lost during the operation can be recycled and allows for an auto-transfusion. Very few patients therefore require a banked blood donation.

Patients having this surgery usually have an epidural catheter placed into the surgical site at the end of the procedure. This offers good pain relief immediately after the surgery.

Physiotherapy is required in hospital.

The average stay for such patients is around one week.



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