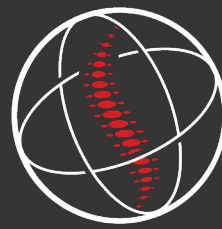




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# AXIS SPINE NEWSLETTER

## Cervical Laminoplasty

by **DANIEL J. BLIZZARD, MD**

### WHAT IS CERVICAL LAMINOPLASTY?

Cervical laminoplasty is a procedure designed to treat multilevel cervical stenosis with motion preservation. The primary indication for cervical laminoplasty is cervical myelopathy related to multilevel cervical stenosis. This is a condition where there is dysfunction in coordination of the upper and/or lower extremities often with global numbness and pain in the upper and/or lower extremities. In this procedure, the bone that comprises the posterior aspect of the spinal canal is cut and bent open to create a larger canal space for the spinal cord.



### DANIEL J. BLIZZARD, MD

Dr. Daniel J. Blizzard is a fellowship-trained Spine Surgeon specializing in comprehensive spinal surgical care ranging from minimally-invasive and motion-sparing techniques, robotic-assisted and navigated surgery, scoliosis and deformity surgery, and revision surgical treatment.

He has published over 30 peer-reviewed articles in journals including Spine, The Spine Journal, The Journal of Neurosurgery, and the European Spine Journal His work has been presented over 50 times at the podiums of national and international spine meetings.

This is done by making an incision on the back of the neck, cutting the bone, bending the bone to further open the canal and using small plates to hold the opened bone in place to ensure permanent open position of the bone and maintenance of the increase in spinal canal space. This requires less dissection and time than a posterior decompression and fusion procedure. Additionally, this procedure maintains cervical motion and requires no fusion.

### WHAT ARE THE ADVANTAGES TO CERVICAL LAMINOPLASTY?

Compared to other anterior and posterior techniques for cervical decompression, cervical laminoplasty requires no fusion and is a motion sparing procedure. This also results in no need for postoperative bracing or restriction in motion. The surgery also takes less time results in less blood loss than a cervical decompression and fusion. Additionally, cervical laminoplasty is an ideal solution for cases where 3 or more levels of stenosis occurs.



### WHO IS A CANDIDATE?

Ideal candidates for this procedure are patients with neutral or lordotic cervical alignment (normal) and multilevel cervical stenosis causing cervical myelopathy. Additionally ideal candidates have minimal or no pre-existing neck pain and unilateral or no upper extremity pain or weakness.

Candidates that would be best treated with other procedures include patients with **moderate or severe neck pain**, patients with **bilateral arm pain**, and patients with **kyphotic (bent forward) cervical alignment**.

### WHAT HAPPENS AFTER SURGERY?

*Neck flexion and extension is encouraged immediately postoperatively to maintain preoperative neck range of motion. A soft collar can be used for comfort. It is important to refrain from any period of prolonged flexion during the immediate post-operative period.*

“ Compared to other anterior and posterior techniques for cervical decompression, cervical laminoplasty requires no fusion and is a motion sparing procedure. ”

## WHAT ARE THE RISKS?

No surgery is without risks. General complications include infection, failure symptom relief, need for further surgery, adjacent segment disease, damage to nerves and vessels, difficulty swallowing, postoperative fracture, insufficiency fracture, complication of instrumentation including failure of screws/plate, CSF leak or durotomy, new or persistent pain or weakness, paraplegia and quadriplegia and risks inherent with anesthesia including injury from positioning, stroke, possible death.

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