Cervical – Cervical Laminoplasty

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**Introduction**
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**Incision and Channel Creation**
An incision is made in the back of the neck. A motorized instrument is used to cut 2 channels vertically on the lamina portion of the vertebrae. On one side the channels are cut all the way through the bone. On opposite side, the channel is only cut 50% to 75% though the bone to create a hinge. The side causing the most pressure on the spinal cord or nerves is typically the side where the channels are cut entirely through the lamina. The tips of the spinous processes are also typically removed.

**Rotation**
The lamina is then lifted and rotated toward the hinge. This increases the space for the spinal cord, relieving the compression that causes pain.
Maintaining the Opening
Maintaining the hinged door opening can be done in various ways. Some procedures use suture tied from the spinous process to the side of the spine, some use small wedges of bone graft, and some procedures screw specialized metal plates into position to keep the lamina in the elevated, rotated position.

Summary
The incision is closed and dressed to complete the procedure. A cervical collar is often worn for 6 weeks following surgery. Patients should be careful to avoid heavy lifting and excessive neck motion during the recovery period.