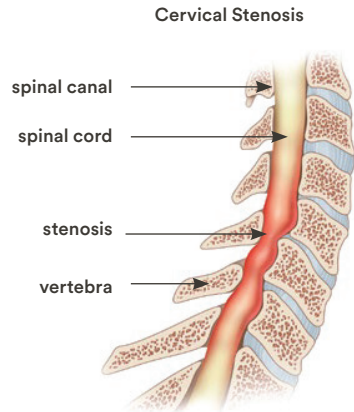


What is spinal stenosis?

Spinal stenosis (sten-oh-sis) is a loss of space in the spine resulting in pressure on the spinal cord or nerves. These changes can cause pain and other symptoms. Stenosis may involve a large or small part of the spine. It may include the spinal canal, the canals where nerves branch out from the spinal canal or the openings between the vertebrae where nerves pass through.



Degenerative changes occur in the spine as people get older. The bands of tissue or ligaments that support the spine get hard and thicken. Bones and joints may get bigger and bone surfaces may bulge out causing rough edges called bone spurs. People usually do not begin experiencing symptoms from age-related stenosis until after age 50. However, in those with inherited spinal conditions or spinal injuries, these types of symptoms may occur much earlier.

Causes of Stenosis

- Arthritis
- Inherited spinal conditions
- Disc degeneration or rupture, called herniation
- Abnormal side-to-side curve of the spine, called scoliosis
- Other causes (tumors, injuries, diseases such as Paget's disease, spinal calcium deposits, etc.)

For more information go to:

www.AllAboutBackandNeckPain.com

As your doctor, I look forward to answering any questions you have about your back and neck.

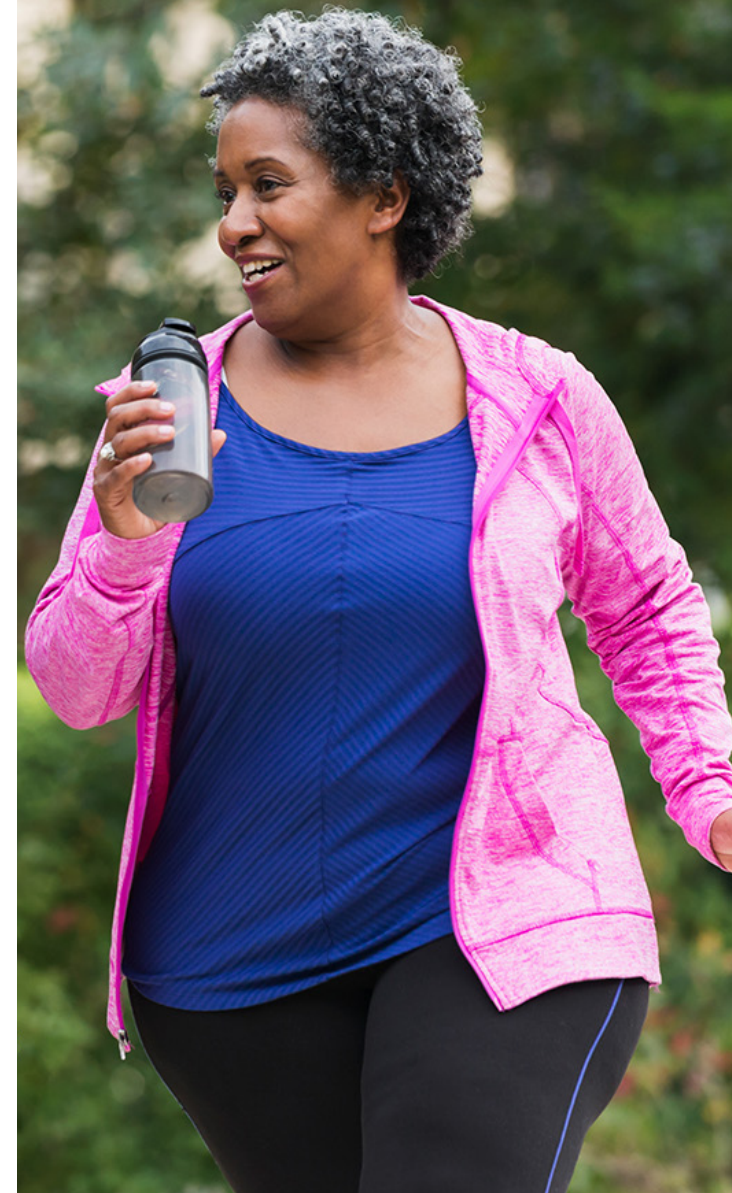


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256001-230808 DSUS

Understanding Spinal Stenosis



What are the symptoms of spinal stenosis?

Sometimes spinal stenosis has no symptoms at all or the symptoms gradually appear and worsen over time. These may include:

- Neck or back pain
- Numbness, weakness, cramping or a burning pain in the arms or legs
- Pain that shoots down the leg, called sciatica
- Severe cases can cause problems using the arms or legs or bowel and bladder problems

What are the treatment options?

You may have tried many types of treatments to reduce pain such as physical therapy, pain medications or a back brace or corset. While these may relieve pain, they do not treat the bone damage causing the spinal stenosis. Only surgery can relieve the pressure on the spinal cord or the affected nerves while maintaining the spine's strength and alignment.

Surgery may be an option

Your doctor has recommended surgery because your pain and other symptoms are not being helped by nonsurgical treatments or are getting worse. Or you may be developing progressive leg weakness or bowel or bladder problems, all indications that surgery may be your best option. After surgery, your doctor will prescribe physical therapy and exercise programs to help you heal and return to your normal activity.

What are the choices?

There are two main types of surgery for spinal stenosis.

1 Decompressive laminectomy

Decompressive laminectomy is the most common and successful surgery for spinal stenosis. It removes the “roof” of the vertebrae, called the lamina. This can be done to one or more vertebrae to create more space for nerves. More than 60,000 of these surgeries are done in the U.S. each year on patients over age 60.

Laminectomy takes 1 to 3 hours and is performed under general anesthesia. The doctor will review an MRI or CT scan to determine how much bone needs to be removed. A 2- to 6-inch incision is made in the back and closed with stitches or surgical staples.

You should feel better, be able to move more easily and have greater leg strength after laminectomy surgery. If you have a desk job, you may return to work generally within a few weeks; it may take 2 to 4 months for a more physical job.

2 Spinal fusion

Spinal fusion joins two or more vertebrae together to stop motion at a painful area. The surgeon inserts bone grafts made of small pieces of bone from your hip, a bone bank or other material into the spaces between the vertebrae. Over time, the bones grow together or fuse. Wires, screws, rods, metal cages or plates may also be used to increase stability.

Sometimes, minimally invasive surgery, called MIS, can be used. Surgeons use special instruments, such as intraoperative X-ray, microscopes, and tubular retractors through small incisions. MIS may cause less postoperative discomfort than the standard surgery. Talk with your surgeon about whether MIS is an option for you.

It is important to wait until your bones begin to heal and fuse together before returning to normal activity. This may take 6 weeks to begin and as long as several months. If you work at a desk job, you may return to work generally in 4 to 6 weeks; 4 to 6 months for more physical jobs.

Surgical risks

Spinal stenosis surgery carries the same risks as any major surgery. Complications such as infection, pain, nerve damage or disc inflammation can occur. Talk with your surgeon to make sure you understand the risks and benefits of the recommended stenosis treatment for you.

Terms to know

Decompressive laminectomy – surgical procedure that removes the “roof” of the vertebrae to relieve pressure on the spinal cord and/or the nerves.

Spinal fusion – surgery that joins together two or more vertebral bones to stabilize the spine.

Spinal stenosis – narrowing of the normal spaces needed for the spinal cord and other nerves.