

Patient Guide to **Stenosis**



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Stenosis

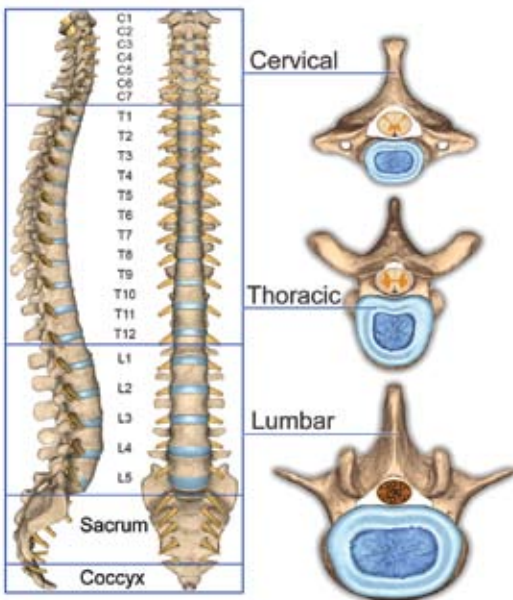


Description:

Stenosis is a narrowing of the spinal canal or the foramen, the opening through which nerve roots pass. Stenosis can develop in any area of the spine.

Degenerative changes in the spine, a collapsed disc, bone spurs, or cysts can cause the spinal canal to narrow. This narrowing places pressure on the nerve roots and/or spinal cord, often resulting in pain.

Spine Anatomy:





Symptoms:

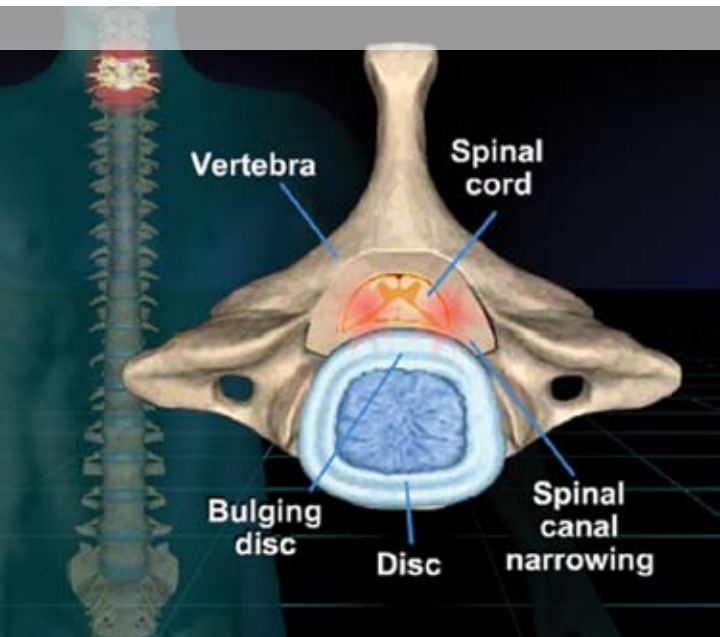
Cervical

- Stiffness in neck
- Weakness in arms causing difficulty using the hands
- Pain and Numbness in hands and/or arms

Lumbar

- Tired, heavy feeling in back, buttocks, and legs while walking or standing
- Cramping sensation in these areas
- Decreased walking due to weakness, numbness or pain in legs

Cervical Vertebra:





Causes:

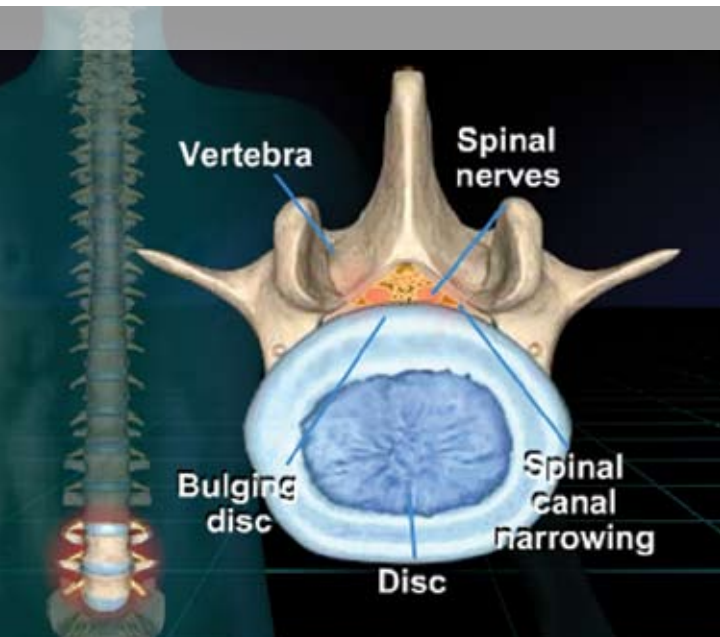
Cervical

- Arthritic changes in neck
- Bone spurs push on nerves and spinal cord
- Compression can be caused by large disc herniations

Lumbar

- Degenerative changes limit nerve space; lack of blood supply induces symptoms

Lumbar Vertebra:





Possible Treatment Options

Non Operative Treatment

Medications, physical therapy or spinal cortisone injections are indicated for pain relief. Surgery can be considered for those who do not improve.

Cervical Laminectomy

Spinous process and lamina are removed to decrease pressure on spinal cord. Instrumentation can be used to ensure stability.

Lumbar Decompression

This procedure involves removing all or portions of the lamina, removing bone spurs and/or enlarging foramen to relieve pressure or compression on the nerve roots or spinal cord. This pressure often is the cause of the pain.

Decompression & Posterolateral Fusion

Often times, in addition to a decompression, your surgeon will perform an instrumented posterolateral fusion by inserting a series of screws and rods coupled with the placement of a bone graft. This fusion provides increased spinal stability.

Anterior Lumbar Interbody Fusion (ALIF)

The surgical approach is from the front of the abdomen. Once the exposure is made, surgical instruments are used to remove the disc material causing the nerve compression. Once this material is removed, an interbody cage or bone spacer is placed at the disc site filled with bone graft. The vertebral bodies above and below are frequently put under compression to aid in the subsequent spinal fusion.

Posterior Transforaminal Interbody Fusion

The same procedure as the ALIF but the approach and exposure are performed from the back. Just as in an ALIF, the disc material is removed and an interbody device is inserted. Compression through the use of pedicle screws is frequently achieved to aid in fusion.



At Stryker, we bring patients and physicians products that help make spinal surgery and recovery simpler, faster, and more effective. We are dedicated to the principle of “responsible science,” so you can be sure that our products and procedures are fully tested and clinically proven to help people lead healthier, more active lives.

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Patient education is important prior to any surgery. A patient who is well informed of their spinal surgery procedure, and has an understanding of what to expect, is more likely to be satisfied with their clinical outcome. To assist the patient in their patient education, Stryker has provided this educational brochure as a companion to the patient education website: <http://www.understandspinesurgery.com>. This brochure was created to inform on a very basic level and any instrumentation shown is meant to be illustrative of spinal instrumentation in a generic sense and does not endorse any particular system over another.

The information presented in this brochure is for educational purposes only. Stryker is not dispensing medical advice. Please speak to your doctor to decide if spinal surgery is right for you. Only your doctor can make the medical judgment regarding which products and treatments are right for your own individual condition.

As with any surgery, spinal procedures carry certain risks. Your surgeon will explain all the possible complications of the surgery, as well as side effects. Each spinal surgery patient will experience a different post-operative activity level, depending upon their own individual clinical factors. Your doctor will help counsel you about how to best maintain your activities in order to recover properly from your surgery. Such activities include not engaging in high-impact activities that could de-stabilize any instrumentation that may have been implanted.

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