

Guideline for Hospital Admission

Ministry of Public Health - Lebanon

Guideline for Laminectomy

A clear algorithm of treatment should be written, since the decision for surgery is usually made after failure of conservative treatment.

Indication for immediate surgery

- Cauda equina syndrome
- Intractable Radicular pain
- Progression of motor weakness
- Magnetic resonance imaging (MRI) to confirm extruded disk with nerve root displacement.

- Detailed report from the physician explaining the clinical findings
 - Sensation: Feeling pain radiating below the knee (calf or lower), not just referred pain (pain radiating to buttocks or thighs), and dermatological sensory loss
 - Straight leg raising test (sitting and supine), productive of leg pain
 - Motor strength and deep tendon reflexes
 - Document flexibility/range of motion (ROM) (fingertip test), muscle atrophy (calf measurement), local areas of tenderness, visual pain analog, and sensation alternation.
 - History of disease and conservative treatment.
- EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 4 to 8 weeks conservative therapy, but EMGs are not necessary if radiculopathy is already clinically obvious.

So in addition to radiological evidence of disc disease, one should provide evidence of failure of conservative treatment.

References

Manchianti L, Boswell MV, Singh V et al, Comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain. Pain Physicians 2009 Jul-Aug; 12(4): 699-802.

Checklist:

Admission for Surgery		
	Present	Absent
Cauda equine syndrome		
Intractable radicular pain		
Motor weakness		
MRI evidence of extruded disk with nerve root displacement.		
EMGs (electromyography) may be useful to obtain unequivocal evidence of radiculopathy,		
Physician report about the disease describing:		
Abnormal sensastion		
Abnormal Straight leg raising test		
Abnormal Motor strength and deep tendon reflexes.		
Other anomalies		
