Dorsal cervical laminectomy

Decompression from the back of the neck | Dogs

When spinal cord compression lies above or to one side of the cord, a surgeon may approach the neck from above rather than through a ventral slot.

About the procedure

Why is the spinal cord being compressed?

In some dogs, the bony arch or joints around the neck grow or change shape and reduce space for the spinal cord. This may occur with cervical spondylomyelopathy, often called wobbler syndrome. Other causes include selected laterally placed disc extrusions or abnormalities of the tissues around the cord. Dogs may walk unsteadily, take short front-leg steps or struggle to stand.

How is the best approach chosen?

A neurological examination and MRI, often with CT for bone detail, help locate the compression. The number of affected levels, whether pressure is from above or below, and whether movement contributes to the problem matter. Some dogs have several abnormalities; the surgeon must determine which ones explain the signs.

What does dorsal cervical laminectomy involve?

The surgeon approaches through the muscles on the back of the neck and removes part of the bony roof of one or more affected vertebrae. This creates space for the spinal cord. A more one-sided opening may be used for selected lesions. Additional decompression or stabilisation may be required depending on the cause and the amount of bone removed.

What are the alternatives?

Dogs with mild or stable signs may be managed with restricted activity, medication and monitored rehabilitation. Other cases may benefit from ventral slot surgery, distraction and stabilisation, or other approaches. Surgery is generally considered when clinical signs and imaging support meaningful compression, particularly if signs progress.

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Recovery, risks and home care

Recovery and home care

Expected outcome

The aim is to reduce pressure and preserve or improve function. Recovery can be prolonged, especially in large dogs with chronic disease or severe weakness. Some dogs do not improve or need long-term assistance.

More common or important ongoing problems

A temporary decline in walking ability after surgery is particularly important and can be substantial; some dogs initially need more support than before. Neck soreness, muscle swelling, wound fluid, continued wobbliness and incomplete improvement are also recognised.

Less common but potentially serious complications

Spinal cord or nerve injury, significant bleeding, infection, persistent or recurrent compression, instability and permanent worsening or paralysis can occur. If breathing is affected, intensive support may be needed. Revision or further stabilisation may be necessary; severe complications can be fatal.

Home nursing and activity

Arrange a safe padded recovery area and sufficient help to move your dog. Use a harness, avoid neck pulling, and follow instructions for assisted standing and toileting. No jumping or stairs. Immobile dogs need skin checks, turning, bladder care and appropriate bedding. Never force neck exercises.

Follow-up and recovery

Hospitalisation may be needed for monitoring and assisted nursing, especially if function initially worsens. Wound and neurological review often occurs within 10–14 days. Rehabilitation may take months, with controlled activity based on the surgeon's assessment. Additional imaging is needed if progress is unexpectedly poor.

When to contact the practice

Report worsening movement, uncontrolled pain, inability to urinate or wound discharge without delay. Breathing changes, collapse or rapid loss of limb function require emergency care.

Questions to ask your vet

Why is a dorsal approach appropriate? How likely is early worsening in this case? What help will I need if my dog cannot stand?

Discussing risks and complications

As with any surgical procedure, complications can occur. Your surgeon will discuss the possible complications, individual risks and expected outcome for your pet during the pre-operative consultation.

General anaesthesia can cause serious complications, including death. Your veterinary team will explain individual risks and alternatives.

Important information

Follow the personalised discharge plan; this sheet is not a consent form. Contact your own practice or its out-of-hours service for urgent care.