Cervical Spine Surgery factsheet

Introducti on

Neck pain is very common and most of us will experience it at some point. With the right approach, basic neck pain can be avoided. This advice booklet will describe some of the basic ways you can prevent neck pain. The spine is made up of 33 small bones, called vertebra, stacked on top of each other in an 'S' shape. Not all spines are the same 'S' shape but they are usually curved at



the neck and lowest part of the back. This shape should be kept in mind when you move to maintain the natural curves in your neck and back whatever you are doing. Each of the vertebrae has a disc in between them which acts like a shock absorber. Spinal nerves pass between each vertebra next to the disc and travel to the arms and legs. These nerves allow us to move our muscles and feel

things at different parts of our body.

What is a disc?

What has happened to my disc?

What is stenosis?

Discs are tough yet flexible and allow the spine to bend and twist. Discs have a central part filled with a rubbery substance called the nucleus. The outside wall is called the annulus which is made from tough and flexible fibres. The annulus is a very strong substance which is usually able to heal and 'reseal' itself after surgery.

If part of the outer wall (annulus) weakens, some of the central part (nucleus) of your disc may herniate / move through it. This can occur in lots of people without them knowing it. This is referred to as disc herniation but can also be called slipped disc, disc bulge, nerve impingeme nt, disc protrusion, or prolapsed disc. Both the annulus and nucleus may press on the

Back and leg pain can sometimes be caused by a condition called stenosis, instead of a problem with the disc. Spinal stenosis is when the spinal canal is too narrow/nerv es become compresse d in the narrowed space.





during surgery? decompre ssion/fixat ion

replacem ent

Expectati ons of surgery

Your surgery will take place in an operating theatre, where you will be put to sleep by an anaesthetis t. The operation is performed under general anaesthetic . Different types of surgery include:

Anterior cervical decompre ssion and fusion (ACDF)

A small incision is made in the front of the neck. The throat structures are moved to the side and the operation is performed between these and

A small incision is made in the back of the neck. A small section of bone and ligament from the spine are removed so the nerves have more space. This is called a laminectom y and will not make your spine weaker. The surgeon may also remove the osteophyte s, this is called a foraminoto my. After completing the spinal decompres sion, the bone removed may be repositione d into a similar

Artificial spinal disc replacemen t involves removing the damaged disc and inserting an artificial disc in its place. The patient is given a general anaesthetic and the procedure is carried out through a cut in the front of the patient's neck. Bone or parts of the disc are removed from around the nerve roots (decompres sion) and the damaged disc or part of the disc is removed. An artificial disc is inserted that aims to

The primary reason for surgery is to prevent further deterioratio n in your symptoms, NOT to improve any symptoms you may already have. If your surgery is for arm pain then you may have good pain relief following surgery. If you have other symptoms such as weakness, muscle wasting and stiffness in the limbs. these are less likely to change and the surgery is primarily to prevent any deterioratio

the blood vessels that are supplying	position as before surgery.		
the brain. The disc that is pressing on the spinal nerve or spinal cord is removed. A bone graft and a cage are used to stabilise the bones and maintain disc height to promote fusion. Once the surgical procedure is completed the incision is closed with either stitches or clips and a sterile bandage applied.	Sometimes, to add stability to the spine following decompres sion, a cervical plate or rod can be placed on the side of the spine and attached using screws. Once the surgical procedure is completed the incision is closed with either stitches or clips and a sterile bandage applied.	allow painless movement between the bones and prevent damage to the adjacent discs over time. Depending on how many discs are affected, a person may have one or more discs in the neck replaced during the same operation.	n in yo sympt

our toms.

Possible complications following spinal surgery

What to expect after the surgery

• Discspace infection this is an infection in the disc that was operated on. It is uncommon and is treated with antibiotics. Nerve damage this is damage to the nerves in your neck which can lead to weakness, pins and needles, temperatur e changes or no feelings in your arms, legs or both. • Bleeding or haematoma (collection of blood). Swallowing problems. • Hoarseness Bone grafts used during surgery may not fuse properly with your bone, this may require further surgery. Bladder and or bowel problems this may lead to incontinenc e (loss of control), which may be temporary or permanent. Dural tears or leaks - this is when the membrane covering the spinal cord (the dura) is damaged. This may lead to nausea, vomiting and

You must remember the main aim of your surgery is to prevent deterioratio n in your symptoms as opposed to fully resolving your symptoms. Some patients do notice some recovery, though this may take several months. Everyone is different. You may experience discomfort around your wound and from spending time in one position. You may also find it difficult to pass urine and so may need a catheter for

If you have had clips to close your wound, the nurses on the ward will arrange a referral for them to be removed usually between 5-10 days after your surgery. An outpatient appointmen t will be made for you to see the surgeon's team about 6 weeks after surgery. It is usually sent to your home address if not given to you in hospital. If you experience any of the following symptoms you should see a doctor

of voice.

headaches. It is usually treated with bed rest.

a short time after surgery. It is normal to be in some discomfort, but let the nurse know if your pain stops you from doing normal things like eating, sleeping, walking and going to the toilet. Soon after your surgery a nurse will come and see you to work on safely getting out of bed and walking. You will be seen by a Physiothera pist who will provide postoperative advice, information on starting to exercise and advise

immediately

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Numbness around your back passage and genital region New onset of bladder or bowel incontinenc е • New numbness, pins and needles or weakness in both arms and legs

when you are ready for home.

ACDF



ACD

Post-operative advice and exercises

Please see post-op advice booklet (in PDF format bellow) for specific post-operative advice on posture, getting in and out of bed,

personal care, domestic activities, travelling / driving, returning to work and returning to exercise / leisure activities.

Post-operative exercises are also included if appropriate, though these may be tailored to individual needs based on your type of surgery.



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Physiotherapy advice Cervical Spinal Surgery







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