

Cervical Spine Surgery factsheet

Introduction

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



Cervical
refers to

Thoracic
refers to
of the r
vertebr

Lumbar
refers to
of the s

Beneath
another
forming
(or tail)

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?

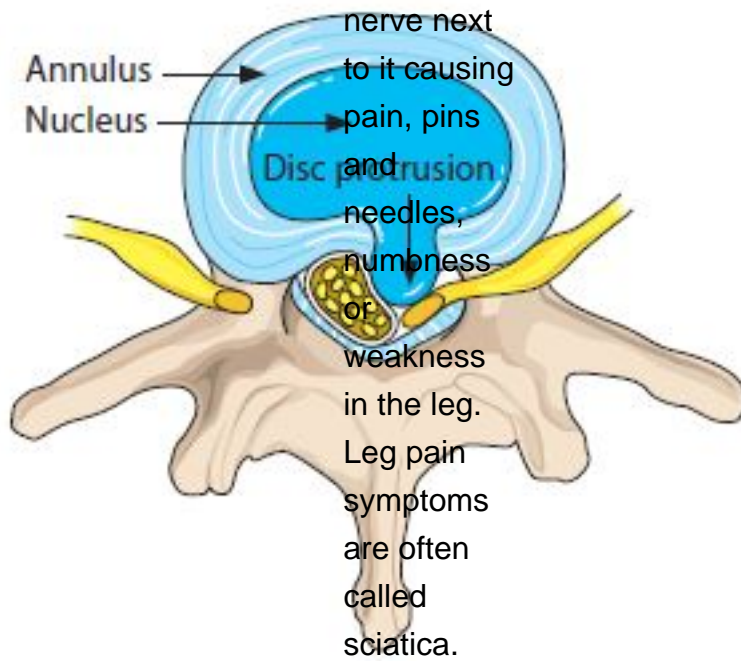
What is
stenosis?

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 impingement, 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/nerves become compressed in the narrowed space.





What happens during surgery?

Posterior cervical decompression/fixation

Disc replacement

Expectations of surgery

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

Anterior cervical decompression 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 laminectomy and will not make your spine weaker.

The surgeon may also remove the osteophytes, this is called a foraminotomy.

After completing the spinal decompression, the bone removed may be repositioned into a similar

Artificial spinal disc replacement 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 (decompression) 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 deterioration 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 deterioration

the blood vessels that are supplying 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.

position as before surgery.

Sometimes, to add stability to the spine following decompression, 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 your symptoms.

[Possible complications following spinal surgery](#)

[What to expect after the surgery](#)

- Disc-space 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, temperature 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 incontinence (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 deterioration 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 appointment 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
Physiotherapist who will
provide
post-
operative
advice,
information
on starting
to exercise
and advise

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

when you
are ready
for home.

ACDF



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.

Physiotherapy advice Cervical Spinal Surgery



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