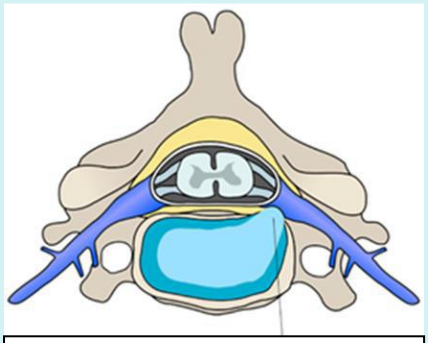
Integrity Spine Care
Compassion and Excellence

Information leaflet

Anterior cervical surgery (V2590/V2282)

You have been added to the waiting list for anterior cervical surgery. This is a group of operations performed on the front of your neck. These include: anterior cervical decompression and fusion (ACDF) , cervical disc replacement (CDR) and cervical corpectomy.



Herniated disc pressing on spinal nerve

Your spine is made of bones called vertebrae. These are connected together by intervertebral discs and facet joints. For various reasons these structures can cause pain in your neck and down your arms. Pain down your arms may be due to pressure on a spinal nerve. This may be due to a protruding disc or a bone spur.

Sometimes disc or bone can press directly on your spinal cord causing weakness and numbness in your arms and legs. If this happens, slowly over time it can cause clumsiness in the hands or unsteady walking. It may also affect your bowel and bladder control.

The aims of surgery are to reduce arm pain and prevent further decline in function. There are other treatments that can help ease arm pain from the neck such as pain-relieving medicines, physiotherapy and spinal injections. Sometimes arm pain from pressure on a spinal nerve will improve on its own without any treatment.

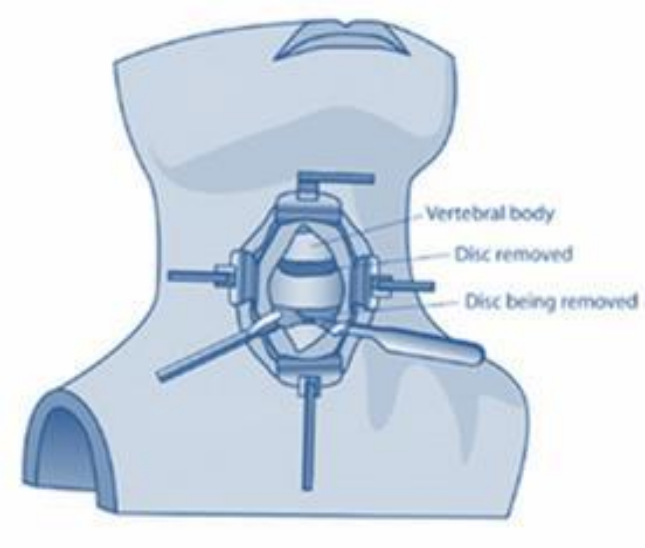
Some procedures can also be done from the back of the neck.

What happens during the procedure?

On the day of your procedure you will see Mr Bateman to confirm you wish to proceed. He may ask you to confirm your symptoms again. The anaesthetist will also see you and give you further details about your anaesthetic.

You will be taken to the operating theatre. You will lie on your back for the procedure. Your head will be placed on a soft ring and your shoulders taped so that Mr Bateman can get x-rays of your spine during the procedure. Mr Bateman will use x-ray to confirm the level of your surgery. If you have a beard, this area will be shaved before the procedure.

When all checks have been completed Mr Bateman will make an incision (cut) on your skin. He will use special instruments to remove disc and bone from your neck. This will make more space for the nerves and spinal cord.



An implant will be used to stabilise the spine and promote fusion. Sometimes a plate will also need to be used for further support. With a CDR operation, the implant used will allow some movement. At the end of the procedure Mr Bateman may insert a drain before closing the skin with stitches that dissolve.

The operation normally takes between 1½ and 3 hours depending on the number of levels involved and the complexity of your spinal problem.

What are the risks?

Anterior cervical surgery is generally considered safe but as with any operation there is a small risk of complications. These may only be rare but you need to be aware of what can go wrong before you agree to the procedure.

- You will have a scar on your neck.
- You will have some difficulty swallowing after surgery. This is due to swelling in your neck. This usually settles after a few days. You should avoid eating large chunks of food during the first few days following your surgery. Persistent swallowing difficulties or injury to your oesophagus can occur very rarely.
- You will have a hoarse voice after surgery. This is due to swelling in your neck. It can take up to a few weeks for your voice to return to its normal quality. Sometimes, the nerve (recurrent laryngeal nerve) that controls your vocal cords can be bruised or damaged during the procedure. If this happens, you may have a persistent change in your voice.
- Approximately 10% of patients may have on-going arm pain or a return of pain after what is technically a successful operation. We don't always know why this happens. It may be due to scar tissue forming around the nerve.
- The risk of infection is around 1 - 2%. A superficial wound infection usually settles readily with antibiotics. A deep infection can be more difficult to treat and may require a long course of antibiotics and possibly further surgery.
- There is usually only a small amount of blood loss with this procedure but heavy bleeding can occur. This may be due to damage to the vessels in your neck. Very rarely, patients may require a blood transfusion. Major vessel injury is a rare but potentially life-threatening complication.
- Extremely rarely, bleeding into the spinal canal may cause an epidural haematoma. If this occurs it can compress the spinal cord and may cause

paralysis. This may require further surgery to address the problem but the paralysis is not always reversible.

- Deep vein thrombosis is another possible problem. It is very uncommon but can go to the lungs and cause serious or life threatening problems. To reduce your risk you will be given special stockings to wear. You should move your legs and feet as soon as you can after the procedure. Walking around as soon as you are able will also help.
- During the procedure the spinal cord or spinal nerves can be injured. This is very rare and can be temporary or permanent. Spinal cord injury may cause paralysis with or without a loss of bladder and bowel control. Spinal nerve injury can cause numbness or weakness in the arms. These symptoms do not always improve with time.
- Neck pain may persist or even worsen despite your surgery. This often takes the form of grumbling, nuisance neck ache and is not normally disabling.
- There is a small risk of injury to the protective coating (dura) around the spinal cord and nerves. This may need repair during the procedure. It can cause a headache for a few days. It should not cause any long-term problems but may slow down your initial recovery. Very rarely the fluid around the nerves can leak. If this happens, it may require a lumbar drain or further surgery.

The risks of a general anaesthetic include:

- Common temporary side effects including bruising or pain in the area of injections, blurred vision and sickness, these can often be treated and clear quickly.
- Infrequent (less than 1%) complications including temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems speaking. There is a small risk of stroke.

- Extremely rare and serious complications (less than 1 in 10,000) including severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box.

If you are concerned about any of these risks, or have any further queries, please speak to Mr Bateman.

What happens after the procedure?

Following surgery you will be taken to the recovery area. This is where you are monitored for the initial period after surgery. You will then be taken to the ward. You can sit up after the operation and begin to move around as soon as you feel able to. Please ask for assistance to begin with.

You may see a physiotherapist who will show you some exercises to help with your recovery. You should continue these at home.

If you have any concerns about your walking, numbness or controlling your bladder/bowel, please tell a member of staff.

If you have a drain, it will be removed the day after surgery. You will be given special stockings to minimise the risk of blood clots. You will need to arrange for a responsible adult to collect you from hospital, preferably in a car. Travel on public transport is not recommended. Some people are able to go home the same day as their operation but most people will go home the day after their operation. Occasionally a slightly longer stay is required.

Pain relief

It is usual to feel some pain after this operation. Take either the painkillers you were given from the hospital or a mild painkiller such as Paracetamol - follow the manufacturer's

instructions and do not exceed the stated dose. You should continue to take painkillers for any pain you experience after your surgery. It is best to control your pain well to allow rehabilitation exercises.

Personal hygiene

You can shower as normal but dry the surgical area well. Avoid soaking the area in the bath until the wound is fully healed.

Time off work

You can return to work as soon as your symptoms allow. This is usually around 2 - 4 weeks for non-manual type jobs and 6 weeks for more physical jobs. Should it be required, the hospital will issue you with a Fit Note to cover your stay in hospital and the recognised recovery period.

Returning to normal activities

You should avoid contact sports for at least 3 months following surgery.

Driving

You are safe to drive once your pain has settled and you are able to safely control your vehicle and perform an emergency stop. This is usually around 2 - 4 weeks after surgery.

Further appointment

Mr Bateman will see you in the clinic around 6 weeks after your surgery. You may require an x-ray at that point. If you have any concerns before your appointment you can contact the ward.

Will it work?

If you are experiencing arm pain then there is an 80% chance of significant improvement in your arm symptoms. Neck pain does not always improve and may in some rare cases get worse.

If you have poor balance and clumsiness the surgery has a very good chance of stopping things getting worse. Some improvement is seen in around 50% of people but is much more difficult to predict. Very few patients notice a big improvement in these symptoms.