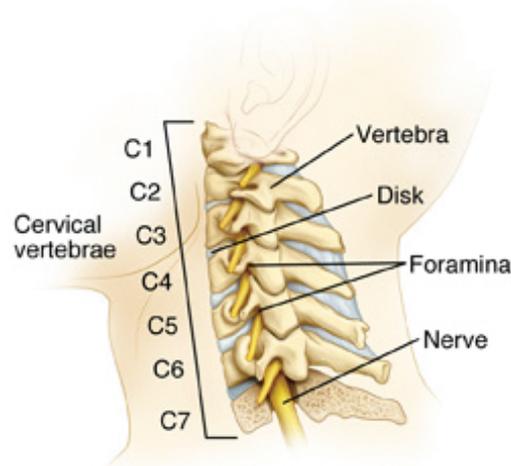


# Cervical Spine surgery

Most people will have some degree of 'wear and tear' in their spine (backbone), especially as they get older. A few people develop symptoms that may require an operation.

The spine is made up of 33 bones known as vertebrae. These bones surround and protect the spinal cord. The bones are held together by tough bands of tissue called ligaments. There are small discs of cartilage with a soft jelly-like centre that help absorb shock and minimise friction between the vertebrae. Your nerve roots pass through openings between the vertebrae.



The top part of the spine (your neck) is known as the cervical spine.

## What is cervical spine (neck) surgery?

### 1. An anterior cervical discectomy (ACD)

An anterior cervical discectomy is an operation to remove a damaged disc. Sometimes the space left after removing the disc will be filled with a metal or synthetic implant (c-space) to help keep the vertebrae together. This is usually done if more than one disc is removed and is called an anterior cervical discectomy with fusion (ACDF) or c-space. In this situation the operation is carried out from the front of your neck.

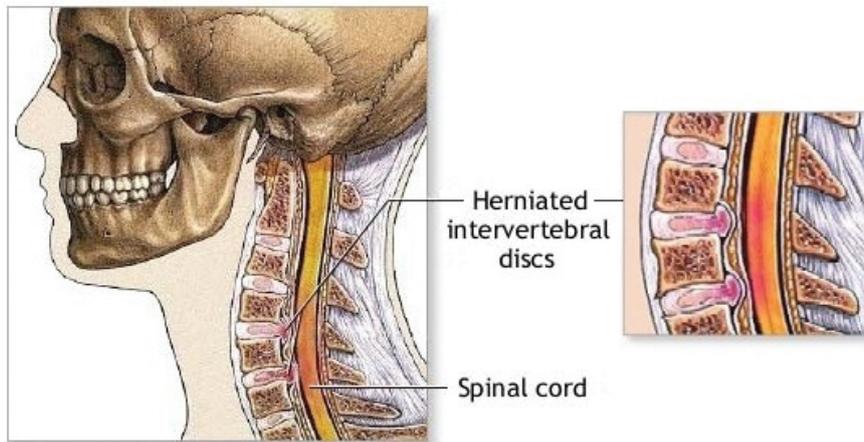
### 2. A cervical laminectomy

This is the removal of parts of the bone to relieve pressure on the spinal cord or nerves.

It is usually carried out because of a narrowing of channels through which the nerves and spinal cord run known as spinal stenosis. This operation is carried out from the back of your neck.

### 3. A foraminotomy

This operation involves removing a small piece of bone from around the nerves (the neural foramen) to allow more space for the nerves and to release trapped nerve roots. This operation is carried out from the back of your neck.



## What are the common reasons for cervical spine surgery?

**A slipped disc:** sometimes discs get damaged and the tough outer ring of the disc tears. The jelly-like centre bulges through the tear (slipped disc) and presses on the spinal cord or nerve roots (see diagram above). This can cause pain in the neck and shoulder, radiating down the arm to the fingers of the affected hand. You may experience sensory changes such as numbness and pins and needles. You may also find you have some weakness due to the nerve being damaged. Sometimes the pressure can cause weakness in your arms and your legs.

Surgery is offered if treatment such as pain killers, rest and physiotherapy is unsuccessful and if your symptoms fail to settle on their own.

**Cervical spondylosis:** 'Wear and tear' and deterioration of the cervical spine is often described as cervical spondylosis. The discs between each vertebrae, which act as support when we move around and carry loads, tend to dry up, lose height and may fragment. This puts increased stress on the surrounding structures and bony outgrowths and ridges (osteophytes) can form at the disc edges. These can cause narrowing of the spinal canal, trapping spinal nerves.

## What are the benefits of having surgery?

Your consultant will only offer an operation if they think that your condition will be improved by the surgery. If you have nerve or cord compression, your worsening symptoms should be halted but not always cured. If you do not have surgery, further compression could cause you more pain and may result in disability.

## Are there any alternatives to surgery?

Sometimes rest, physical therapy and pain management can help. It is best to discuss the alternatives with your consultant.

## What is the pre-assessment clinic?

Before you are admitted to hospital for your operation you will be asked to attend the pre-assessment clinic. At the clinic you will be asked routine medical and lifestyle questions. You will have your blood pressure taken and a blood test and you may have

a recording of your heart (ECG). You will have a swab taken from your nose and groin to screen for MRSA bacteria.

This clinic is to assess if you are fit for surgery and gives you an opportunity to ask any questions you may have. It is sometimes necessary to refer you onto an anaesthetist prior to your operation. The nurse will also discuss and advise you on what to expect when you go home after your surgery.

## What happens if my symptoms improve before I am admitted for Surgery?

It is possible that symptoms can improve so that surgery is not necessary.

If there are major changes in your symptoms then contact the patient access team on **01444 441881 Ext. 8712**

Please be aware that emergency operations need to take priority therefore your admission or your surgery may unfortunately be delayed or postponed to another day.

## What should I know before I give my consent for surgery?

By law we must obtain your written consent before your surgery. Your consultant or their registrar will explain what your operation involves including what the benefits are and any risks involved before asking you to sign the consent form. You must make sure you understand and if you have any queries before going to theatre or you are unsure about any aspect of the treatment proposed, you must discuss these with your consultant or his registrar. The operation will be done by your consultant or a registrar.

## What are the risks involved with cervical spine surgery?

There are risks with any form of surgery, especially those requiring a general anaesthetic. The risks of general anaesthetic in fit and healthy people are very low. If you have heart and/or chest problems the risks may be more significant and these problems will need to be discussed with the anaesthetist and the surgical team.

You may be concerned about possible damage to the spinal cord or main nerves coming from the spine during surgery. We hope never to cause any injury to the spinal nerves but a nerve may be accidentally damaged or there may be some bruising to the spinal cord, which in most cases will recover. Very rarely there is a risk of paralysis to varying degrees including weakness and numbness or problems with bowel and bladder control.

There may be some bleeding from the veins around the nerves. This sometimes requires a blood transfusion. Bleeding can also cause swelling and if surgery is done through the front of the neck this can occasionally affect your breathing and you may need to be taken back to theatre. There is also a small risk of infection after your surgery. If you develop an infection you will be given antibiotics. Neck pain can arise from deterioration in the muscles, joints and ligaments. In such cases symptoms can

still continue after surgery and other forms of treatment may need to be explored. In most cases the results of surgery are favourable and beneficial.

Occasionally in some people the chances of success are less certain. If this is the case with you your consultant will discuss this with you. It can however, take several weeks and sometimes months for symptoms to improve depending how damaged the nerve is. Sometimes surgery can make people worse and neck pain may be aggravated.

It is most important to recognise that surgery cannot be guaranteed to relieve everyone's symptoms and in a few it may not help at all.

Any operation may carry a risk of serious complications, but these risks are usually low and the vast majority of patients will benefit from surgery.

**The Neurosurgical ward deals with emergencies from across Sussex and the South East of England. Therefore, if an emergency needs to take priority your admission or your surgery may unfortunately be delayed or postponed to another day.**

## What happens on the day of my operation?

Depending upon the time you are expected to go to theatre you will be told when to have nothing to eat or drink, this includes no chewing of gum. You may be given a small sip of water to take with any medication that you may be prescribed.

Before going to theatre you will be asked to change into a hospital gown. Ladies are asked to remove makeup and asked not to apply face moisturisers or creams, also to remove nail varnish including that on false finger nails (you do not have to remove the nails). Jewellery including body piercing must be removed. You may be asked to wear some special socks which are designed to improve your circulation. It is wise not to cross your legs while you are in bed for the same reason.

After putting on your gown we ask that you remain quietly in your bed.

Your nurse will check your details and suggest you go to the toilet.

This will help you feel more comfortable after surgery.

You will be accompanied to theatre by a member of the theatre staff.

Your operation typically will take between 2-4 hours.

## What happens after the surgery?

You will wake up in the theatre recovery area where you will have a nurse with you. You will have a small clear mask over your nose to give you oxygen. We would like you to keep this on until you are fully recovered from the anaesthetic. You will also be given fluids through a small tube in one of your veins. This tube will have been put in by the anaesthetist or their assistant before your surgery. Most people do not find this uncomfortable and it is usually removed the next day once you are drinking well. Whilst in recovery you will be offered small sips of water.

You may also have a small drain in your wound site which is usually removed the next day. Your blood pressure and pulse will be monitored and you will be regularly asked by your nurse to move your arms and to grip their hands. You will also have the sensation in your arms assessed. Your nurse will ensure that you are given something for any pain or sickness you have. The nursing staff will give you painkillers if you need them. Please tell your nurse if you have any other problems (such as constipation) so these can be treated.

You will be taken back to the ward you came from when you are fully awake.

## Are swallowing problems common after this type of surgery?

If your operation has been carried out through the front of your neck (anterior) you may find swallowing a little painful to begin with and you may have a sore throat, this is because there is bruising, swelling and inflammation inside your throat after this type of surgery.

You may be at greater risk of developing swallowing problems if your surgery involves two or more vertebrae. You may also feel slight spasms in your throat as you recover. This usually settles after a few days but talk to your doctor if you are concerned. It is unusual for these swallowing problems to continue beyond 6 – 8 weeks after surgery. If this occurs, choose soft, easy to swallow foods and don't rush when having drinks or meals.

You may be referred to the speech and language therapist to assess your eating and drinking if this becomes a problem and it may be necessary to take an x-ray of your swallow to identify any problems you are experiencing.

Following this assessment the speech and language therapist (SALT) will offer advice on the best way to eat and drink safely.

## What can help?

- Sit upright for all eating and drinking.
- Don't rush drinks or meals.
- Avoid distractions so you can concentrate on swallowing.
- Choose soft, easy swallow options from the menu – eg porridge, yoghurt, crustless sandwiches with soft, moist fillings, scrambled eggs, soft pasta with smooth sauces etc).
- Add extra gravy, sauce, custard etc.
- Sometimes pureed food may be necessary for a few days immediately after surgery.
- Avoid mixed consistencies eg soups and juices with bits in.
- Sometimes it may be necessary to drink thickened drinks such as smoothies.
- If swallowing is painful you may need to take your pain killers about 20 minutes before eating or drinking.
- If you find swallowing tablets difficult then ask your GP to prescribe them in a liquid or crushable form.

## When will I be discharged home?

You will be able to go home as soon as you are up and about. This is usually a day after your surgery. Depending on how extensive your surgery was.

Sometimes you may even be able to go home the day after your surgery, if the doctors are satisfied with your recovery.

You will need someone to take you home, and if you live alone it is important to have someone at home with you for a day or 2 for support while you recover. If your swallowing problems are persisting your **(write SALT out in full before abbreviating thereafter)** SALT will refer you to a local speech and language therapist for follow up. Your SALT will give you written advice about how best to continue with safe eating and drinking. Your SALT will telephone you at home to see how you are managing and you can phone him/her at any time after discharge if you have any worries about your swallowing.

## When will my stitches be removed?

If you have stitches or clips, these will usually be removed seven days after your surgery. you must make arrangements for them to be removed by the practice nurse at your doctor's surgery. Most consultants use stitches under the skin that dissolve and small strips of tape (called steristrips) on top of the wound. These steristrips can be removed by yourself or the nurse at your general practitioner (GP) surgery once you go home.

You may experience some tingling, numbness, tightness or some itching around the wound. These feelings are all part of the healing process. If your wound becomes red, inflamed or is leaking then you should contact your GP as soon as possible.

## When can I start to exercise?

When you go home, you must take things easy for a few weeks and gradually return to your usual activities as you feel able to do so. If you have any particular concerns about exercise it is advisable to ask before you go home.

You are advised not to take any form of physical exercise such as going to the gym, golf, running etc. for two to three months or until you have your outpatient appointment with your consultant.

## When can I go back to work?

Depending what type of work you do, it is advisable not to return to work for two to three months. Discuss this with your consultant who may advise you to return to work gradually. If you feel well enough to return to work before this time then you must discuss this with your GP.

## Will I see my consultant after I have been discharged?

You will be given an outpatient appointment to see your consultant or his/her registrar about three months after your surgery. You may still be experiencing symptoms of neck pain as your body is still recovering. Your consultant can discuss your progress with you and answer any questions you may have. He will advise you on whether to return to work if you have not already done so, and whether you can resume any physical activities.

## Common questions often asked after surgery.

### When can I bath or shower?

It is advisable to keep your wound covered until your stitches, clips or steristrips have been removed.

A waterproof dressing can be used so that you can have a shower. Once your wound is healed you may shower, but avoid soaking or rubbing your wound for a few weeks.

### When can I walk the dog?

If your dog is large and likely to pull you, it is advisable to wait at least six weeks after surgery or until you have your check up with your consultant. If your dog is small we suggest you wait at least two weeks after surgery.

### When can I resume driving?

To allow your neck to recover we would advise you not to resume driving for two weeks and then only for short distances. You should not drive until you feel comfortable, have good neck movement and that you could perform an emergency stop. You should also not drive if you are still wearing a collar.

### When can I travel or fly?

We advise you not to travel long distances or fly for two to four weeks after your surgery depending what you have had done.

You should not fly until you have discussed this with your consultant.

Try to make sure that you can walk about on the plane and, if travelling by a car, make frequent stops to get out and walk about.

### When can I lift anything heavy?

We advise you not to lift anything heavy for at least three months, or until you have seen your consultant in the outpatient clinic.

## Where do I get my sick certificates from?

You can get sickness certificates for the time you are in hospital and for two weeks post-surgery from the neurosurgery ward clerk. Once you have been discharged your GP will be sent details of your surgery and will continue your sickness certificates until you return to work.

## When can I resume sexual activities?

As long as you are comfortable and not in pain, you may resume sexual activities. Most patients do not feel comfortable within the first two weeks of surgery.

## When can I pick up my baby?

We advise you to refer to the advice from the physiotherapists on how to lift correctly. However for the first few weeks it is advisable to have someone hand the baby over to you once you are sitting comfortably.

## What medicine will I take home?

Nursing staff will explain which medicine you need to take when you go home. A supply of these will be given to you before you go home. You will need to visit your GP for any repeat prescriptions you may need.

## What should I do if I want further information?

If you have problems or any questions immediately after you go home please call the ward where you had your operation. If a problem occurs after a few days at home please contact your own family doctor or practice nurse for advice. It is important to remember that your GP will continue to provide any care you may need when you return home.

## Where can I find further information?

The Brain and Spine Foundation have a booklet called Back and Neck Pain. This can be ordered free of charge by calling their helpline number: **0808 808 1000**. Or can be downloaded from their website: [www.brainandspine.org](http://www.brainandspine.org)

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### Disclaimer

The information in this leaflet is for guidance purposes only and is in no way intended to replace professional clinical advice by a qualified practitioner.

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