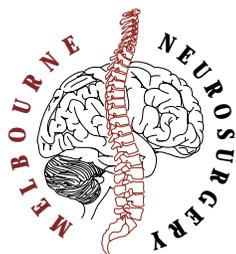


INFORMATION LEAFLET

CERVICAL SPINAL CORD COMPRESSION AND MYELOPATHY



What is CERVICAL MYELOPATHY ?

This is the pattern of symptoms and signs that usually occur when the spinal cord is compressed in either the neck (cervical) or chest (thoracic) region. The pattern of symptoms may occur from problems within the cord and compression is not always the cause. This may be progressive or acute. If it is acute in onset then the symptoms are obvious immediately. If it is progressive it may be difficult to notice the symptoms coming on as they may be so slow. Usually it is someone around you who notices some of the problems.

WHAT ARE THE SYMPTOMS ?

Although the problem comes from the degeneration in the neck, neck pain is uncommon. The problems generally occur in the arms (particularly the hands) and the legs.

THE ARMS

Weakness in the hands, difficulty working with them. Difficulty lifting a cup of coffee without spilling it. The hands start to feel numb and clumsy to the point that it is hard to do up your buttons. Sometimes the diagnosis of Carpal Tunnel Syndrome is made prior to the neck being investigated.

THE LEGS

The first symptom is usually the inability to run. As you get older you do not do this frequently so it is often missed. As things get worse you find that your legs start to get stiff and jumpy. When you walk quickly you start to stiffen up and fall over your own feet. This slows you down. Gradually they get weak, particularly at the top of the legs. With time the feet start to go numb and you have to watch where you put them as you can no longer tell where they are without looking. The numbness in the legs can start to ascend up to the trunk.

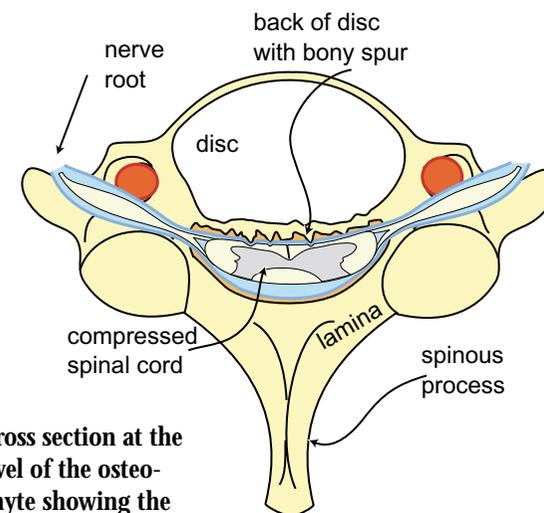
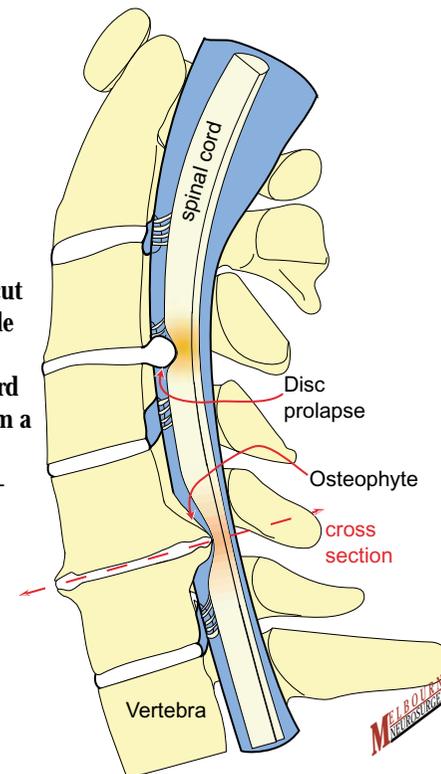
WHAT CAUSES THE PROBLEM ?

There are two main reasons

- (i) Acute cervical disc prolapse
- (ii) Chronic degeneration in the neck with either single or multiple levels of compression from spurs (osteophytes).

Cervical spine cut down the middle

Showing the cord compressed from a disc prolapse at C3/4 and osteophyte (spur) at C5/6



Cross section at the level of the osteophyte showing the compression of the spinal cord

Some of the other things that can cause it are

- (i) Tumours in or around the spinal cord
- (ii) Infection around the spinal cord
- (iii) Trauma to the spinal cord
- (iv) Vascular lesions in or around the spinal cord
- (v) Some neurological conditions

HOW IS THIS DIAGNOSED ?

Your doctor will usually make the diagnosis of myelopathy from the symptoms that you have. The finding when he examines you confirm the diagnosis.

When the possibility is raised that you have cervical myelopathy you will need to have some tests.

PLAIN X-RAYS

These are often the first test. These show that the discs have lost height, that there may be spurs (osteophytes) and that the spine may no longer be straight.

CAT SCAN

This is usually next. This is a computerised X ray of your neck that will show how much the diameter of the canal is reduced and how far out the discs are.

You are referred to a specialist after the CAT scan in most cases and they organise any further investigations.

M.R.I. (Magnetic Resonance Imaging)

This is the next test. It produces pictures like the CAT scan but they are generated using a magnetic field and not using radiation. This test is not always needed if the CAT scan shows the problem.

CERVICAL CT MYELOGRAM

This is an older test that involves the injection of contrast into the fluid (C.S.F.) around the spinal cord and this is followed by a CAT scan. The contrast makes it easier to see what is going on. This is sometimes used if the M.R.I. is of poor quality or if you cannot have an M.R.I.

The common specialists to be referred to are:

- Neurosurgeons
- Neurologists
- Orthopaedic Surgeons
- Rheumatologists

This is usually for an opinion and for advice and not always for an operation

HOW IS THIS TREATED ?

This depends on:

- How bad your symptoms are
- What type of symptoms you have
- What the specialist finds when he examines you
- How bad the investigations show your spine to be

How bad your symptoms are

If your symptoms are not too bad and there is nothing to find when you are examined to show serious damage then your specialist may recommend a conservative approach.

What type of symptoms you have

If your symptoms are such that you are partially disabled then it is likely that you will have surgery recommended.

What the specialist finds when he examines you

If there is no evidence on examination of damage to the spinal cord then you are unlikely to be offered an operation. If there is severe damage evident then surgery may be recommended.

How bad the investigations show your spine to be

Sometimes the spine is so bad that surgery may actually make things worse and this might be advised against. At other times your symptoms may not be too bad but the test show that the spinal cord is very squashed and this worries us that you may deteriorate very suddenly so surgery may be recommended to prevent this.

IS SURGERY ALWAYS NEEDED ?

It is more common in this condition than in most other spinal problems because the spinal cord is involved. Generally if it is not treated then the condition usually gets worse. How fast it gets worse is not always able to be predicted. Sometimes surgery is unable to stop the progress of the myelopathic symptoms because too much damage has already occurred to the spinal cord before we can decompress it.

IF YOU NEED SURGERY WHAT WILL IT BE ?

THERE ARE THREE TYPES OF OPERATION

The surgeon decides and it depends on many factors

CERVICAL LAMINECTOMY

This is the removal of one or more complete lamina

ANTERIOR CERVICAL DISCECTOMY AND FUSION

This where the disc prolapse and any spurs are removed from the front and the disc replaced with a bone graft.

CERVICAL VERTEBRECTOMY AND FUSION

This is a similar procedure to above and involves the subtotal removal of one or more vertebrae to do the decompression.

FOR ABOVE PROCEDURES SEE THE RELEVANT PROCEDURE LEAFLET

MELBOURNE
NEUROSURGERY
neurosurgery.com.au

545 ROYAL PARADE
PARKVILLE VIC 3052

PHONE 03 9816 - 9844
FACSIMILE 03 9816 - 9877

MELBOURNE NEUROSURGERY
PTY LTD
ACN 082 289 316

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