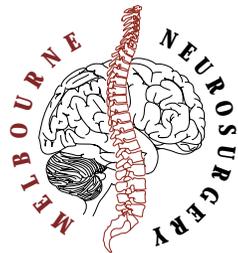


## INFORMATION LEAFLET

# CERVICAL SPONDYLOSIS



### WHAT IS SPONDYLOSIS ?

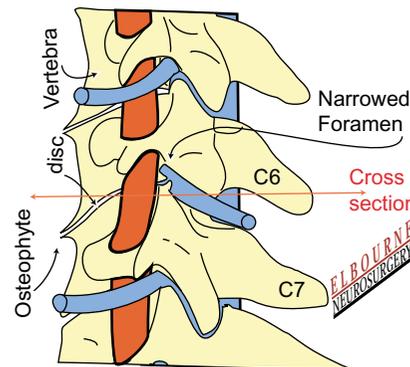
The cervical spine (neck) is made up of blocks of bone (called vertebra) with cushions between them (discs). At the back of the spine are small joints called facet joints (see anatomy leaflet). As you get older the discs start to degenerate and this is a natural process. Some people are more affected by this than others. The end result and the symptoms are given the name CERVICAL SPONDYLOSIS because of the spurs [osteophytes] that the bones form.

### HOW DOES IT CAUSE SYMPTOMS ?

When the disc starts to degenerate the vertebra start to move on each other more than normal. This puts strain on the rest of the disc, its capsule and the facet joints. The body tries to fix this by fusing together the vertebra adjacent to the degenerate disc. This may occur at one or more levels. The edges of the vertebra try to grow bone around the outside of the disc aiming to join the vertebra together and stop movement.

It is this bone that causes some of the problems of spondylosis. It grows into the foramen that allow the nerves to leave the spine to the arm and compresses them [brachialgia (see leaflet)] It may grow back to press on to the spinal cord [cord compression (see leaflet)].

The movement and degenerative process will cause neck discomfort.



Picture of side of neck with a nerve folded back showing spur [osteophyte] in foramen and the osteophytes on the front of the degenerate disc

### WHAT ARE THE SYMPTOMS ?

The main symptoms are:

**Neck Pain** It occurs in the region just above and between the shoulders. It can feel like a burning pain. It is usually worse at the end of the day and is better with movement. It can also occur at the top of the neck and runs up behind the ear or even behind the eye.

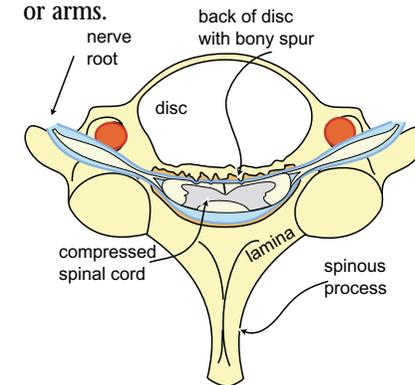
**Headache** This can be a common symptom and is usually on both sides at the back, it can be unilateral.

**Neck Grating** With the bones rubbing on one another there can be the sensation of the rough edges rubbing. This does not cause harm.

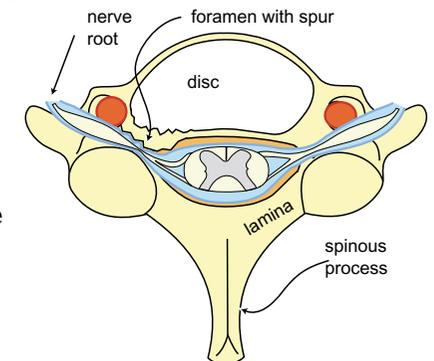
**Shoulder Pain** It is common to get this in the tops of both shoulders and is usually a deep ache.

**Arm Pain** If the pain radiates down the arm it is due either to damage to one of the facet joints [referred pain] or pressure on one of the nerves as it leaves the spines [Brachialgia]

**Problems Walking** Late in your disease if there is pressure on the spinal cord you may develop problems with your legs. Sometimes you can get electric shocks running into your legs or arms.



Cross section showing pressure on the spinal cord



Cross section showing pressure on a nerve root

## HOW IS THIS DIAGNOSED ?

Your doctor will usually make the diagnosis from the symptoms that you have. It does not need any tests in its mild form. If things progress then you may have some tests.

### PLAIN X-RAYS

These are often the first test. These show that the discs have lost height, there may be spurs (osteophytes) and the spine may no longer be straight. It might show that one of your vertebrae is slipping off another (spondylo - listhesis). These confirm the diagnosis. They may show a greater amount of movement between vertebra than is acceptable.

### CAT SCAN

This is usually next. This is a computerised X ray of your neck that will show how affected the spinal cord, nerves and discs are. This is usually only done if surgery is contemplated.

### 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. These are clearer than the CAT scan in looking at the spinal cord and nerves.

### CERVICAL CT MYELOGRAM

This is an older test that involves the injection of contrast into the fluid around the lumbar nerves (C.S.F) 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.

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

The common specialists to be referred to are:

- Neurosurgeons
- Neurologists
- Orthopaedic Surgeons
- Rheumatologists

## HOW IS THIS TREATED ?

This depends on how it is affecting you. If there is no evidence of pressure on the nerves or spinal cord then we try:

**Pain Medication** These should be taken regularly to keep the pain away. It can have a variable response and different patients respond to different drugs.

**Anti Inflammatory Drugs** If you have problems with ulcers (stomach ) or reflux then you cannot take them. These may not work initially (if a nerve is compressed) so if you have stopped them they could be tried again.

**Physiotherapy** There are different types available and you should discuss this with your physiotherapist.

**Exercise** This is important immobility is the worst thing in that it tends to make the symptoms worse. We find that tasks such as sitting for long periods using the computer or driving tend to exacerbate the symptoms. Your physiotherapist will give you a range of exercises to do. Even when you symptoms improve we recommend that you continue the exercises.

**Avoid aggravating factors** There are certain things that typically make the symptoms worse. These include:

Heavy Lifting  
Tasks with little neck movement  
Driving  
Computer use  
Television  
Repetitive tasks

## WHEN IS SURGERY NEEDED ?

Most people do not require surgery as the neck pain symptoms usually resolve spontaneously. This may take some time. If you have no spinal cord or nerve compression symptoms then (see BRACHALGIA and CERVICAL CORD COMPRESSION Leaflets) surgery on the neck is rarely of any benefit. If you do have symptoms of compression it depends on their features as to whether surgery is offered.

## IF YOU NEED SURGERY WHAT WILL IT BE ?

This will depend on the type of symptoms combined with the problems found on Xray. The usual procedures may be:

### ANTERIOR CERVICAL FUSION

Removal of disc and decompression of spinal cord and cervical nerves.

### CERVICAL LAMINECTOMY

Removal of the bone from the back of the neck.

### CERVICAL FORAMENOTOMY

Removal of the bone over the nerve from behind.

Removal of the bone over the nerve from behind.

## FOR ABOVE PROCEDURES SEE THE RELEVANT PROCEDURE LEAFLET

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