MELBOURNE NEUROSURGERY

PROCEDURE INFORMATION

ANTERIOR CERVICAL DISCECTOMY and FUSION

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WHAT IS AN ANTERIOR CERVICAL DISCECTOMY?

Through an incision in the front of the neck the disc between the vertebrae is removed. This may be at one or more levels. This is a complete removal of the disc Sometimes at the same operation the holes that allow the nerves to leave the spine are opened up with a special drill. If there is a boney spur on the back of the disc and vertebrae then this is removed as well.

WHAT IS A FUSION ?

This is where after the disc is removed something is placed into the disc space left behind to cause the vertebra above and below to join together.This to help prevent a recuurence of your symptoms as well as to re-align the shape of the cervical spine. Sometimes a metal plate is placed flush on the vertebrae to keep the bones still until the fusion occurs at about 3 months.

WHAT ARE THE REASONS FOR THE SURGERY ?

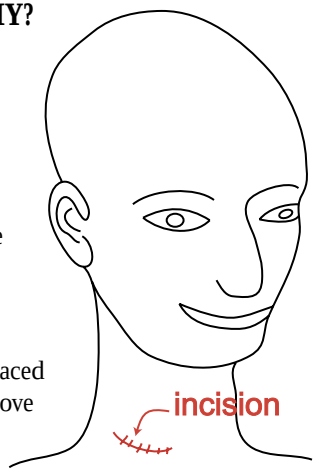
1. Pain/weakness/numbness in the arm
2. Difficulty walking and clumsy hands

the above can be from cervical disc prolapse or boney spur affecting the nerves or spinal cord.

3. Fracture
4. Boney tumour
5. Infection around the spinal cord
   or in the bones of the neck

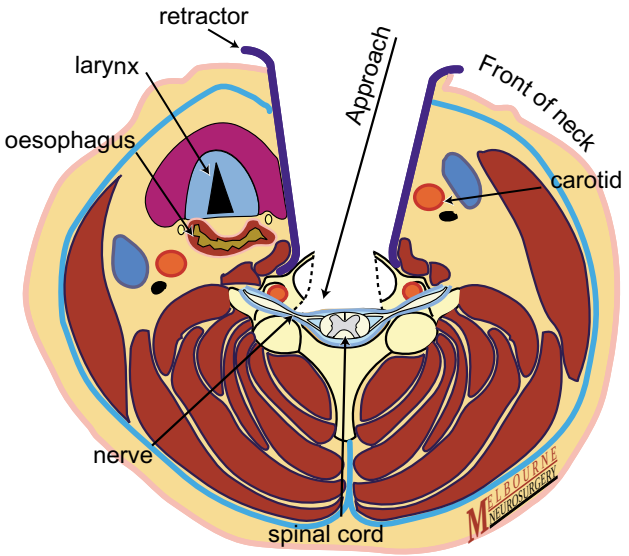
WHAT YOU NEED TO TELL THE DOCTOR BEFORE SURGERY ?

If you have clotting problems.
Any recent new Health problems.
If you are taking blood thinning agents.
e.g. Warfarin/aspirin/anti- inflammatory
Drug or other allergies

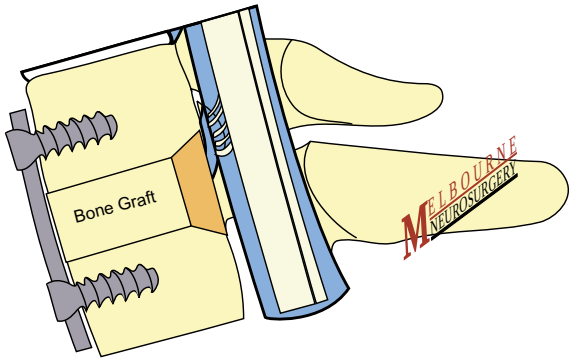


HOW IS IT PERFORMED ?

In the operating theatre you are given a general anaeshetic. Incisions on the neck and hip are marked out. They are prepared with anti-septic. You are covered in drapes so that only the incisions can be seen. Local anaesthetic is injected and then the skin is cut. Initially we cut the muscle on the front of the neck and dissect down to the front of the vertebrae. The carotid artery(main artery to the brain) is moved to one side and the larnyx(voice box)and oesophagus(gullet) are moved to the other side. These are held out of the way with a retractor. The disc is then removed and any spurs on the back of the vertebrae removed. If the holes for the neves are narrow these are opened up with a drill.



The disc space is prepared for the graft which is cut from a bone above the hip. This is then placed in the disc space and a metal plate screwed over the front to hold everything in place. All bleeding is stopped. Everything is then repositioned the way we found it. The skin is then closed either with disolvable sutures or a nylon suture.



WHAT HAPPENS NEXT ?

You will wake up in recovery and after about 1 hour you will be transferred to the ward. You will be wearing a cervical collar. The nursing staff will be continually checking your pulse/blood pressure/limb strenghts and level of alertness looking for any changes to indicate a complication. During the first night on the ward you will be woken for these observations. You will have analgesia from the drip that you control with a button to push(this will be explained pre-operatively).
Sometimes you will have difficulty passing water and you may require a catheter (this may have been inserted during the operation).
In the next day or so the drip in your arm will be removed. Usually this is the day after surgery. The day after surgery you will be encouraged to go for a walk. Gradually over the next two days you will be able to get around as normal.
When you are comfortable you will be able to go home. You will have a Post op Xray of you neck . The sutures are usually dissolvable, if not they are removed 3-5 days after surgery.

HOW LONG WILL YOU BE IN HOSPITAL

Unless you have been admitted as an emergency you may be admitted on the day of surgery or the day before. You will fast from midnight on the day of surgery.
You will be discharged about 3-5 days post-operatively.
On discharge you will be able to perform most tasks of daily living (e.g. showering/dressing/etc.) Depending on how quickly you recover from any preoperative disability you may require rehabilitation.

WHAT YOU SHOULD NOTIFY YOUR DOCTOR OF AFTER SURGERY

Return of you symptoms
Fever
Swelling or infection in the wound.
Weakness or numbness
Neck pain
Clicking in the neck
Increasing difficulty swallowing.

WHAT HAPPENS WHEN YOU GO HOME ?

You probably need to wear a collar for 6 weeks.
You will not be able to drive for 6 weeks.
You will not be able to lift anything heavy.
You may be on anti inflammatory drugs
You will require some analgesia(mostly for the hip wound)
You will have an Xray prior to you review appointment.
You will be reviewed at 4 - 6 weeks post operatively.

WHAT ARE THE RISKS?

Discuss these and others with your surgeon

THE COMMON RISKS ARE

Infection (treated with antibiotics)
Hoarse voice
Difficulty swallowing/damage to oesopahgus
Post operative blood clot requiring drainage.
Damage to a nerve may cause arm pain/weakness/numbness
Damage to the spinal cord to produce paraplegia
Failure of the fusion / Graft collapse or graft resorption
Pain/infection/numbness in hip where graft comes from
Stroke /Death (very unlikley)
Clot in the legs(can travel to the lungs[uncommon])
Complication not related directly to the surgery
e.g. Pneumonia
Heart attack
Urine infection

WILL YOUR SYMPTOMS GET BETTER ?

The reason for the operation is usually to improve or completely remove your symptoms. Sometimes no improvement can be expected and the surgery is to prevent further deterioration(you should discuss this with your surgeon).

If you have severe problems from spinal cord compression then the operation is primarily to prevent you getting worse but most patients will get signifigant improvement (some unfortunately will not improve).

If you have severe arm pain/weaknes and numbness then you should wake up with improvement in your arm pain. The weakness depending on its severity should improve next, sometimes this will not improve completely and may take a few months.The numbness is the last to improve and this is usually incomplete.

YOU WILL BE ASKED TO SIGN A CONSENT FORM TO SAY THAT YOU UNDERSTAND THE RISKS .
IF YOU ARE NOT SURE ASK BEFORE YOU SIGN.

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