Here to help

Our **Health Information Centre (HIC)** provides advice and information on a wide range of health-related topics.

We also offer:

- Services for people with disabilities.
- Information in large print, Braille and Easy Read formats.
- Information on audio tape and CD-ROM.
- A service to provide information in a language other than English.

Contact the **HIC** on: **01392 402071**

For RD&E services log on to: www.rdehospital.nhs.uk

Smoking is not allowed by anyone on any of the RD&E sites.

For information on how to stop smoking, see your GP before coming into hospital or phone the **Stop Smoking Service** on **0845 111 1142**. This is a local service run by NHS Devon.

Patients and visitors involved in, or witness to, an accident on Trust property are encouraged to report it immediately to a staff member so that the matter can be properly reported and dealt with.

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Royal Devon and Exeter NHS
NHS Foundation Trust

Patient Information

Anterior Cervical Surgery

Respond Deliver & Enable

Work

You will usually be off work for 4 weeks. This may be longer depending on your type of work. The hospital can give you a certificate or you can ask your GP.

Lifting

Heavy lifting and carrying should be avoided for 12 weeks.

Follow-up

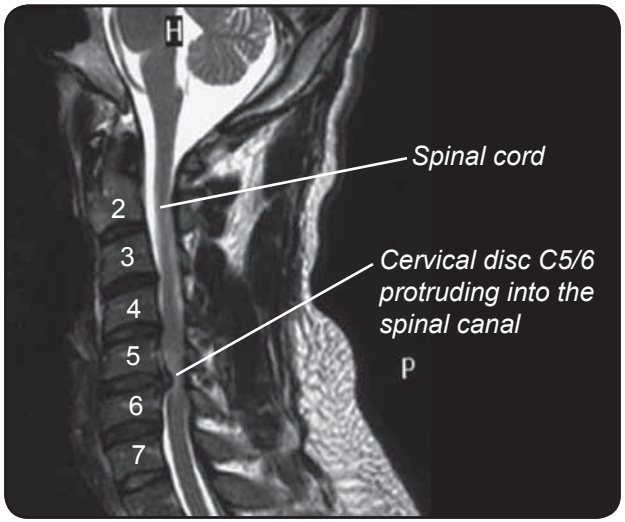
You will be sent an appointment to return to clinic 6-8 weeks after your surgery.

If you have any questions about your procedure, please discuss them with either the ward nurses or a member of your consultant's team.

Contact numbers

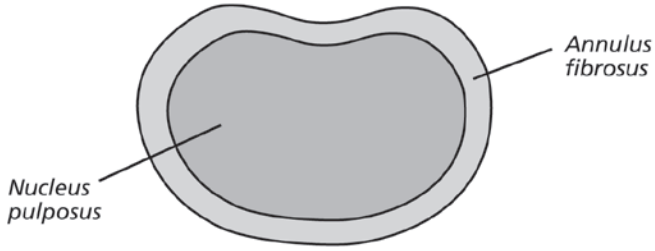
Mr. Chan's secretary 01392 403696
Mr. Hutton's secretary 01392 404773
Mr. Khan's secretary 01392 406352
Mr. Clarke's secretary 01392 406352

Following your recent MRI scan and consultation with your spinal surgeon, you have been diagnosed with having a cervical disc protrusion resulting in nerve root compression (trapped nerve) and arm pain. Occasionally, the disc protrusion can also cause spinal cord compression resulting in weakness in your legs.



This is an example as shown on an MRI scan

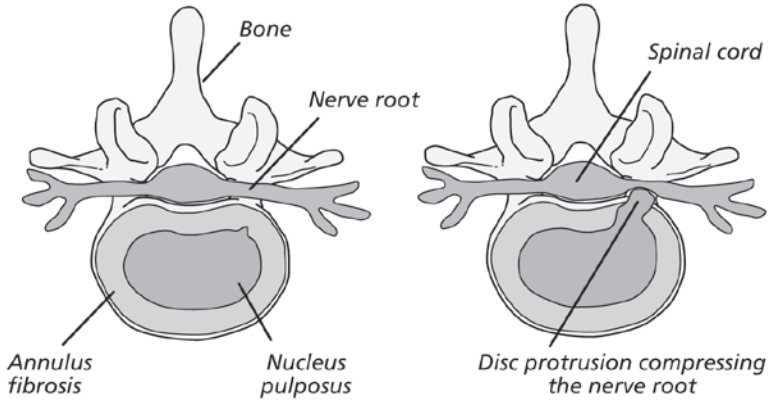
The intervertebral disc is the structure that is between vertebrae (bones of the spine). It acts as both a spacer and a shock absorber. The disc is composed of two parts: a soft gel-like middle (nucleus pulposus) surrounded by a tougher fibrous wall (annulus fibrosus).



Overhead view of an intervertebral disc (simplified)

Nerve root pain is felt in the area of the body that the nerve, as it leaves the spine, supplies. Symptoms may include pain, numbness, increased sensitivity or weakness of muscles. Nerve pain in the arm (brachial neuralgia) is very similar to sciatica but comes from the nerves in the neck.

Sometimes symptoms can come from pressure on the spinal cord itself. This can result in more widespread symptoms, which might involve your legs and balance. One possible cause of these symptoms is that of a cervical disc protrusion. As the intervertebral discs lose their flexibility, elasticity and shock absorbing characteristics, the tough fibrous wall of the disc may weaken and may no longer be able to contain the gel-like substance in the centre. This material may bulge or push out through a tear in the disc wall (herniation), causing pain when it touches a nerve.



Overhead view of an intervertebral disc

Very few people who have a spinal problem need surgery. In general, if a patient's arm pain due to a cervical disc protrusion is going to get better then it will do so in about 6-12 weeks. However,

Wound Care

Your wound may be closed with clips or a suture that runs beneath the skin. You may shower when you get home but bathing should be avoided for two weeks, until the wound is completely dry. If a dressing is required then a simple dry dressing from the chemist is sufficient. When shaving, care should be taken to avoid the area until it is fully healed.

Please contact your GP if you have any of the following:

- Redness around the wound
- Wound leakage
- High body temperature

The ward staff will inform you if you need to see a district nurse for any attention to the wound.

Driving

When to resume driving after surgery does depend on the procedure carried out. Usually, this is 6 weeks following surgery.

Recreational Activities

Walking is the best activity to do following your surgery. Any other sports should be avoided until you can discuss them with your consultant in your follow-up appointment.

What to Expect after Surgery

Immediately after the operation you will be taken on your bed to the recovery ward, where nurses will regularly monitor your blood pressure and pulse. Oxygen will be given to you to via a facemask for a period of time, to help you to recover from the anaesthetic. You will have an intravenous drip overnight or until you are able to drink again after the surgery.

A small drain (tube) will come out of your neck wound, this prevents any excess blood or fluid from collecting there. This will be removed when the drainage has stopped, usually the next day. You will have some discomfort or pain in your neck. If you have had bone graft taken, you will have pain at this site. The nursing and medical staff will help you to control this with appropriate medication. A sore throat is also common for a few days after surgery.

On the first day after your operation, your physiotherapist will help you out of bed. They will also show you the correct way to move safely.

Going Home

You will normally be allowed to leave hospital when you and your physiotherapist are happy with your mobility. This tends to be the day after your operation.

Please arrange for a friend or relative to collect you, as driving yourself or taking public transport is not advised in the early stages of recovery. If you are likely to require patient transport please inform one of the nurses as soon as possible.

if the symptoms have not resolved following conservative measures (manipulation, physiotherapy, medication or injections) surgery may be necessary.

About the operation

The surgery called cervical discectomy is performed to remove the problem disc. The exposure is usually made through the front of the neck as it gives good access to the spine through a relatively uncomplicated pathway.

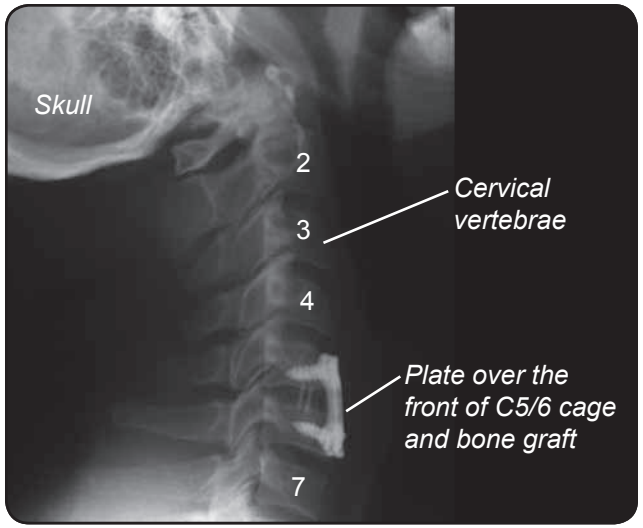
The operation is performed under general anaesthetic (so you are fully asleep). First, the skin incision is made, which may be on the left or right side of the neck, and then one small muscle is cut. Access can then be gained right through to the spine. After the disc space has been identified on x-ray, the disc is then removed. Cervical fusion is then commonly carried out at the same time as cervical discectomy. To achieve a spinal fusion, a bone graft is used to connect two bones together. The patient's own bone will then grow into the bone graft and join the graft bone as its own.

There are several techniques to get the bone graft needed for spinal fusion:

- **Patient's own bone (Autograft bone):** this is usually taken through an incision over the pelvis (iliac crest).
- **Artificial bone (Bone substitutes).**

These techniques may be used in conjunction with a cage to contain the graft and / or a small plate that can be applied to the front of the spine to add stability and prevent graft dislodgment.

X-ray showing the bone graft and plate in position



Risks and Complications

As with any form of surgery, there are risks and complications associated with this procedure. These include:

- Damage to the nerve root and the outer lining or covering which surrounds the nerve roots (dura). This could result in neck or arm pain, weakness, numbness, leaking wound, headaches or meningitis.
- Recurrent arm pain, as a result of scarring.
- Problems with positioning during the operation – including skin injuries and, very rarely, eye complications such as blindness.

- Infection.
- Blood clots (thromboses) in the deep veins of the legs or lungs.
- Bleeding in the wound and swelling in the windpipe (laryngeal oedema), which could result in difficulty breathing or swallowing.
- Graft dislodgment.
- Damage to the trachea (windpipe) or oesophagus (food pipe).
- Possible complications associated with taking out bone graft include graft site pain and damage to a sensory nerve that supplies sensation to the front of the thigh (the lateral femoral cutaneous nerve).
- Also, the small nerve that supplies vocal cords sometimes does not function after surgery because of retraction during the procedure. This could cause temporary or rarely permanent hoarseness of the voice. Retraction of the oesophagus can produce temporary or rarely permanent difficulty with swallowing.
- In the long term, or in years to come, pain can develop from problems at the other disc levels in the neck.
- There are also very rare but serious complications, which in extreme circumstances might include damage to the spinal cord, permanent paralysis, stroke, anaesthetic or medical problems and death.