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CERVICAL DISC REPLACEMENT

Cervical Disc Replacement surgery is a relatively new advancement in spinal surgery. It may be advantageous for some patients to undergo this procedure instead of an anterior cervical discectomy fusion. The suitability of this procedure for individual patients will depend on several factors including their age, the type of nerve or spinal cord compression, the overall condition of the spine and the experience and preference of the spinal surgeon.

WHAT IS CERVICAL DISC REPLACEMENT SURGERY?

This is a specialized spinal operation performed through a small incision at the front of the neck. The aim of the operation is to decompress trapped nerves, thereby improving neurological symptoms, and inserting a mechanical joint instead of a fusion to help preserve motion across the disc space for as long as possible. (Fig 1).

The disc is carefully removed together with the prolapsed disc fragment or bone spurs (osteophytes) compressing the spinal cord or nerves. For precision, the operation is performed under the strong magnification and light of a surgical microscope. The disc space is then carefully cleaned and shaped to allow insertion of the mechanical joint.

WHAT IS THE SUCCESS RATE?

Cervical disc replacement is not suitable for everyone. Careful patient selection in experienced hands is essential for a good success rate. The procedure has an 80-90% success rate in relieving arm symptoms including pain. However, the symptoms may not improve immediately as it may take several days or weeks for the nerve to recover.

Fig1. Spinal X-ray of Prestige LP cervical joint



As part of the consultation and consent for the operation, your surgeon should be able to provide you with details of his/her success and complication rate for the procedure that is being advised.

WHAT IS THE RECOVERY TIME?

The recovery time for this operation is relatively quick. Patients are encouraged to get out of bed and are usually independent within 4 – 6 hours of the operation. They are usually able to go home the following morning. Most patients are able to resume driving within 10 days and return to work at 3 to 4 weeks, unless their occupation involves heavy physical work in which case it may be longer.