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CERVICAL DISCECTOMY FUSION

Patients with nerve or spinal cord compression in the neck may require surgical treatment to relieve the symptoms and prevent further neurological damage. The choice of operation will depend on several factors including the degree of nerve or cord compression, the precise location of the compression, the overall condition of the spine, and also the preference of the spinal surgeon.

WHAT IS AN ANTERIOR CERVICAL DISCECTOMY FUSION?

This operation is performed through a small (4cm) incision at the front of the neck and takes about 90 minutes to complete.

The spinal disc is carefully removed with the prolapsed disc fragment or bone spurs (osteophytes) that are compressing the spinal cord or nerves (Fig 1). The operation is performed under the magnification and light of a powerful microscope to aid precision surgery.

After decompression, the empty disc space is fitted with a wedge-shaped hollow spacer filled with fine bone chips (Fig 2). The bone chips will eventually fuse the two vertebrae together. It is sometimes necessary to support the spacer with a small metal plate secured with special screws (Fig 2).

Fig1 . Spinal cord compression due to cervical disc degeneration and bulging



With recent advances in technology and surgical technique, patients are now able to undergo cervical disc replacement surgery, instead of a fusion. However, this type of surgery is only suitable for a small number of patients with certain types of disc degeneration.

WHAT IS THE SUCCESS RATE?

The operation has an 80 to 90% success rate in relieving arm pain (brachialgia). The symptoms may not improve immediately as it may take some time for the nerve swelling to settle.

Patients with symptoms of spinal cord compression such as problems with balance, walking, fine hand tasks and bladder control, may not notice any improvement for several weeks or months. Others experience no improvement at all despite successful surgery. This is usually due to permanent spinal cord damage from the longstanding compression. In these patients, the main aim of the operation is to prevent further spinal cord damage and stop the symptoms worsening.

WHAT IS THE RECOVERY TIME?

Patients are usually out of bed and mobilising independently within a few hours of the operation and are able to go home the next day. They are encouraged to return to basic activities within a few days and, depending on their occupation, may return to work at three to six weeks after the operation. It may take longer if the occupation involves heavy physical work.

Fig2. Anterior cervical discectomy fusion with plating

