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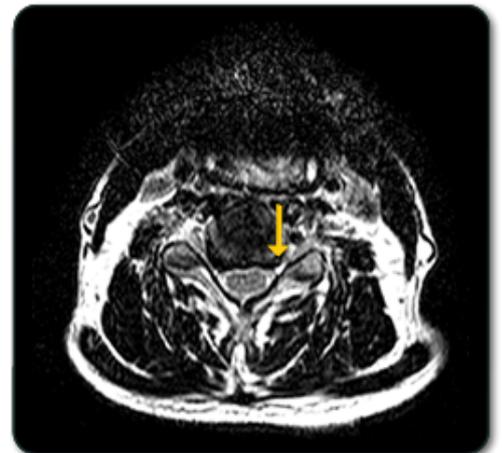
CERVICAL FORAMINOTOMY

Patients with a trapped spinal nerve in the neck may require a decompression operation to relieve nerve pain and prevent further nerve damage. This can be achieved either with an operation at the front of the neck (Anterior Cervical Discectomy Fusion) or the back of the neck (Posterior Cervical Foraminotomy). The choice of operation will depend on several factors including the precise location of nerve compression, the presence of spinal cord compression, the overall condition of the spine and also the experience and preference of the spinal surgeon.

WHAT IS A POSTERIOR CERVICAL FORAMINOTOMY /DISCECTOMY?

This operation is performed through a small incision at the back of the neck under a general anaesthetic. The operation lasts about one hour and involves removal of tiny bone spurs (Fig 1) (foraminotomy) or a disc prolapse (discectomy) through a small bony window using a powerful microscope to aid precision surgery. An important advantage of a posterior cervical foraminotomy (Fig 2) over an anterior cervical discectomy is that the main disc space is not disturbed, thereby avoiding fusion and preserving disc motion.

Fig1 . Osteophyte compression of nerve root (Foraminal Stenosis)



WHAT IS THE SUCCESS RATE?

The procedure has an 80 to 90% success rate in relieving arm pain (brachialgia). Symptoms may not improve immediately as it can take several weeks for the nerve swelling to settle.

WHAT IS THE RECOVERY TIME?

The recovery time is relatively quick and patients usually get out of bed within three to six hours of the operation. They are usually able to go home after an overnight hospital stay. Most patients are able to drive within seven to ten days and return to work within two to four weeks unless their occupation involves heavy physical work in which case it may be longer.