



Anterior Cervical Corpectomy and Fusion

How is this procedure done?

This procedure is done through the front of the neck through a reasonably cosmetic incision either on the left or right side, depending on your surgeon's preference. The wind pipe and food pipe are retracted to the side to expose the underlying spine. A microscope or loupes are then used to remove the bone and discs that are arthritic and pinching the spinal cord. The remaining defect from where the material was removed is then filled with a wedge of bone either from your hip, leg or from a cadaver. The final part of the operation varies depending on your particular spine condition, overall health status, and quality of your bone. Some options include ending the procedure here, adding a plate and screws for additional fixation, or adding screws and rods from the back of your neck. You and your surgeon can decide which will work best for you.

How can this help me?

The condition typically treated by a corpectomy and fusion is called stenosis. This is the pinching the spinal cord and nerves by a combination of disc bulges, bone spurs and thickened ligaments. This procedure is intended to relieve the pressure from your spinal cord, which is typically the source of the pain and numbness you may feel in your neck or arms. Other symptoms that cervical stenosis can cause include clumsiness with the hands and while walking. This surgery is very effective in preventing further deterioration and functional loss. Many symptoms such as arm pain and weakness should improve significantly after the operation. However, other symptoms such as clumsiness and walking difficulties are less predictably improved and may take longer to resolve.

What are the risks?

The most common risk is failure of the bone graft to heal (5%). Other less common risks include infection, nerve injury, food or wind pipe injury, spinal cord injury (potentially resulting in paralysis), leak of spinal fluid, failure of plate/screws, failure of surgery to relieve your symptoms, persistent pain in the neck or the bone graft harvest site (i.e. the hip), and blood clots. Also about 10-20% of patients will develop disc degeneration over the following 10 years at levels above or below the operation, which may require extension of the fusion. Finally, a rare but potentially very serious complication is injury to the vertebral artery as it travels within the bones of the spine. This could potentially result in stroke or even death.

How long will I be in the hospital?

The typical length of stay in the hospital is one to four days. While in the hospital, a physical therapist will schedule daily visits to help you learn to safely move around, get dressed, and do everyday activities without putting excessive strains on the neck.

What do I expect after the operation?

Aside from the neck discomfort, you may have a sore throat, some hoarseness, and swallowing discomfort for the first 24 hours. Likewise your hip or leg (where the bone is taken for your graft) will be painful, but these will get better over the following several weeks.

What restrictions will I have?

For the first three weeks you should:

- Avoid driving
- Limit car rides



- Avoid lifting more than 10 lbs.
- Avoid reaching over your head
- Avoid submersing the wounds in water

Will I need therapy?

You should walk as much as you can for exercise. Usually formal physical therapy or rehabilitation is not needed after this procedure. Remember to navigate stairs carefully and wear your collar at all times except for bathing.

How do I care for my wound?

After the operation you will be placed in a neck collar, which you should wear at all times until you return to the office. Three days after the operation you may remove the outer bandages from your wounds. Underneath, there will be small strips of tape lying directly on your incision that should not be removed. They will either fall off in the shower or may be removed at two weeks. If the wounds are dry it is ok to remove the collar for bathing purposes. If they are still draining cover with clean dressings. Also, have someone help you remove the collar and check for skin breakdown daily. You may use powder to absorb any moisture on the neck. Avoid lotions. **Call our office** with any signs of infection, including redness and/or swelling at the incision site, or excessive drainage.