



Bendt P. Petersen III

Anterior Cervical Discectomy and/or Fusion

Your doctors have determined that you have an abnormality in your neck that may be best treated by an operation on the spine in your neck, where the doctors remove one or more discs and insert a piece of shaped bone to replace the disc and to cause the adjacent vertebrae to grow together. The most common problems for making this surgery necessary are a “ruptured” disc, a “degenerative” or worn disc, or when there is too much motion between two vertebrae irritating the nerves and/ or spinal cord at that level.

Usually, the entire disc is removed. A piece of bone is then placed between the two vertebrae to serve as a spacer to allow for more room for the nerve roots as they pass out the “windows” in the spine toward the arms. This graft can be taken from your own iliac crest (hip bone) or can be obtained from a “bone bank”. The decision on what shape of bone graft to place is made by your physician. It is important that you follow the post-operative instructions carefully to allow for good strong healing of the fusion. You will probably be asked to wear some type of cervical collar, also called an orthosis, to support your neck while the fusion is healing. A cervical plate may be used.

Complications and Results:

Complications from this type of surgery are infrequent, but they do occur. It is possible that you will be no better after having had this surgery. It is even possible that you may be worse after the operation than you are now. Because of these facts, your doctor can make no guarantee as to the results that might be obtained from this operation. Generally speaking, however, our results have been good or excellent in 85% of patients undergoing this type of surgery.

As in any operation, this type of surgery can be complicated by excessive bleeding and infection (<1%). These complications can result in the need for blood transfusions (very rare), the need for further surgery, prolonged illness, increased medical costs, increased pain, suffering and disability, and even death (very rare). Injuries of the spinal cord and nerves of the neck are uncommon with this kind of surgery, but can occur. This type of complication can result in temporary or permanent weakness of one or more of the muscles in one or both arms or legs. Also, pain and numbness in the arms or legs or body can result, as well as loss of bladder and bowel control and sexual dysfunction, (very rare).

Some patients have continued neck problems after this type of surgery. Occasionally the same problem which made the surgery necessary in the first place can occur at the adjacent level. Until the fusion has become solid, the bone graft can slip or resorb. Sometimes the fusion fails to heal properly, thus causing a situation called. “Pseudoarthrosis”. Often times patients with pseudoarthrosis are asymptomatic, however, sometimes this will require repeat fusion.

In the first few postoperative days, most patients can expect to a certain extent, some difficulty in swallowing and hoarseness. Although these are usually temporary, they could be permanent. The esophagus and trachea (or wind pipe) are in the area of dissection and could be injured during surgery. Continued swallowing difficulty is noticed in up to 5% of patients.

Sometimes a group of nerves can be irritated during the surgery resulting in a triad of symptoms called Horner's Syndrome. The triad of symptoms consists of loss of sweating on the face, some lagging of the eyelid and a somewhat smaller pinpoint of the pupil. Usually this syndrome resolves with time, but it could be permanent (< 1%).

Other complications are possible, including spinal fluid leakages which may take a long time to subside or even necessitate the need for further treatment or surgery. It is possible that the disc at adjacent levels may wear out or become unstable resulting in neck or arm pain similar to one's preoperative condition, or a worsening of this condition if there was additional surgery in the future (rare). Other possible problems are bone infections, numbness or clumsiness in the arms or legs, impaired muscle function, and again recurrence or continuation of the condition for which the operation was performed. There are also imponderables with each surgical procedure.

*There are also imponderables associated with any surgical procedures. It is important to note that certain complications can result in increased costs and time to recover (if ever) with prolonged time off work and resultant economic hardships and possible emotional, marital or psychological.

Alternatives and Other Considerations:

There may be alternatives to this operation available to you such as the use of medications, traction, and other surgical techniques. Some surgeons choose to decompress the pinched nerve by operating from the back of the neck. These alternative therapies also carry their own risks and associated complications and have a varying degree of success. Therefore, in these patients in whom anterior cervical discectomy and fusion is indicated, we feel this operation provides the patient with the best chance of successful treatment and low risk of complications.

It is important that you stop taking any aspirin, aspirin-containing drugs and other aspirin-like (anti-inflammatory) medicine at least 10 days prior to surgery. These medications cause increased bleeding at the time of surgery which we would like to avoid. Please call or ask us if you need help with this.

Summary and Acknowledgement:

The scope of this information handout may not be complete. Patients have the right to have their questions answered to their satisfaction and in a manner they understand. We want you to understand the risks and alternatives available. It is our purpose to provide you with the best medical care possible. We need for you to be well informed regarding your treatment, tests and any surgery you might undergo. If you have any questions or concerns that are not answered, please ask for further information so that you can be more comfortable with what is being done for you. After reading this material carefully, please do not hesitate to call us back for any additional questions you may have at 251-607-6117.

I have read this document under quiet conditions at my leisure away from the physician's office and have discussed it with those family members I feel should be aware of its content. I understand its contents and accept the inherent risks in such major surgery.

Witness

Signed

Date

Printed Name

Date