

FREEDOM TO LOOK UP AFTER NECK SURGERY



Bumrungrad Spine Institute



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Pain in and around the neck area is a common problem for many people. If the pain extends down into the shoulder or arm, or if any weakness or numbness results, the source of the problem is often due to compression on a spinal nerve or nerve root by a herniated disc or a bone spur. If conservative methods such as rehabilitation and over the counter medications fail, surgery may be the best option for some patients to restore function and relieve symptoms.

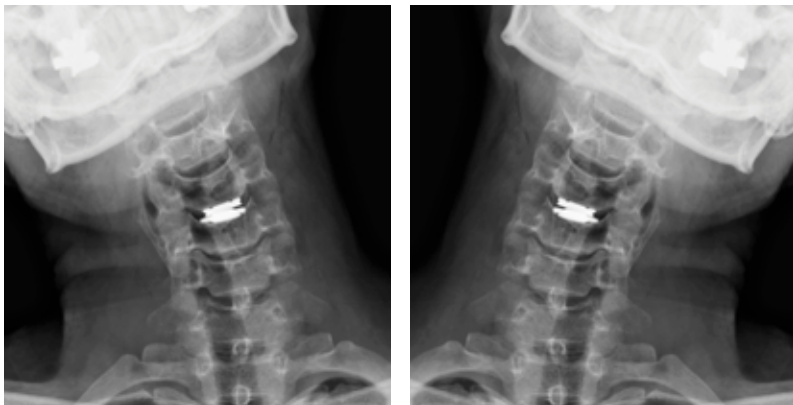
What is cervical disc replacement surgery?

Stated simply, cervical disc replacement surgery is a procedure where an affected, painful disc in the neck is removed and replaced with a new, artificial one. During the procedure the surgeon can also remove any bone spurs and elongate the disc space, further relieving pressure on the nerves and nerve roots. Generally, the surgeon will use an anterior approach to reach the cervical spine, allowing for greater visibility of the problem area. This approach is similar to the spinal discectomy and fusion procedure.



The new artificial disc was developed to function similar to a natural disc, and thus it can maintain close to normal mobility while also acting as a buffer between the two adjacent vertebrae. Because these characteristics are preserved, the chance of degeneration is greatly reduced in the vertebrae above and below the surgical site.

It is important to note that cervical disc replacement surgery is relatively new and still undergoing many clinical trials to determine if there are any further, long-term benefits or risks. Current evidence shows that cervical disc replacement surgery has just as good if not better results as the current gold standard procedure, spinal discectomy with fusion, in terms of symptom management and incidence of complications after surgery.



Spinal discectomy and fusion vs. cervical disc replacement

For many years, spinal fusion has been recognized as the gold standard surgical procedure for patients with cervical disc disease. This surgery entails the removal of an affected, painful disc followed by the fusion of the two adjacent vertebrae with a bone graft and metal plate. It has been shown to be very effective in relieving symptoms; however, the primary problem associated with the procedure is that the mobility of the neck is considerably reduced. Also, there is a possibility that the levels above or below the fusion may later develop disc problems, as they must take more load and motion to compensate for the fused level. This may require treatment or even future surgery.

Cervical disc replacement was developed to address these issues: the artificial disc provides shock absorption as well as retaining mobility in the neck. This theoretically reduces the trauma to the adjacent vertebrae and potentially reduces the patient's chances of future complications at other cervical levels. The recovery time is shorter for this procedure as it eliminates the need for a bone graft, which can take 3 months to one year to solidify completely. The surgery also allows for some flexibility. If a patient has a cervical disc replacement, they can later remove the artificial disc and fuse the adjacent vertebrae together. Contrarily, once a patient has undergone fusion, they cannot undergo a cervical disc replacement.

Who is a candidate for cervical disc replacement?

Most patients with cervical disc disease do not need surgery to manage their symptoms. To be considered, candidates must demonstrate severe neck pain or severe pain, numbness, or weakness that radiates down the shoulder and arm. In almost all cases, patients must have tried conservative treatments such as anti-inflammatory medications, physical therapy, spinal interventions, etc. for at least 4-6 weeks without seeing significant results.





Recovery after cervical disc replacement

Recovery after a cervical disc replacement is relatively quick. Most patients can stand and walk a few hours after the procedure, and can even return home on the same day or following morning. There may be minimal activity restrictions for a short period of time; however, most patients return to their regular activities within a few days or weeks. There may be some mild pain near the incision site, but this will decrease with time.