

Neck Surgery (Cervical spine surgery)

**Remember to bring this handout
to the hospital with you.**

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Why do I need neck surgery?

Reasons for your surgery may include the relief of pressure on a spinal nerve or the spinal cord caused by a:

- bulging disc
- bone spur
- narrowing of the spinal canal
- cyst
- tumour

These may cause any of the following symptoms:

- neck and arm pain
- numbness or tingling in an arm or leg
- weakness in an arm or leg
- difficulty walking
- bladder or bowel problems

What kinds of neck surgery are there?

Discectomy

Part or all of a bulging disc, called a disc herniation, is removed to relieve pressure on a nerve root(s) or on the spinal cord. This surgery is usually done through an incision in the front (anterior) of the neck. Sometimes it can be done from behind (posterior).

What kinds of neck surgery are there? (continued)

Laminectomy

A piece of bone that forms part of the spinal canal, called a lamina, is removed to relieve pressure on a spinal nerve or the spinal cord. This surgery is done from the back (posterior) of the neck. The purpose of a laminectomy or discectomy is to take pressure off one or more nerves to help relieve pain and weakness.

Discectomy and laminectomy are both ways to relieve pressure on a nerve. Sometimes both are done at the same time.

Your doctor may use the word, decompression, instead of laminectomy or discectomy.

Foraminotomy

The bony canal around the spinal nerve, called a foramen, is enlarged to relieve pressure on the spinal nerve. This procedure is often done along with a laminectomy or discectomy.

Corpectomy

One or more bones in your spinal column may be removed along with the discs next to them. The remaining space is filled in with substitute bone material in a procedure called, fusion, described below. This operation is more extensive and you will have a longer recovery time.

Fusion

This procedure is usually done in order to make your neck more stable. It is done at the same time as a discectomy, laminectomy or corpectomy. With a fusion, the space between the vertebrae is refilled with substitute bone material. In addition, your surgeon may use metal plates, screws or wires at the fusion site to strengthen it. It can take months to 1 year to fully heal. In time, your vertebrae will fuse or join together permanently.

Before your surgery ...

- If you are having a fusion, you will need to quit smoking as it may prevent healing of your bones. Ask your surgeon about smoking cessation options.
 - Your surgeon or anaesthesiologist may tell you to stop taking certain medications as some may affect the results of your surgery. Tell your surgeon or anaesthesiologist if you take:
 - aspirin and anti-inflammatory medications such as Ibuprofen, Advil, Motrin, Aleve or Toradol. These medications should be stopped at least 5 days before surgery.
 - blood thinners such as Plavix or Coumadin. You may need to attend a clinic for management of blood thinning medications, called the Thrombosis Clinic, before your surgery.
 - If you have a neck brace, bring it with you to the hospital.
 - Bring shoes with no-slip soles such as running shoes and pajama or track pants. Your healthcare team will be getting you up to walk the 1st day after your surgery. You will need these items for safety and comfort.
 - Arrange for someone to drive you home after your surgery. You may need help with transportation for several weeks after surgery. If you have a fusion, please ask the surgeon if it is okay for you to drive.
 - Arrange for someone to stay with you or check in on you regularly when you go home. You will be able to walk, but you may need to arrange for help with some household activities such as cleaning, grocery shopping, laundry and cooking. You may want to stock up on groceries and prepare some meals in advance.
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After your surgery

How long will it take to recover from my surgery?

It is important for you to recognize that everyone heals at a different rate. The speed at which you will recover depends on your:

- general level of health
- overall physical fitness
- mental attitude
- use of tobacco

Other factors include:

- the severity of spinal disease
- the type of surgery

Your healing and recovery process

Healing and recovery will not happen overnight. It is a process. You may find that much of your progress will be like taking two steps forward and one step backward. Try to accept this and do all that you can to make sure that your steps "forward" are large ones and your steps "backward" are small ones. Generally, expect:

- To be quite sore for 2 to 3 days after your surgery. You will notice less pain over the next 1 to 2 weeks as your healing begins to take place. Deep healing takes 4 to 6 weeks to happen.
 - If you feel numbness, tingling or both in your arms/legs before the surgery, it still may be present after your surgery. These symptoms are usually the last to improve especially when felt in the hands and fingers.
 - If your incision was on the front (anterior) of your neck, your throat may be sore and your voice hoarse for up to 7 days after surgery. You may have some pain with swallowing, which may stay for up to 3 months. Choose foods that are soft and easy to swallow. If you cannot swallow anything or have difficulty breathing, go to the Emergency Department right away.
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When will I be ready to go home?

You may go home the next morning or stay for a few days. Your surgeon and healthcare team will determine when it is safe for you to go home. You may still have some pain and feel somewhat uncomfortable when you go home.

How will my pain be managed?

It is normal to have pain in your neck after the surgery. You may also have arm pain. Pain is caused by the incision and swelling around the nerve. It will decrease as your neck heals. You may also have muscle spasms across your neck and even down your arms. This does not mean that the procedure was unsuccessful or that your recovery will be slow.

Remember:

- Everyone experiences pain differently.
 - Most pain or spasms can be controlled or reduced.
 - Tell the nurse when you are having pain or spasm.
 - Take pain medication before the pain become severe.
 - Do not operate machinery or drink alcohol while using narcotic pain medication.
 - Medications are just one way to manage pain. Other ways include adjusting level of activity, making your surroundings relaxing and physiotherapy. Discuss other ways to control your pain with your health care provider.
 - During the 1st week, apply crushed ice in a plastic bag, a bag of frozen peas or a frozen gel pack to your neck/shoulders to reduce the pain and swelling. Leave on for 20 minutes. Repeat as needed. Do not get the incision wet.
 - After the 1st week, if you still have significant pain in your neck that is not relieved by pain medication or icing, call your surgeon. Expect some degree of pain for the first 6 to 8 weeks.
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The Pain Scale

Rating your pain on this scale helps us to know how much pain you are having.



The pain medication you receive will depend on your surgery and what medications you took before the surgery.

You may receive pain medication through your IV or by injection when you come back from the operating room. The doctor will order pain pills when you can eat and drink well. You may also have Patient Controlled Analgesia for the first few days.

Patient Controlled Analgesia is another way to control and relieve pain after surgery. Using the pump is very safe. You give yourself pain medicine through your IV when you feel uncomfortable with the push of a button. Only **YOU** can push the button.

Analgesia is another word for pain relief.

Pain medication often causes constipation.

These things help prevent constipation:

- take the stool softener or laxative ordered by your doctor
- eat foods high in fiber such as whole grain cereal and bread, fruits and vegetables
- drink extra fluids like water or juice
- exercise such as walk on a regular basis

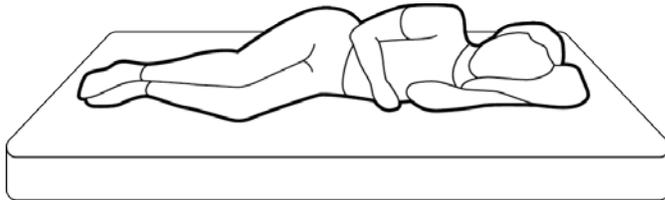
If you have constipation, talk to your family doctor or pharmacist right away.

What activities can I do after my surgery?

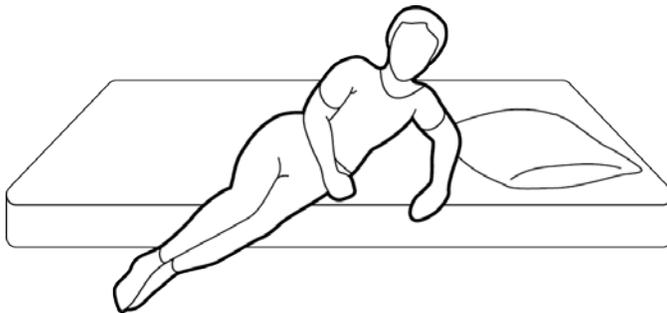
In the hospital:

- You will be expected to walk the first day after your surgery. Have a member of the health care team help you the first time you get up.
 - Your surgeon may recommend that you wear a neck brace after your surgery. You will be told when you need to wear the brace, how to put it on correctly and how to clean it. **You will be billed for any brace the hospital provides.**
 - If you are concerned about how you will manage stairs, the physiotherapist will practice stairs with you.
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- If you find bathing and dressing difficult or if you are having trouble using your hands, an occupational therapist, called an OT, will see you before you leave. The OT will give you suggestions and help you practice these activities to make them easier for you.
- You may move about in bed and rest in any position you find comfortable.
- You will be taught how to get out of bed:



Roll onto your side.



Lower your legs over the edge of the bed while using your arms to push yourself into sitting position.

At home:

- Rebuild your strength gradually. Rest when you are tired, but do not spend all of your time in bed. Walk everyday to build your level of activity.
- Ask your surgeon about driving a car.
- Start your daily activities slowly. Begin with bathing and dressing and in time, household activities. **Do not lift anything heavier than 10 lbs or 4.5 kg, until told otherwise by your surgeon.**
- Avoid sitting or standing for long periods of time. Change positions often to help prevent neck and arm pain.
- Keep your shoulders moving with exercises taught to you by the physiotherapist.
- You can have sex but avoid positions that cause you neck pain. If you are told to wear a neck brace with activities, you need to wear it during sex.
- At 4 to 6 weeks, continue with daily walking. Try to increase your distance a little each day. Set a pace that prevents fatigue or severe pain.
- **"Listen" to your body.** Discomfort is normal while you gradually return to normal activity, but pain is a signal to stop what you are doing, rest and proceed more slowly. Ask your surgeon when you can return to more vigorous activities.



Any overhead work.



Awkward neck positions.



A poor sitting posture.

- Physiotherapy is sometimes recommended by your surgeon. Please discuss this with your surgeon.
- When you return to work will depend on the kind of surgery you have and the kind of work you do. Ask your surgeon when you can go back to work.

Elastic hose/TED stockings

You may be given elastic hose also called, TED stockings to wear while in hospital. These are prescribed to prevent blood clots in the veins of your legs or deep vein thrombosis (DVT).

You will wear these until you are able to walk well or according to your doctor’s instructions.

Questions I have for my doctor about my activity

How do I take care of my incision at home?

Follow these instructions unless your surgeon has given you specific instructions:

- Keep your incision covered with a dressing for 7 to 10 days or longer if it continues to drain fluid. If your dressing becomes wet or soiled, you should replace it with a new clean, dry dressing. Steri-strips will fall off with normal showering, do not replace them if they do.
- Keep your incision clean and dry. Wash your hands with soap and water before touching your incision.
- Take showers, not baths. Your incision should not soak in bath water as this may cause the wound to become infected.
- Wear loose and comfortable clothing.

Before you leave the hospital, you will receive instructions about getting your sutures or staples removed. Sutures or staples are usually removed 7 to 10 days after surgery by the surgeon or your family doctor.

If your family doctor is removing your staples, the nurse will give you a clip remover to take to the family doctor when you leave the hospital.

Before you leave the hospital

- You will be given a list of any appointments that have been made for you.
 - If your surgeon orders medications or other treatments, you will be given a prescription.
 - Ask your surgeon about when to restart the anti-inflammatory and blood thinner medications you take if you have had a fusion.
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