

What is Neck Surgery?

Surgery to remove pressure off a nerve, fix a broken bone or install material to support a damaged area of your spine.

What are the Indications for Neck Surgery?

- Pain that radiates down your arms.
- Numbness, weakness or tingling in your arms.
- Severe neck pain that restricts your everyday activities.
- Extensive destruction due to arthritis.
- Deformity or instability of the spine in your neck.

What are the Types of Neck Injuries?

- Herniated disk: Bulging or rupturing of the cushioning pads of cartilage that sit between the bones (vertebrae) of your spine. When the disk herniates, part of it can move from the normal position. If a fragment is putting pressure on a nerve, you may feel pain, tingling or weakness.
- Disk degeneration: Wear and tear of the disk results in changes of the shape or a flattening of the disk. When this happens, the disk is unable to absorb pressures of daily living or allow the spine to move easily. Over time, this leads to breakdown of structures and eventually to pain.
- Spinal stenosis: A narrowing of the spinal cord canal or the openings where the nerves pass through. This narrowing can result from bony growths (spurs) or where the disks have broken down allowing the vertebrae to rub against each other. Bone or other structure that is pinching a nerve or the spinal cord may need to be removed.
- Fractures: Injury to the spine that causes a bone to break may require surgery if the spine is unstable or the spinal cord or nerves are compressed.

Types of Neck Surgery

- **Laminotomy or Laminectomy:** Removal of a part or all of the lamina (the back part of the bone covering the spinal cord opening). This is removed to relieve pressure on a nerve or allow the surgeon a way into a disk that is pressing on a nerve. These procedures are often performed through a small incision with the help of a microscope.
- **Diskectomy:** Removal of part of the disk to relieve pressure on a nerve.
- **Fusion:** Permanent connection of two or more bones in your spine to improve stability, correct a deformity or treat pain. The disk between the vertebra is removed and replaced with small pieces of extra bone. The extra bone may come from a bone bank or your own body. Sometimes screws, rods, wire, metal cages or plates are used to help stabilize your spine.

The Operation

- The surgery is performed using general (you are asleep throughout the procedures) or spinal (you may be awake but have no feeling from the waist down) anesthesia.
- The surgeon will make an incision over the affected area and perform the procedures listed above as appropriate.
- A large bandage with a drainage tube will be placed at the site of your surgery.
- Inflatable pneumatic compression stockings will be placed on your legs to reduce the risk of blood clots.
- Several IV lines will be in place to provide antibiotics, pain medicine, fluids and nutrition.
- A foley catheter to drain urine may be inserted during surgery and will be removed following the procedure.
- After surgery, you will be moved to the recovery room until you awaken from your anesthesia. Once awake, you will be taken to your hospital room.

COMPLICATIONS FROM YOUR SURGERY CAN BE LESSENEED:

COMPLICATION:

Blood clots (deep vein thrombosis or DVT)

Pneumonia

Infection

Failure of the fusion, breaking of metal implants, re-herniation of the disk

PREVENTION:

Compression stockings, medication and exercises like pumping your ankles up and down.

Early movement, deep breathing exercises (including incentive spirometry) and aerosol treatments.

Medication, proper incision care

Follow the precautions set by your surgeon.

Your Hospital Stay

- Generally lasts 1-2 days, but the full recovery time varies from 3 months to a year.
- You will feel some pain, but medication will be given to make you feel as comfortable as possible.
- Your surgeon may ask you to wear a brace or collar for a few months after your surgery to help with healing.
- Walking will be encouraged the same evening or the next day after surgery to help speed your recovery. Sometimes a walker is needed temporarily to help you walk if you are unsteady.
- The physical therapist will meet with you the day after surgery and begin your education on the following:
 - Instruct you in exercises that will help prevent blood clots and improve your mobility.
 - Teach you the safe use of a walker, if needed.
 - Instruct you in how to maintain the proper posture of your spine during your daily activities.
 - Reinforce the precautions you should follow to protect your surgery:
 - Do not bend or twist your neck.
 - Do not bend at the waist.
 - Do not lift anything over 5-10 pounds or push and pull any object.
 - Reinforce how to put your brace or collar, if applicable.
- The occupational therapist will meet with you the day after surgery to instruct you in the temporary use of adaptive equipment for bathing, toileting, dressing, housework and other daily activities.
- A device called an incentive spirometer will be given to you to perform deep breathing exercises at 10 breaths per hour, while you are awake. You may also receive breathing treatments from a respiratory therapist.
- The case manager will visit with you to discuss your home-going needs.
- Some patients may require a short stay in a rehabilitation hospital to become safely independent in their activities of daily living.

Preparing Your Home for Your Return:

Making small changes can make your home safer during your recovery

- Secure handrails along stairways.
- A firm chair with armrests will make getting up from sitting easier. Placing another cushion on the seat of your chair will also help make getting up from sitting easier.
- A raised toilet seat may be needed if your toilet is low.
- A shower chair or bench will facilitate bathing in the early stages of recovery.
- Remove all loose carpets and cords to promote safety with walking.
- A temporary living space on the first floor for the early stages of recovery.
- For a few days, you may need to arrange some help with household activities such as cleaning, laundry and shopping.

Home Going Instructions:

- Follow all instructions given to you from your surgeon.
- You will leave the hospital with stitches or Steri-strips along your incision.
 - Avoid soaking the incision area in water until the wound has thoroughly sealed and dried.
 - You should keep a bandage over the wound to prevent irritation from your clothing.
 - Do not apply anything to your incision.
- Wear your brace or collar as instructed by your surgeon.
- Exercise is very important to your recovery. Be certain to follow instructions from your surgeon carefully.
 - Perform the exercises given to you by the physical and occupational therapy departments daily.
 - Avoid any actual neck exercises.
 - Your surgeon may ask you to continue with physical therapy at home or in a therapy center for a few weeks.
 - You should be able to resume most daily activities within 3-6 weeks after surgery as long as you follow your restriction. No strenuous house or yard work until cleared by your surgeon.
 - Begin a gradual walking program to slowly increase your mobility. Begin in your home and later outside. Your surgeon or therapist will help you determine how to begin.
- Some loss of appetite is common after surgery. However, eating well-balanced meals and drinking plenty of fluids is important.
- Driving will be restricted for a few weeks after surgery. Be sure to follow your surgeon's advice.
- Blood clots can occur during the first several weeks after surgery. Please follow your surgeon's instructions for prevention carefully including wearing anti-blood clot stockings. Be certain to remove your stocking daily and inspect your skin before re-applying.
 - **Warning signs of blood clots** - notify your doctor immediately if you develop any of the following:
 - Increasing calf pain (Do not rub or massage area!).
 - Tenderness or redness above or below the knee.
 - Increased swelling in your calf, ankle, foot.
 - Sudden shortness of breath or chest pain may mean the blood clot has moved to your lung.
- Infection is another complication that may occur after surgery:
 - **Warning signs of infection** - notify your doctor immediately if you develop any of the following:
 - Persistent fever (greater than 100 degrees orally).
 - Shaking, chills.
 - Increasing redness, tenderness or swelling at the incision site.
 - Drainage from the incision.
 - Increasing pain at the surgical site with both activity and rest.

- Having some of the same numbness, tingling or pain in your neck or down your arm is normal after your surgery and may go away in time. If the pain increases, decrease your activity and contact your surgeon.

Expectations about Neck Surgery

- You may continue to have a little pain and weakness for some time. Recovery may take weeks, months or years.
- To prevent recurrent neck problems, use good body mechanics and keep your muscles conditioned with regular exercise and stretches. Follow the advice of your surgeon and/or physical therapist about which exercises are best for you.

For More Information:

- St. Vincent Charity Hospital Rehabilitation Services: 216.363.2564
- American Academy of Orthopaedic Surgeons: www.orthoinfo.aaos.org

Finding a Physician

As Caregivers, our physicians serve with a deep respect for the dignity of all persons. Our practice of quality care, our dedication to the poor and our commitment to education make our physicians valuable assets to our community.

At St. Vincent Charity Hospital, we have physicians who specialize in neck surgery. Please call the Physician Referral Line at 1.800.223.8662 or visit our Hospital Web site at www.stvincentcharity.com to contact one of our esteemed physicians.

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