

Posterior Cervical Laminectomy and Fusion

WHAT DOES SURGERY ENTAIL?

This is a particular surgery where we make a 4-6 inch incision in the back of the neck. We then split the muscle to access the bones that protect your spinal cord and nerves. The area where your spinal cord and nerves are is called the spinal canal. In individuals who undergo this procedure, there is decreased space within the spinal canal that cause symptoms. To make more room for the spinal cord and nerves we need to increase the space of the spinal canal by removing the bones that cover the spinal cord. To hold everything in place once we have made more room for the spinal cord and nerves, we use screws and rods (fusion).

WHAT IS THE LIKELIHOOD THIS PROCEDURE WILL HELP MY PROBLEM?

This depends on your symptoms. The more arm/shoulder/hand discomfort you have the more recovery you will have in general. Neck pain is something that is difficult to predict will improve following surgery because there are many different causes of neck pain that are not treated effectively with surgery. The goal of surgery is to take the pressure of the spine and nerves. This helps very much with arm symptoms but because there are many other causes of neck pain that have nothing to do with the degenerative disks or pressure on the spine and nerves, neck pain relief is unpredictable. I generally advise patients that their arm/shoulder/hand discomfort will improve significantly but any improvements in neck pain is a bonus. Patients will tend to have some aspect of neck pain following this procedure since we must enter through the muscles of the back of the neck.

If you have symptoms of balance problems, coordination, or hand dexterity issues, that takes much longer to recover from. The goal of surgery in this case is to halt the progression of those above symptoms meaning if you are no different than you are before surgery after a year that is considered a success. A fair majority of patients do see some improvements in those symptoms, but it takes at least a year to see these results.

WHAT ARE THE RISKS OF SURGERY?

There are risks to any surgery. Life altering complications such as death, paralysis, and stroke are exceedingly rare. We do use a computer and different monitors to help us know if ongoing damage is happening to your spinal cord. People generally have some degree of neck pain following surgery because we do have to dissect through the muscles of the neck. This varies by person. Rarely, there can be bleeding in the neck that can weakness in the arms or legs but if this happens it will almost always happen while you are still in the hospital. Around 8% of the time patients have weakness post-operatively in their ability to flex their arm at their elbow or raise their arm to the side following surgery. This is something that does come back but it takes several months and sometimes the strength is not what it was. The risk of infection is less than 1% and typically occurs within the first couple weeks following surgery if it occurs. The odds of an infection rise with obesity, smoking, and poorly controlled diabetes. The goal of surgery is to fuse bones together. This generally takes about a year

to complete. Fusion rate is upwards of 90%+ but patient specific factors such as obesity, smoking, diabetes, and severe osteoporosis decrease those odds and may necessitate further surgery.

HOW LONG DOES THE SURGERY TAKE?

Surgery generally takes a few hours once the procedure starts but it can vary when you add in the time for anesthesia to put you to sleep and wake you back up.

WHAT IS THE FOLLOW-UP PROTOCOL?

We will have your follow-up at 6 weeks, 3 months, 7 months, and 1 year following surgery. If problems arise and you would like to be seen sooner, please contact our office. Occasionally we will close your wound with staples and if that occurs, we will see you back in the office at 2 weeks for staple removal.

HOW LONG IS THE RECOVERY AFTER SURGERY?

The overall recovery following surgery is about 1 year. The reason it is 1 year is that is about how long it takes for nerves/spinal cord to heal themselves to their full potential. Some people have permanent nerve damage from the degree or duration of compression that they have had and that may be a reason why full recovery is not achieved. But in general, how you feel at 1 year is how you will feel long-term. You will feel the initial post-operative soreness for at least a few weeks after surgery and that is generally how long it can take to return to desk/office type work. More physical work may require up to 6 weeks recovery to feel up to that level of activity.

WHAT ARE MY RESTRICTIONS AFTER SURGERY?

After surgery, it is generally no lifting more than 20 lbs until your first post-operative visit. This allows you to perform almost all usual household and self-care duties. The first 6 weeks are to allow your body to heal and recover from surgery so lifting more than that is not necessary. It is important that the muscles in the back of your neck heal properly. To help with that we ask that you do not reach above your head more than washing/brushing your hair and not reaching far out in front of you.

DO I NEED A BRACE?

Yes. You generally will have a hard collar to always wear except eating/showering for 6 weeks minimum and we generally will transition you to a soft collar to be worn for comfort afterwards. This will be done on a case-by-case basis depending on your own condition and extent of surgery. The reason for the brace is to stabilize the bones in your neck as the fusion begins.

HOW MUCH PAIN WILL I HAVE AFTER SURGERY?

The back of your neck is going to hurt after surgery for a minimum of 4 weeks. This is from the muscle dissection required to take the pressure off your spinal cord. We will supply you with pain medication following surgery. It is not uncommon to have good days and bad days with your arm(s) following surgery. Some days you may feel great, other days you may feel like you did before surgery. This is part of the normal recovery process of the nerves. In general, pain improves first but other symptoms like numbness or weakness can take much longer to improve if at all.

WHEN CAN I DRIVE?

When you are off prescription pain medication/muscle relaxers during the day.

HOW DO I CARE FOR MY SURGICAL INCISION?

When you are leave the hospital, you will have already had your bandage changed. Please keep the bandage that you left the hospital with on for 3 days and then you can remove the bandage and shower normally. You will have butterfly strips over their incision which was sealed with glue. These strips will fall off as you shower. If they are not off in 1 week after surgery, please pull them off. Once you have showered for the first time, you should keep the incision covered for a week or two as it heals. Same rules if you had staples.

If you experience any drainage from the wound, please take a picture of the wound and email/call our office to evaluate it. If you have staples you can also shower 3 days after surgery. No baths or pools until you come into clinic for evaluation.

DO I NEED PHYSICAL THERAPY?

For the first 6 weeks after surgery, we want your body recover from surgery. Stick to the lifting restriction and not reaching in front of you too much. If you would like to be involved in some gentle exercise such as going for a walk that is fine. Formal physical therapy can be discussed at the first post-operative visit, but we need your muscles to heal.

WHAT WILL I NEED FOR PAIN MEDICATION?

Every patient should take 1000mg of Tylenol (2 extra strength over the counter Tylenols) 3x a day. We will send you home with opioid pain medication that you should take sparingly and only as needed (2-3x/a day maximum). We will also prescribe you a muscle relaxer to also take as needed no more than 3x a day. Alternate this every couple hours with the Tylenol. If you are taking the opioids, be sure to take a stool softener to prevent constipation. Because you had a fusion, you **cannot** take NSAIDs for 6 months following surgery because it decreases fusion rates.