

# Cervical Discectomy

## What is a Discectomy ?

This is when some or all of the disc is removed.

## Why is this usually done ?

Because you have a prolapse causing arm pain or spinal cord compression.

## How is this usually done ?

There are two ways

1. By an anterior discectomy type approach (see also cervical fusion)
2. By having a foramenotomy then removal of the disc (see also foramenotomy)

## How much of the disc is removed ?

This depends on the approach, Almost all from an anterior approach, less from a posterior approach. In most cases only part of the disc is removed. From a posterior approach your surgeon may only remove the fragment that has been prolapsed. The more disc removed the less the chance of a recurrent prolapse. With more disc removed there can be a greater degree of neck pain postoperatively.

## What is the chance of a recurrent prolapse ?

Very small from an anterior approach, higher from a posterior approach

## Will removing the disc make me shorter ?

No more than a couple of millimetres.

## Will removing the disc make my neck unstable ?

This would be the exception in a discectomy via a either approach. If you have a laminectomy as well this may increase the chances of instability depending on how much of the facet joints are removed.

## Will I develop any angulation (bend) in my neck ?

Not usually but if you have an anterior approach this may happen over time

## Why have a discectomy alone for a disc prolapse and not a cervical fusion ?

Outcomes can be similar. There is the possibility of a progressive angulation of the spine in patients who only have a discectomy.

## What are the commonest complications from an anterior approach ?

Difficulty swallowing / Hoarse voice / Neck pain

## What are the common complications from a posterior approach ?

Muscle thinning / nerve root injury / infection

## Is the a chance of quadriplegia ?

Yes

## I am having one level done but have problems on my x-rays at other levels should I have these done too ?

No unless the surgeon feels that in doing the surgery at your symptomatic level it will cause problems at the other level fairly soon.

## Will I lose mobility in my Neck ?

If only one level is done with an anterior approach you may go on to fuse spontaneously but it is unlikely that you will notice much difference

## Could I need further surgery ?

Yes!

## Who gets the best results from a discectomy?

Those who are having surgery for arm pain.

## I am over weight will it help to loose weight ?

Excess weight puts strain on the neck and your risks of the surgery are higher. Some patients find their symptoms resolve with weight loss

## Will I have to wear a neck brace (collar) ?

With single level surgery this would be unusual. Some patients will wear one for comfort.

## How much better will I be ?

This will depend on a number of things.

If the nerve is very badly compressed prior to the surgery you may see no improvement. Most are 85% better. The general rule for improvement is that the pain gets better first. The weakness will improve next. How long this will take depends on how damaged the nerve is and how much thinning has occurred in your muscles. The last thing to get better is the numbness. Typically the numbness will take a long time (up to 12 months) and may never completely recover.

## Will all the arm pain go away ?

It may not typically about 85% will get complete relief

## Will the back neck get better ?

About half will get some relief of there back pain.

## What is the chance of a disc prolapse at another level ?

This will usually depend on the current state of your discs.

## Can I go back to playing active sport ?

In time yes. Most surgeons would suggest avoiding contact sport in the recovery period.