

# Anterior Cervical Fusion

## What is a Cervical Fusion ?

This is when two or more vertebra are joined with bone fragments, when this sets it fuses.

## Why is this usually done ?

Because you have:

- 1. A disc prolapse causing pressure on the spinal cord or a nerve root
- 2. A spur of bone (osteophyte) pushing on something.

## If you are having surgery at one level could you need to have another done to protect it ?

Yes!

## What are the different ways this can be done.?

- 1. Removing the disc and replacing with bone from your iliac crest
- 2. Placing bone inside a cage and placing that inside the disc space
- 3 Instrumented. This is added to either of the above and means the use of plate and screws

## How much of the disc is removed ?

All of it

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

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

## Where does the bone come from ?

Bone is taken from the iliac crest (pelvis bone). Sometimes artificial or bovine (cow) bone is used.

## What is the risk of failure ?

There are two types of failure.

- 1. Failure to get better.
- 2. Failure to fuse.

You can both or either. Some patients will get a solid fusion but get no better and some will have a non solid fusion with good relief of symptoms. Most patients will fuse.

## Is there a chance of failure at an adjacent level ?

Yes there is no doubt that the adjacent discs to fusion have a greater risk of failure

## Can the metal break

No! This typically occurs if the boney fusion does not work

## Can the plate and screws work loose ?

Yes ?

## What are the commonest complications ?

Difficulty swallowing / Hoarse voice / Neck pain

## Will the screws need to be removed

In most cases no. Some patients have the plate pushing on the gullet and need them taken out.

## Is there a chance the fusion will not work ?

Unlikely

## Will the fusion remove all my neck pain ?

It may not. It depends on the state of your neck and the reasons for your surgery. If you have multiple levels involved and only one fixed then the others may still cause symptoms.

## If I have a spondylolisthesis will it be reduced ?

Yes

## 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 being fused you may not notice much difference

## Could I need further surgery ?

Yes!

## Who gets the best results from a fusion?

Those who are having surgery for arm pain.

## Do I have to give up smoking ?

Yes bone growth is thought to occur more quickly and besides it causes cancer !

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

Excess weight puts strain on the fusion 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 and a plate this would be unusual. With multiple levels and no plate this would be likely.

## Will I need to have plate and screws ?

Single level surgery with bone or cage are only marginally better of with a plate. Multi level surgery has a much better chance of fusion with a plate.

## Could I be worse after the surgery ?

Yes! All the terrible things you hear about spinal surgery going wrong are true !

## Will I be able to feel the screws and rods.

No ! Some patient will have a little difficulty swallowing which may be the plate but is usually the affect of moving the gullet in surgery.

## What if I get an infection ?

This is treated with a cleaning of the wound and long term antibiotics.

## What happens if I get no better with the surgery ?

Spinal fusion is regarded as the last port of call for a surgeon in treating your neck. Some patients will need further surgery from behind and this is normally discussed with you prior to the fusion surgery.

## If I have had the surgery for myelopathy (pressure on the spinal cord) will this make me better and stop any deterioration ?

Not always. It will depend on how badly your spinal cord is damaged prior to the surgery. Some patients do deteriorate with age despite post op imaging showing no compression.

## Are the risks of redo (revision) surgery higher than the original surgery ?

Yes!

## Can I go back to playing active sport ?

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