

What do I need to know before I go home?

On the day of discharge you will be given three days supply of the required medications, see your local doctor for further medication prescriptions. An appointment will also be made for you to attend either the Outpatient's Clinic or to see your Consultant Neurosurgeon.

It is very important that see your local doctor or the nearest Emergency Department if you have any of the following symptoms:

- Any ooze, redness or swelling around the operation site
- Increased pain in your neck
- Persistent or increasing pain, numbness or tingling in one or both of your arms
- Difficulty in walking
- Unrelieved severe headaches
- Fever
- Pain, swelling or redness in one of your legs
- Sudden shortness of breath, which may or may not be accompanied by chest pain

Avoid activities or movement that requires turning or bending of your neck, and do not lift anything heavier than 5 kgs until you see your surgeon.

If your surgeon has ordered you a neck brace you are not allowed to drive whilst you are required to wear the neck brace.

Further Information

If you have any questions during your stay please do not hesitate to talk to a member of the nursing staff, who will be only too pleased to try and assist you.

The information in this pamphlet was compiled by:

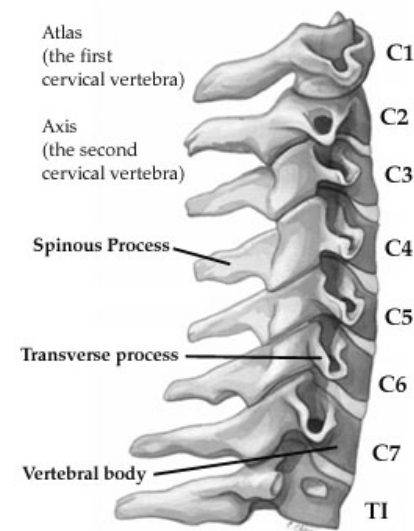
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Cervical Spine Surgery



***A guide for patients
and their families***

The following pamphlet is designed to provide patients, families and carers with an overview and general information about the post operative management following cervical spine surgery. This pamphlet is not intended to replace discussion with your doctor, nurse or other members of the health care team.

Why do I require cervical spine surgery?

Cervical spine surgery is usually done to relieve pain, numbness, weakness or loss of coordination in the arms, hands, fingers and/or legs. Neck and arm pain can be the result of compressed or “pinched” cervical spine nerves, caused by trauma, arthritis, a tumour, thickening of the ligaments which support the spine, a build up of bone or a herniated or ruptured disc.

What types of surgery can be performed?

The most common procedures are:

- Cervical laminectomy – an incision is made down the middle of the back of the neck to remove much of the bony arch to relieve pinching of the nerve root or spinal cord
- Anterior cervical discectomy – an incision is made at the front of the neck to remove a herniated disc or bone spur
- Cervical fusion – portions of the vertebrae above and below the removed disc are fused together with a bone graft to keep the spine stable. The bone graft is usually taken from your hip
- Cervical foraminotomy – removal of bone and tissue to enlarge the intervertebral foramen and, possibly, removal of herniated disc fragments

What will happen immediately after my operation?

After the operation you will be taken to the recovery room. When you wake up you will have various computer leads attaching you to a monitor, which monitors your heart rate, pulse and breathing. You will have an oxygen mask on your face, a drip in your arm to provide intravenous fluids, a dressing to cover the wound and you may have a tube into your bladder to measure urine output. You will be asked if you have any pain, and if so you will be given an injection to help relieve the pain. When your condition is stable you will be transferred to either the Neuro/Trauma High Dependency Unit or Neurosciences Ward for ongoing care. The nursing care includes frequent monitoring of blood pressure, pulse, temperature and testing of the movement, strength and sensation in your arms and legs.

Post-operative recovery information.

Your doctors will review you each morning. You will begin walking as soon and as often as possible with assistance. Walking helps to improve recovery and to reduce the risk of blood clots in the deep veins of the legs (DVT). The physiotherapist will visit you on the first morning after your operation

to assist you with breathing and coughing to prevent any problems with your lungs. You will be allowed to drink and progress to a normal diet when you feel well enough. Most patients undergoing cervical spine surgery are usually discharged within seven days. You will be discharged when:

- Your blood pressure, pulse and temperature are stable
- You can walk on your own or with minimal assistance
- Your pain can be controlled with tablets
- You can tolerate food and fluids without becoming nauseous
- You have normal control of your bladder and bowels
- Your wound is healing well

If you have wound stitches or staples, these are generally removed prior to discharge, if not, your local doctor will be able to do this for you.

You may experience some discomfort for a few days after surgery, this is usually due to swelling of the operation site. Mild pain killers can help to relieve the discomfort.

You may be required to wear a neck brace to limit movement to the spine as it heals, this is dependent on your surgeon and specific operation. If required the neck brace should be worn at all times until you are reviewed by your surgeon.

