

CERVICAL DISCECTOMY AND FUSION KEY-HOLE TECHNIQUE

This type of procedure is offered to patients who have usually had a rupture of a cervical disc in their neck with the result of shoulder, arm and or hand pain. This condition occurs most commonly in younger patients, often in their 30-50's. Sometimes the problem relates to an older patient who has had some degeneration occurring around the disc. There may be an osteophyte (bone spur) pressing on one of the branching spinal nerves in the neck that go on to send electrical messages to the shoulders and arms.

Often, the pain in the shoulder and arm settles naturally. If the pain continues after 6 weeks or more, an operation that removes the ruptured disc can be offered.

This surgery is a minimally invasive technique and is done through a small key-hole incision at the front of the neck, usually in one of the creases that already exists. The surgery is performed under general anaesthetic. After the ruptured disc and/or bone spur is removed, an artificial disc spacer is placed in the gap. Bone graft is added to permit stiffening of this single segment. Usually, a small, very thin plate is added to the front of the spine in the neck at this single level to hold the segment still while it is healing.

No neck collar is required after the surgery.

Relief of the arm and shoulder pain is usually immediate and most patients stay in hospital for 1-2 nights. The surgery is usually "bloodless" and almost no difference is noted with regards to future movement in the neck.

With the new "cell saver" service, any blood lost during the operation can be recycled and allows for an auto-transfusion. Very few patients therefore require a banked blood donation.

Some patients return to many sports, including contact sports.



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