

Posterior Cervical Laminectomy Decompression and Fusion

Why are posterior cervical decompressions and fusions performed?

Posterior cervical decompressions are performed to relieve pressure from the spinal cord and nerves. If removing the bone might lead to weakening of the spine in the future a fusion is often performed at the same time to decrease the chance of that happening. The goal of fusion is to stop movement at that level.

What is done during the surgery?

Surgery to relieve pressure on the spinal cord and nerves in the neck is performed through an incision, or cut, in the back of the neck. Bone is removed to take pressure off the nerves and spinal cord and then the bone removed is placed on either side of the spine so that it will eventually heal into a solid mass (facet fusion). Often screws and rods (lateral mass screw and rod constructs) are placed into the bone on one or both sides to act as an internal brace while the bone slowly fuses (which takes months).

What is put into the spine?

The screws and rods used are made out of titanium. You can have an MRI with the screws and rods in place. We have not had any patients tell us that they have set off metal detectors in airports.

What symptoms is the surgery designed to help?

Posterior neck surgery is done for spinal cord compression and/or pinched nerves causing pain, numbness and tingling in the arms or hands, fine motor problems, neck pain, and gait instability. Usually, the symptoms will take time to improve as the spinal cord and nerves heal slowly. With any spine surgery, there is a chance that the operation will not produce relief of pain even if everything heals well.

What are the risks of the surgery?

The risks of the procedure include anesthetic complications, such as lung or heart problems, bleeding, the need for blood transfusions, and infection. Neurologic complications include spinal cord, nerve injury or spinal fluid leak. There can be problems with the placement of the screws, rods or cages leading to a need for another surgery to repair them and failure of the bone to heal. The risk of nonunion, or failure of the bone to heal, is much higher in smokers than nonsmokers. Problems after the surgery can include problems with constipation or urination, blood clots or pneumonia. These are more common in patients who smoke, are overweight and who do not participate fully in post-operative physical therapy.

Success of Surgery

A successful result after the surgery depends on a positive attitude and efforts by the patient to aid recovery. Your preoperative symptoms may take weeks or longer to improve fully. Generally, symptoms such as pain shooting into the leg improves first, followed by motor weakness, if any. Numbness is often the last symptom to improve. Pain in the neck may be due to many factors and may improve slowly or persist to some degree. Usually if there is a significant of compression on the spinal cord or nerves, your symptoms may take time to improve. It could be weeks or months before there is any significant improvement. Usually, the spinal cord and nerves heal slowly and the recovery process takes some time.

Discharge Instructions After Posterior Cervical Surgery

Care of your Incision

Your incision will be closed with sutures and will usually be taken around 2 weeks after surgery: You should take sponge baths until the sutures are removed, then you may shower. You should not soak in a tub for at least 2 weeks. Slight drainage the first day or so, limited swelling or mild bruising is common and usually not of concern. If there is significant leaking or any marked redness or a large amount of swelling you should call the office.

Pain Management

Most patients after posterior cervical surgery complain of pain in the incision site in the back of the neck. Many patients also have some muscle spasm. Most patients after lumbar fusion complain of pain in the incision site in the back. Many patients also have some muscle spasm. A postoperative pain medication plan will be discussed at the preoperative appointment, and the “West Bay Orthopaedics & Neurosurgery Pain Management Agreement” will be discussed at that time.

Activity

Unless you have been instructed otherwise, you should focus on gently walking the first 2 weeks after surgery. You should start with brief walks in the house, gradually increase the time and speed of your walks. It is best to limit stair walking to 1 to 2 times a day in the first week. You should avoid driving or being in the car for the first 2 weeks. After that, start with short drives with another person in the car. You should avoid lifting anything heavier than a half gallon of milk for the first 2 weeks. After that, you can start to lift heavier objects if you are comfortable. Remember, if it hurts, don't do it! Sexual activity can be resumed when you feel comfortable. You can discuss returning to an exercise regimen with your physical therapist.

Therapy

For most patients, working with a physical therapist after the surgery can help with the recovery process. In some cases, occupational therapy may be helpful especially with specific problems related to fine motor movements of the hands and fingers.

Diet and medication

You can resume your regular diet immediately after the surgery. Your regular medications, including aspirin, can be restarted immediately after surgery. If you are taking an anticoagulant or “blood thinner” such as warfarin (coumadin), plavix (clopidogrel),

pradaxa (dabigatran), or any other anticoagulant medication, you will be told when to restart the medication. You should then follow-up with the doctor who prescribes the anticoagulant medicine. Constipation is a common problem after spine surgery. Over the counter stimulants and stool softeners can be beneficial, along with plenty of fresh water.

Work

Most patients with lighter duty jobs can return to work 6-12 weeks after the surgery. Patients whose jobs require heavy lifting may take longer. Your return will be discussed at your follow up appointment.

Follow up appointments

Your follow up appointment should have been set up at the times of your pre-op visit. It is usually about 1-2 weeks after surgery. Prior to your visit with us we may have you go for post-op x-rays; the office will inform you of this if they are needed.

What to watch out for

These symptoms should cause you to call immediately or dial 911 to come to the emergency room:

- Paralysis or inability to fully move arms or legs.
- Severe chest pain, difficulty breathing
- Loss of control of your bowels or bladder

The following symptoms may indicate a problem. You should call the office number listed below:

- Fever higher than 101F
- Increasing back and/or leg pain
- Difficulty passing urine
- New numbness or change in symptoms from before surgery
- Redness or drainage from the incision
- Unusual headache, especially if it is much worse when you stand up

For questions after the surgery, please call 401-739-4988. After hours, the answering service will respond and page the doctor in an emergency.