

Cervical Spinal Fusion Surgery



Allina Health

General Information

Cervical spinal fusion surgery is a treatment that may help when your back or other spine-related pain has not improved after having other treatments.

Surgery may help relieve pain from arthritis, disc problems (degeneration, herniation or deformities) or the slippage of a spinal bone (vertebrae) on another (spondylolisthesis).

Surgery is part of your treatment plan, but your surgeon cannot guarantee you will feel relief after surgery.

The general hospital stay is 1 to 3 days.

About Surgery

The purpose of cervical spinal fusion surgery is to fuse or “weld” the vertebral bones together to eliminate movement at the painful or affected levels in your spine.

Your surgeon will place pieces of bone, bone graft materials or both, along the sides or between the vertebrae. The bone cells grow and mature. Movement at this part of your spine will stop when the bone becomes solid and the vertebrae are fused together.

Over time, the fused vertebrae could cause added pressure on other spinal levels. This means you may need more treatments or surgery.

Bone used during surgery can be your own bone, from a donor, or both.

- Your bone would likely be taken from your pelvis. This would be from a separate incision (cut).
- Donor bone is from the American Red Cross or from another certified tissue bank. All bank bone is been carefully processed and sterilized.

Together, you and your surgeon will decide what is best for you before surgery.

Your spine surgeon may need to access the front part of your spine through an incision on the front or side of your neck, known as an anterior approach.

Your spine surgeon may also need to access the back part of your spine through an incision on the back of you neck, known as a posterior approach.

Your surgeon may recommend the surgical placement of plates, screws or wires. It is placed to keep the vertebrae being fused from moving. It will increase the chance of the bones fusing.

There is a chance the hardware can become loose.

You may need to wear a neck brace to keep too much stress off the fusion site. If your hardware become loose or breaks, you may have neck pain, arm pain or both. You may need surgery to remove the hardware.

Risks

All surgery has risks. Some of the general surgery risks are:

- problems with general anesthesia (being put to sleep)
- lung problems
- blood clots
- bleeding
- infection
- fluid pools near the incision site
- unexpected problems such as allergy to anesthesia or injury to a major blood vessel that can cause death.

X-ray may be used during your surgery. If you are pregnant, this could be unsafe for your baby.

Your doctor cannot guarantee that you will feel relief after surgery.

There are also other risks with spine surgery that include:

- injury to a spinal nerve that could cause:
 - permanent pain (will never go away)
 - numbness or weakness in an arm or leg
 - loss of bowel or bladder control
- injury to the spinal cord could cause permanent paralysis (not being able to move).

The spinal nerves and spinal cord travel through the vertebrae in a sac filled with spinal fluid.

If the sac is punctured, spinal fluid will leak out. If this happens, you will need to lie flat in bed for 48 hours to allow the puncture site to heal and to prevent a spinal headache. Rarely, an injection or future surgery may be needed to seal the puncture site.

There is no way to guarantee the bone in your fusion will mature and become solid. There are many things that play a role in your body's ability to "weld" together the pieces of bone placed during surgery. The process of your fusion will be checked with X-rays at your follow-up appointments.

If you smoke, your chances of a successful solid fusion are lower than if you do not smoke. Talk with your health care provider about quitting smoking before your surgery.

If bone is taken from your pelvis (hip), you may have a lot of pain in that area after surgery. Over time, this pain should lessen. There is a chance this pain will never go away.

If your surgery needed bone plugs, some of them can become loose after surgery. You may need surgery to have them put back in place.

If an incision is made toward the front or side of your neck, tissue may need to be pulled to the side. This may cause hoarseness (losing your voice), problems swallowing or both. These problems can be short-term or long-term. There is also a risk of breathing problems as a result of swelling or bleeding after surgery.

The list includes the most likely problems (complications). There are others that can occur. Your surgeon will talk with you about these risks. The risks are serious but the possibility of any of these happening is low.

Bracing

Your doctor may recommend that you be fitted with a brace. This will keep the site of the fusion from moving so it can heal.

Your Care After Surgery

- If you need more care than what you can provide at home, members of your health care team may arrange for extra help.
- Tell a member of your health care team if you need home care, support services or medical equipment such as a hospital bed. You can meet with social services before you leave the hospital.

Medicines

You will receive a prescription for a pain medicine before you leave the hospital.

- Use this medicine **only** when acetaminophen (Tylenol®) does not give enough pain relief.
- Limit acetaminophen to 4,000 milligrams each day.
- Do not to take nonsteroidal anti-inflammatory medicine (NSAIDS) such as ibuprofen (Advil® and Motrin®) and naproxen (Aleve®) for 6 to 12 months after surgery. These medicines can interfere with the fusion process.

Long-term use of prescription pain medicines may interfere with your body's natural ability to help control pain.

Over time, you need more and more pain medicine to receive the same pain relief. Use prescription pain medicine as needed and only for a short time.

Where To Bring Your Paperwork

Midwest Spine & Brain Institute can help you fill out paperwork if it is related to disability, FMLA or other medical legal forms. There is a charge for this service.

Please mail your paperwork to Midwest Spine & Brain Institute, Att: Medical Legal Department, 1950 Northwestern Ave. Suite 102, Stillwater, MN 55082. Allow 1 to 2 weeks for the forms to be completed and mailed to you.

Do not bring any of this paperwork with you to the hospital.

Call 651-259-4545 if you have questions. Leave a message for the Medical Legal Department.

Whom To Call With Questions

- Call 651-241-7246 to make an appointment.
- Call 651-430-3800 to talk with a member of your health care team if you have any questions.



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