Cervical Corpectomy Surgery

GUIDELINES FOR PATIENTS HAVING CERVICAL CORPECTOMY AND FUSION SURGERY

Last Revised May 2011
This information booklet has been written to give you and your family a basic understanding of what is involved when you require a cervical corpectomy and Fusion.

In this booklet we provide information, including things you should know before and after your operation. It is important for you to understand the advantages but also the possible problems, which may occur after this surgery.

Throughout your stay in UPMC Beacon Hospital, you will receive continuous advice and support from all members of the team.

What is a Cervical Corpectomy and Fusion?

The cervical spine runs from the brain down through the cervical spine, controlling the body’s organ’s and limbs. In between each of the 7 vertebrae of the cervical spine are soft pads or discs which act as shock-absorbers and allow for bending and movement of the head. Each disc is made up of two parts; an inner soft jelly-like substance called the nucleus and a tough out band called the annulus.

A common cause of neck pain is due to degenerative changes that occur in the discs of the cervical spine and the joints around between each vertebra. The vast majority of patients who have neck pain will not require any type of operation. However, in some cases degenerative changes in the cervical spine can lead to a condition where there is too much pressure on the spinal cord. If spinal stenosis is the main cause of your neck pain, then the spinal canal must be made larger and any bone spurs pressing on the nerves must be removed. When this condition occurs, one surgical option is to remove the pressure on the spinal cord by removing...
Cervical Corpectomy Surgery

the degenerative vertebrae and replacing them with a bone graft. This procedure is called a corpectomy. Corpectomy means "remove the body" (in this case the body of the vertebra).

---

**Surgery**

1. **Removing the Discs**
   The disc above and below the damaged vertebrae are removed.

2. **Removing Vertebra**
   The surgeon removes the diseased vertebra, releasing pressure from the spinal cord and spinal nerves and relieving symptoms.

3. **Inserting the Graft**
   The space is cleared and prepared, and the bone graft is placed between the vertebrae. The graft may be an allograft from a bone bank or an autograft bone taken from the patient's own hip.

4. **Inserting The Plate**
   The surgeon may screw a small metal plate over the area to hold the bones in place while the vertebrae heal.

Last Revised May 2011
Cervical Corpectomy Surgery

A brace may be needed to provide extra support for your neck after surgery. If required, you will be measured for the Miami-J collar brace the morning after surgery and must wear the collar as per your consultant’s specifications.

Manage Your Pain

Pain is a common occurrence following any surgical procedure. It can be well managed with medications, special pain management devices and ice. The pain will naturally reduce as your wound heals and with regular use of analgesics (pain killers). It is imperative to keep your pain well controlled so you can mobilise comfortably, perform your physiotherapy exercises and resume normal activities after your surgery.

You will be asked to rate or score your pain regularly after your surgery. The score will depend on how your pain feels to you.

0= No Pain, 10= worst pain imaginable

(Please point to the number that best describes your pain)

![Pain Scale]

Assign the number you feel best describes your pain. The nurses will administer appropriate treatments/medications depending on your pain score. The nurse will reassess your pain score after the treatment to make sure it has worked to reduce your pain.

Nerves take time to recover from being squashed. They also have a tendency to ‘remember’ what has happened to them. Also, take into consideration your recent operation. Bruising and swelling will be present which will settle, but can also irritate the delicate nerve tissue initially.

Post Op

Post operative

- The physiotherapists will review you to commence activity once cleared by the consultant to start to move-this is usually 1-2 days post surgery.
- Do **not** smoke as it delays healing by increasing the risk of complications (e.g., infection) and inhibits the bones' ability to fuse.
- Do not drive for 6 weeks after surgery or until discussed with your surgeon.
- Avoid sitting for long periods of time.
- When showering, where Miami-J collar is used, remove the collar while lying supine, and keep dressings dry. Replace the collar while lying supine.
- Do not lift anything heavier than a litre of milk.
- Housework and yard-work are not permitted until the first follow-up review visit. This includes gardening, mowing, vacuuming, ironing, and loading/unloading the dishwasher, washer, or dryer.
- Postpone sexual activity until your follow-up appointment unless your surgeon specifies otherwise.

Last Revised May 2011
Cervical Corpectomy Surgery

- Gradually return to your normal activities. Walking is encouraged; start with a short distance and gradually increase to 1 to 2 miles daily.

**Exercises**

The physiotherapists will also teach you exercises and provide spine care advice. They may vary depending on individual consultant’s preference.

It is important for you to perform the exercises that your Chartered Physiotherapist prescribes to you daily. This will allow you to gently mobilize your spine and recover both motion and muscle strength. Walking is good for you, but you should rest as needed. Do not get overtired.

If you have any queries in relation to these exercises do not hesitate to contact the Physiotherapy Department on (01) 2936692.

**Discharge Instructions**

**Dressing**
Keep your dressing clean and dry, but do not remove it for 24 hours. There may be some bloody spotting on this, however this is normal.

**Bathing**
Try to keep the Mepore bandage as dry as possible when showering.

**Driving**
Returning to drive is at the discretion of your surgeon. You may ride in a car from the hospital to your home. However, you should avoid longer car trips until cleared to do so by your consultant.

**Warnings**
Notify Nursing staff if any of the following occurs:

- Excessive bleeding
- Excessive non bloody wound drainage beyond the first 3-4 days
- Poor Pain control
- Fever > 38.0
- Increased redness along incision

Incisions may be numb or tender for a few weeks after surgery. Some redness around the incision is common and usually disappears within one to three weeks. Ask a family member to help you check your incision regularly.

Recurrences of neck pain are common. Care should be taken to improve neck and spine posture during sitting, walking, lifting and sleeping, good ergonomics at work, stress management, relaxation techniques, and a positive attitude.

Last Revised May 2011
Cervical Corpectomy Surgery

**Follow Up**

The date for follow up Physiotherapy will be given to you by your consultant. We recommend attending Beacon Hospital for your follow up Physiotherapy. Our Physiotherapist have direct access to your surgical notes and have regular meetings with your consultant. Beacon Physiotherapy Department telephone number is 01-29036692.

**Signs of Infection**

If you develop any of the following signs of infection, it is important to report them to your doctor. The signs of infection include:

- Redness around the wound site
- Increased pain in the wound
- Swelling around the wound
- Heat at the wound site
- Discharge of fluid – may be green or yellow
- Odour or smell from the wound
- Feeling of being generally unwell
- Fever or temperature

Most people will have sutures that will need to removed approximately 10-14 days after surgery. This may be done by the GP, Dressing clinic, consultant or in the convalescence centre.

**Conclusion**

We hope that you have found this booklet useful and that it has helped to relieve some of your fears and anxieties regarding your surgery. During your hospital stay, your medical team will be available to answer any other queries you may have.

We look forward to meeting you soon.

**Individual Patient Notes:**

- Consultant Name: ____________________________
- Date of Surgery: _____________________________
- Surgery Note: ______________________________
- Date for removal of sutures ___________________
- Other Recommendations: ______________________

Last Revised May 2011