

Anterior Cervical Fusion Frequently Asked Questions

Cervical fusions are performed to treat cervical instability caused by tumors, infection or trauma. When an intervertebral disc ruptures in the cervical spine, it puts pressure on one or more nerve roots (often called nerve root compression) or on the spinal cord, causing pain and other symptoms in the neck, arms, and even legs.

Diagnostic Tools

- Patient history
- Physical Exam
- X-Rays, Magnetic Resonance Image (MRI) or CT Scan
- EMGs

Treatment Alternatives

- Medications
- Physical therapy (Exercises and stretching)
- Epidural Steroid Injections (ESI)
- TENS Units

Purpose of Procedure

The primary purpose of this procedure is to stabilize the cervical spine by restoring the disc height with metal cages, a metal cervical plate and fusing the vertebra together using the patient's own bone or a genetically engineered substance known as Bone Morphogenetic Protein (BMP).

Bone for Fusion

There are currently two primary alternative sources for the bone needed for the spinal fusion. Traditionally, some of the patient's own bone has been harvested from the iliac crest (hip bone). This technique produces excellent results for the fusion.

Early in 2003, the FDA approved a genetically engineered bone substitute for use in spinal fusions. Under the brand name, InFUSE, BMP converts stem cells into bone forming cells and stimulates rapid growth of bone at the targeted site. Using BMP eliminates the need for harvesting the patient's own bone and speeds up the fusion process.

Who will be involved in procedure?

Surgeon - The orthopedic surgeon that you have been seeing in our office will be the primary surgeon, in charge of your surgery.

Assistant Surgeon - Another orthopedic surgeon, usually from our office, will assist your orthopedic surgeon with the procedure. This is done to minimize the length of time you are under general anesthesia and to provide the necessary assistance with the actual surgical procedure.

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Anesthesiologist - The doctor who actually administers and monitors the anesthesia is a critical part of the surgical team. You will normally meet with the **Anesthesiologist during your Pre Op appointment at the hospital.**

Hospital Stay

With most cervical spine surgeries, patients are up and walking within hours after their procedure, although the walking is very limited. It is no longer necessary, or recommended, that you lie in bed for days or weeks after surgery. Nurses who are experienced in working with spinal surgery patients will assist you during your first few efforts at getting out of bed and walking. Your doctor will tell you when it is safe to shower after surgery.

Incision Care

The nursing staff at the hospital will show you how to keep the dressing dry and in place to protect the incision while showering. The wound should not be submerged in water (pool or tub) until it has healed and has been cleared by your doctor. The nurse will change the dressing after your shower, and again later if necessary.

Your surgical incision will be checked during your first Post Op appointment. However, should your incision become red and tender or drainage occur, prior to your first scheduled Post Op visit, you should contact our office for instructions.

Risks and Potential Complications

Infection

Bleeding

Complications from Anesthesia

Continued Pain

Fusion May Not Occur (higher incidence of non-fusion in patients who smoke)

Hardware (ie. screws, plate or cages) may break or come loose

Numbness

Nerve Damage

Weakness

Death

Return to Routine of Normal Daily Living

It normally takes approximately 3 to 6 months for the fusion to occur. During that time you should avoid strenuous activities that might affect the fusion process.

No Guarantees

No guarantees can be made as to the success of this procedure.

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Other Educational Resources

www.spine-health.com

www.spineuniverse.com

www.spine-surgery.com