Cervical Corpectomy Surgery

Guidelines for patients having Cervical Corpectomy and Fusion Surgery

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Introduction

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 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 outer 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...
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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).

⇒ Smoking: It is advisable to give up smoking, or at least to reduce the number of cigarettes you smoke a day as smoking interferes with wound healing. It also impairs bone growth and repair and will delay or even prevent healing after surgery.

⇒ Clothing: Loose comfortable clothing is advised e.g. long shorts, tracksuit bottoms or loose three quarter length trousers.

⇒ Footwear: Comfortable lace up or slip on shoes with a low heel is recommended. Please ensure there is a back to these shoes.

⇒ Valuables: please leave all valuables and jewellery at home.

**Preparing for admission checklist**

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.
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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. You will be asked to give a number between 0 and 10, where 0 represents no pain and 10 represents the worst pain you can imagine. 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)

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.
- Avoid sitting for long periods of time.
- When showering, where a 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.
- Gradually return to your normal activities. Walking is encouraged; start with a short distance and gradually increase to 1 to 2 miles daily.
Physiotherapy 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

General Recommendations

Sleeping
While in hospital some patients find it harder to sleep for various reasons, i.e. different bed and environment. Usually you sleep in any position that is comfortable, except for sleeping on your front. If you find that you are having this problem please let the nursing staff know as you may require something to help you sleep.

Nausea
Some of the medications you can be prescribed can cause nausea. Please inform the nursing staff if you feel sick or are getting sick as your medications may need to be changed/adjusted and the nursing staff can also get a medication prescribed to help relieve this nausea.

Pain Medication
On discharge from hospital you will be prescribed some medications, some of which will be for pain. Plan to take your pain medication 30 minutes before your exercises. Preventing pain is easier than chasing pain. If pain control continues to be a problem, contact your general practitioner.

Nutrition:
Aim to follow a well-balanced diet which includes protein, fats and carbohydrates. It is important to be well nourished to promote wound healing, so eat well and do not attempt to lose weight at this time.

The following nutrients are particularly important at promote wound healing:

- Protein- found in meat, fish, milk, eggs, yoghurt, cheese, beans and pulses.
- Vitamin A- found in liver, fortified milk, carrots, turnips and green leafy vegetables.
- Vitamin C-found in citrus fruits, potatoes and green leafy vegetables.
- Iron- found in liver, red meat and green leafy vegetables.
- Zinc- found in breakfast cereals, red meat and green leafy vegetables.

If you are on a special diet or have any queries, please discuss with your doctor, nurse or dietician.
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**Bowel Care**

A high fibre diet is recommended after surgery. You may also be prescribed laxatives (e.g., Lactalose, Senokot) during your hospital stay.

**Driving**

In order to be safe driving a motor vehicle, you must be in control of the pedals effectively. It is recommended that you do not drive a motor vehicle for 6 weeks after surgery or until advised by your consultant. 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.

**Travel**

Prolonged periods of sitting on airlines may predispose you to leg swelling and deep venous thrombosis, and it is recommended that you avoid this until 6 weeks after your surgery. If you must travel, wear your elasticated stockings and keep your leg elevated as much as possible. Please discuss with your consultant any imminent travel arrangements.

**Car Transfers**

Your Consultant will tell you when you are allowed to drive again after your operation. When travelling in the car you should sit in the front passenger seat. It is important that you avoid long journeys if possible.

Before getting into the car, make sure that you are standing on level ground and not on a kerb. Your driver should move the seat back as far as it will go and recline the seat slightly.

When getting in the car stand with your back to the car and lower yourself down slowly onto the seat, keeping your operated leg slightly out in front of you. Slide back into the centre of the passenger seat allowing you operated leg to come onto the seat with your knee slightly bent. Keep leaning backward, twist your bottom and swing your legs into the foot well of the car.

When getting out of the car, reverse the above procedure and ensure the operated leg is out in front of you before standing up.

**General Safety Advice for Home:**

Please be aware of the hazards in your home as this will make your recovery easier and safer.

- Move electrical cords, phone lines and ensure clear pathways.
- Store items within easy reach specifically in the kitchen and bathroom areas.
- Remove rugs including bath mats and entrance mats.
- Be careful with pets and young children.
- Be aware of water spills, slipper floors and always think before you move.

**Stockings**

Your consultant may wish for you to go home with elasticated stockings. These can be an important part of preventing the development of deep vein thrombosis (blood clots in the legs). It
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is recommended to wear these until review with your consultant and he will advise further on same.

### Discharge Instructions

You will be discharged from hospital 2-5 days after your operation. When you leave the hospital you will be asked to make an appointment or an appointment will be given to you to see your consultant, usually 2-6 weeks after the operation. This is for a routine check-up which will make sure you are progressing satisfactorily.

**Wound Care**

You will leave the hospital with a simple surgical wound. Before leaving the hospital your dressing will be changed and the wound site checked. Keep the dressing clean and dry (liaise with the nurse on admission as the dressing may be waterproof). The nurse looking after you will advise you on when the dressing needs to be changed as per the consultant’s specific wound care instructions.

**Signs of Infection**

Infection may occur despite your best efforts. If any of the symptoms below occur then you will need to see your GP or liaise with the centre for orthopaedics for advice and possible antibiotics. 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 (stitches) that will need to be removed approximately 10-14 days after surgery. This may be done by the GP, Centre for Orthopaedics, consultant or in the convalescence centre.

**Recurrence**

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.

**Follow Up**

You will be advised to attend outpatient Physiotherapy within two to three weeks of discharge. You may either attend a private physiotherapist in the hospital or a physiotherapist more local to your home. The Beacon Hospital Physiotherapy department run a Back Rehabilitation Programme for patients who are recovering after back surgery. It is gym based exercise programme and it runs for one hour / week over 6 weeks. It focuses on increasing core muscle strength, mobility and fitness to help you return to normal activities, work and sport. If you are interested in attending, please let your ward physiotherapist know or alternatively contact Physiotherapy reception on 01-2936692 to book a place.
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You may need to continue your physiotherapy for several months after your surgery. Your physiotherapists will advise you after your surgery regarding your requirements.

8. 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.

9. Individual Patient Notes:

Consultant Name: ________________________________

Date of Surgery: _________________________________

Surgery Note: _________________________________

Date for removal of sutures _____________________________

Other Recommendations: _______________________________

This Patient Education leaflet was developed by the Chartered Physiotherapists and the orthopaedic liaison nurses in Beacon Hospital.

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