

Anterior Cervical Decompression and Fusion

University Neurosurgery Information Sheet

General Indications for the Procedure:

An anterior cervical decompression is a procedure to remove pressure from the spinal cord and/or nerve roots. The purpose of the fusion is to reconstruct the cervical spine to prevent further problems at the operated level.

Description of the Procedure:

Anterior cervical decompression and fusion is performed by making a small incision in the front part of the neck. The trachea and esophagus are moved aside and the affected disk(s) and/or vertebral bodies are carefully removed. The operating microscope is utilized at this point to improve the safety and efficacy of the operation. The spinal cord and nerve roots are decompressed while being visualized. Once an adequate decompression is achieved, a piece of cadaver bone or a polymer spacer is placed in the region once occupied by the disk(s) and or vertebral body(s). A titanium plate is secured with screws to the vertebral bodies above and below the level(s) of decompression.

Risks of Procedure:

The risks and possible complications include: infection, bleeding, difficulty swallowing and vocal cord paralysis which may result in permanent hoarseness. These risks are very small. Even rarer is the risk of partial or total paralysis of the arms and legs with loss of bowel and bladder function. Long-term risks include failure of adequate fusion formation, plate or screw loosening or breakage, and the need for further spine surgery. Similar to all operative procedures, there is no guarantee the surgery will alleviate the patient's symptoms

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Procedure Alternatives, if any:

In certain situations, a decompression and reconstruction can be done from a posterior route. This involves opening the back of the neck and removing bone and/or disks from behind the spinal cord and nerve roots. The surgeon will provide information as to whether this is a safe alternative based on the patient's specific problem. In select clinical situations a decompression without fusion or decompression followed by an arthroplasty may be performed.

Probable Consequences of Refusing the Procedure:

Current symptoms will persist and/or worsen.

Person(s) Performing the Procedure:

The surgical team for this procedure is large. This involves, but is not limited to, the attending surgeons, resident surgeons, surgical nurses, physician assistants, surgical technologists and anesthesiologists. Everyone involved will be performing important tasks related to the surgery in accordance with the hospital policies, and based on their skill set and under the supervision of the responsible practitioners.