

# **Cervical Corpectomy**

## **Brief description of the procedure**

Through an anterior, vertical incision, a discectomy is done on either side of the vertebral body to be removed is performed, followed by the removal of the vertebral body itself. The posterior longitudinal ligament is often removed to allow access to the cervical canal and to ensure complete removal of the pressure on the spinal cord and/or nerve roots. The defect must then be reconstructed with an appropriate fusion technique. Details of the surgery can be found in the post-operative note completed by the surgeon.

## **Disorders it treats**

This procedure, a cervical corpectomy, is often done for multi-level cervical stenosis with spinal cord compression caused by bone spur (osteophytes) growth. Is also performed on patients with symptomatic, progressive cervical spinal stenosis and myelopathy

## **Possible Post-Op findings**

Most patients are able to go home 4-5 days after surgery. Patients are instructed to avoid bending and twisting of the neck in the acute postoperative period (first 4-6 weeks). Patients are also instructed to avoid heavy lifting in the acute postoperative period (first 4-6 weeks).

## **Factors influencing recovery**

Slower healing rate caused by i.e. diabetic, smoker, old age, osteoporosis, obesity, and malnutrition.

If you had a fusion, do not use non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., aspirin; ibuprofen, Advil, Motrin, Nuprin; naproxen sodium, Aleve) for 6 months after surgery. NSAIDs may cause bleeding and interfere with bone healing.

## **Brace (Y/N)**

Most patients are placed in a padded, plastic neck brace or cervical brace. This reduces the stress on the neck area and helps decrease pain. It can also be used to improve bone healing by maintaining the neck in a rigid position, especially in the first few weeks after surgery

## **How long?**

2 months

## **Driving restrictions (Y/N)**

Patients may begin driving when the pain has decreased to a mild level and mobility of the neck has improved, which is usually between 3-8 weeks after surgery. Patients need to be able to turn their neck and body enough to see right and left while driving. Patients should not drive while taking pain medicines (narcotics). When driving for the first time after surgery, patients should make it a short drive only and have someone come with them, in case the pain flares up and they need help driving back home. After patients feel comfortable with a short drive, they can begin driving longer distances alone.

## **Physical Therapy Needed?**

Yes. physical therapists work with patients and instruct them on proper techniques of getting in and out of bed and walking independently. Patients are instructed to avoid bending and twisting of the neck in the acute postoperative period (first 4-6 weeks). Patient will also receive strengthening exercises for the cervico/thoracic region to help improve the patient's posture and help restore muscle balance.

## **PT restrictions**

No AROM/PROM into endrange. Only mid-range when cleared by surgeon. Needs to wear brace or 2 months, but

## **PT objectives**

Increase posture, ergonomics, hand/arm strength and isometric cervical spine strength at first. Improve ROM starting 4 weeks post-op. Teach ergonomics. C-spine CORE exercises.

## **PT modalities**

Strengthening, Coordination, Proprioception exercises at first. Later on gentle AROM exercises will be added. US/E-stim as indicated

## **Work/Hobby restrictions**

Patients may return to light work duties as early as 3-4 weeks after surgery, depending on when the surgical pain has subsided. Patients are generally advised to refrain from heavy work and lifting after surgery. Patients may participate in low impact sports and recreational activities after 6-8 months, when the surgical pain has subsided and the neck and back strength has returned appropriately with physical therapy.

## **Incision Care**

You may shower 1 to 4 days after surgery, but should keep the incision area covered with a bandage and tape, and try to avoid the water from hitting directly over the surgical area. After the shower, patients should remove the bandage, and dry off the surgical area. Patients should not take a bath until the wound has completely healed, which is usually around 2 weeks after surgery. Follow your surgeon's specific instructions. No tub baths, hot tubs, or swimming pools until your health care provider says it's safe to do so. If you have staples or stitches when you go home, they will need to be removed. Ask your surgeon or call the office to find out when. The wound area can be left open to air. No bandages are required. Small surgical tapes affixing the suture should be left in place. The area should be kept clean and dry. Patients can shower immediately after surgery,

## **When to call your surgeon**

If your temperature exceeds 101° F, or if the incision begins to separate or show signs of infection, such as redness, swelling, pain, or drainage. If your swallowing problems interfere with your ability to breathe or drink water.

## **Follow with surgeon**

Patients will return for a follow-up visit to see the doctor approximately 8-12 days after surgery. The incision will be inspected and one suture will be removed. Medications will be refilled if necessary. Patients will usually return to see their surgeon every 4-6 weeks thereafter, and an x-ray will be taken to confirm the fusion area is stable and healing appropriately. At 10-14 weeks after surgery, patients will be given a prescription to begin physical therapy for gentle neck exercises.

## **Outcomes**

The results of anterior cervical corpectomy and fusion surgery in the treatment of symptomatic, progressive, cervical spinal stenosis and myelopathy are generally good. The surgery serves to improve pain and function and prevent further neurologic deterioration and paralysis. Numerous research studies in medical journals demonstrate greater than 80-91% good or excellent results from anterior cervical corpectomy and fusion surgery. The fusion rate is significantly improved with the use of a small titanium plate, and typically obviates the need for a halo postoperatively. Most patients are noted to have gradual improvement of their pain and function following surgery.

