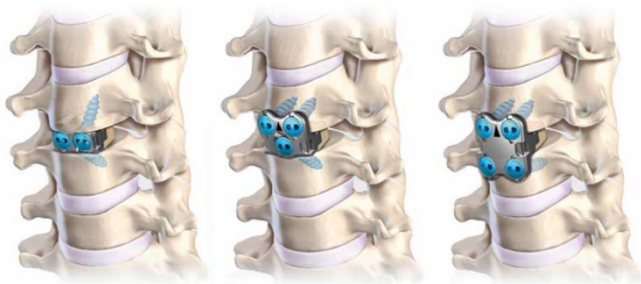


### What is an anterior cervical discectomy and fusion?

An anterior cervical discectomy and fusion is performed to treat damaged disc or discs that are causing pressure on your spinal cord or the nerve leaving the spinal cord. The operation is to help arm pain, weakness and or gait disturbance.

A skin crease cut is made across the right side of the neck at the front. The spine is approached, this requires careful protection of the large vessels to the brain, the nerve responsible of voice and the oesophagus (tube to stomach) and trachea (tube to lungs). An x-ray is taken during surgery to confirm the correct level of the spine before removing the disc. Using a microscope the damaged disc is removed. Any bony spurs which may be compressing the nerve roots and spinal cord are also removed. After removing the disc, a prosthetic interbody cage is placed in the disc space. This prevents collapse of the space, stops the bones rubbing on each other and maintains the normal height of the disc space. The interbody cage is filled with a bone graft substitute. This fuses the two neck bones together. Sometimes, a small metal plate with screws is used to help strengthen the fusion. The cut will be closed with sutures.



### Anaesthetic

This procedure will require a general anaesthetic. Please speak to your anaesthetist about the anaesthetic and the risks involved.

### What are the risks of this specific procedure?

There are risks and complications with this procedure. They include but are not limited to the following.

#### Common risks and complications (more than 5%)

- Infection requiring antibiotics and further treatment.
- Minor pain, bruising and/or infection from IV canula site. This may require treatment with antibiotics.
- Usually a cage is used rather than your own bone. If your own bone is being used pain from the donor site can occur and usually settles with time.

#### Uncommon risks and complications (1-5%) include:

- Bleeding is more common if you have been taking blood thinning drugs such as anticoagulants.

- Heart attack due to the strain on the heart.
- Stroke or stroke like complications may occur causing neurological deficits such as weakness in the face, arms and legs. This could be temporary or permanent.
- Injury to the nerves of the voice box which causes vocal cord paralysis and a hoarse voice. This is usually temporary but may require further surgery. This is rarely permanent.
- Injury to the food pipe. This may require further surgery.
- Injury to the carotid artery, which can cause a stroke. This may be permanent.
- Injury to the spinal cord resulting in quadriplegia. This may be temporary or permanent and may require further surgery.
- Injury to a nerve root causing a weak and numb upper limb. This may be temporary or permanent.
- Ongoing neck or upper limb pain. This may be temporary or permanent.
- The bone may not heal or fuse. This may cause pain and require further surgery.
- Movement of the graft or inter body cage resulting in swallowing difficulties. This may require further surgery.
- Swallowing difficulties due to swelling. This is usually temporary.
- Pain between the shoulders. This is usually temporary.
- Small areas of the lung may collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increase risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Instability of the spine or abnormal alignment may occur. This may require further surgery.
- Blood clot in the leg (DVT)
- Pulmonary embolism (PE)

#### Rare risks and complications (less than 1%)

- Breathing may become difficult due to bleeding and swelling in the neck area. This may require a tracheostomy, which will be temporary unless there are further complications.
- Due to limitations of imaging and body habitus occasionally a wrong level will be operated on necessitating further treatment.
- Death as a result of this procedure is very rare