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Posterior Cervical Laminectomy Decompression and Fusion

Why Are Posterior Cervical Decompressions and Fusions Performed?

Posterior cervical decompressions are performed to relieve pressure from the spinal cord and nerves. If removing the bone might lead to weakening of the spine in the future, a fusion is often performed at the same time to decrease the chance of that happening. The goal of fusion is to stop movement at that level.

What is Done During the Surgery?

Surgery to relieve pressure on the spinal cord and nerves in the neck is performed through an incision, or cut, in the back of the neck. Bone is removed to take pressure off the nerves and spinal cord and then the bone removed is placed on the facet joints, so that it will eventually heal into a solid mass. Often screws and rods (lateral mass screws and rod constructs) are placed into the bone on one or both sides to act as an internal brace while the bone slowly fuses (which takes months).

What is Put into the Spine?

The screws and rods used are made out of titanium. You can have an MRI with the screws and rods in place. We have not had any patients tell us that they have set off metal detectors in airports.

What Symptoms Can the Surgery help?

Posterior neck surgery is done for spinal cord compression and/or pinched nerves causing pain, numbness and tingling in the arms or hands, fine motor problems, neck pain, and gait instability.

Usually, the symptoms will take time to improve as the spinal cord and nerves heal slowly. With any spine surgery, there is a chance that the operation will not produce pain relief even if everything heals well.

What Are the Risks of the Surgery?

The risks of the procedure include anesthetic complications, such as lung or heart problems, bleeding, the need for blood transfusions, and infection. Neurologic complications include spinal cord injury, nerve injury, or spinal fluid leak. There can be problems with the placement of the screws, rods or cages leading to a need for another surgery to repair them and failure of the bone to heal. The risk of nonunion, or failure of the bone to heal, is much higher in smokers than nonsmokers. Problems after the surgery can include constipation or urination difficulty, blood clots, or pneumonia. These are more common in patients who don't get up and walk soon after surgery, so gentle activity is encouraged.

Success of Surgery

A successful result after the surgery depends on a positive attitude and efforts by the patient to aid recovery. Your pre-operative symptoms may take weeks or longer to improve fully.

Generally, symptoms such as pain shooting into the arms improves first, followed by motor weakness, if any. Numbness is often the last symptom to improve. Pain in the neck may be due to many factors and may improve slowly or persist to some degree. Patients with spinal cord damage before the surgery may not see improvements for months or longer. Sometimes surgery may succeed only in stopping the pre-operative symptoms from getting worse.

Pain Management

At the pre-operative visit, a detailed plan for post-operative pain medication management will be discussed with you. Please review the pain medication handout and office opioid policy for more information.

After posterior cervical surgery, most patients complain of pain at the incision site in the neck, and have some muscle spasms. Medication will not take all the discomfort away, and using ice packs on the site and focusing on gentle walking will also help. You will be given a prescription for pain medication after the surgery. At your post-operative appointments you will be reassessed for your pain medication needs. As your pain improves, you should gradually decrease your narcotic medication. Our office will not prescribe narcotic medication after the normal healing period after the surgery.

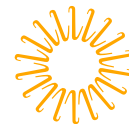
You must bring your pill bottle with you to your post-operative appointment. Refills are only given during office appointments.

What is Recovery Like?

Most patients stay in the hospital for one or two nights, and should try to be up and walking the day of the surgery. For the first two weeks, light exercise such as walking, including going up stairs is recommended. Heavy lifting should be avoided, and driving is not permitted while patients are on narcotic pain medication. After two weeks, the patient is seen for a post-operative appointment to check the incision and remove staples or stitches. Most people will be given a physical therapy prescription at the time. Most patients return to full-time work or vigorous exercise 2-3 months after the surgery. Patients will be seen in routine appointments every few months with x-rays for at least a year after the surgery to monitor bone healing.

What Can I Do to Improve My Outcome After the Surgery?

Follow all pre-operative instructions, especially in avoiding all blood thinners before surgery. After surgery, focus on gentle exercise and understand that there will be both good and bad days as part of your recovery. Most patients can eventually return to all normal activities such as work and recreational activities, and will have few limitations from the surgery itself.



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