Neurosurgery
Neuroimaging
Neuroaddiction
Consultation

SPINE & BRAIN NEUROSURGICAL CARE
sbncmd.com

3256 Loch Ness Drive
Lexington KY 40517
Phone: 859.971.0014
Fax: 859.971.0074

Spinal Surgery

SPINAL SURGERY

The spine is a long flexible column of bones and other tissues often referred to as the spinal column or back bone that extends through most of the body. The neck region is called the cervical spine, the mid back the thoracic spine, the low back the lumbar spine and the pelvis the sacral spine. The spine protects the delicate spinal cord and nerves. Surrounding the spine are strong muscles, ligaments and tendons, which provide the majority of the strength of the spine. Disorders of the spine may cause spinal pain, muscle spasms, or pain, numbness and other symptoms in the extremities. Neck problems may cause symptoms in the shoulders and arms or hands. Mid back problems may cause symptoms radiating around with the ribs or the ribcage, and lower back problems may cause symptoms in the hips and legs. Common injuries include superficial injuries to the muscles, ligaments and tendons, which are termed, strain, sprain, and then occasionally deeper injuries such as ruptured disc, aggravation of degenerative disc, or aggravation and/or worsening of spinal stenosis. Fortunately the majority of these injuries improve within six weeks with conservative treatments. The clinical diagnosis is usually made with a combination of a history, physical exam, and examination of imaging studies such as an MRI scans.

Surgery may be an option if you worsen or fail to improve with conservative treatments. Decompression of nerves or spinal cord may help relieve pain and sometimes other symptoms. Unfortunately, no perfect test exists preoperatively to tell us which patients have reversible or irreversible injury to their nerve, nerve roots, or spinal cord. There are some patients who worsen whether they have surgery or not; however, at least 50% of patients get some relief of severe pain.

Spinal surgeries usually are done to decompress the spinal canal and nerves. A common surgery on the neck is the anterior cervical decompression and fusion. Incision is made in the front of the neck in the soft tissues, are carefully separated to reach the front of the spine and then frequently the disc and any bone spurs or osteophytes are removed. Frequently a small cage is placed in place of the disc with bone bank bone to further decompress the nerve roots and spinal canal and a small plate is placed. This usually allows the patient to go home soon after surgery without a brace. Risks include, but are not limited to, bleeding, infection, stroke, temporary or permanent hoarseness, trouble swallowing, nerve damage, paralysis and other complications up to and including death. Mid and low back surgery frequently involves the laminotomy or laminectomy which is a removal of a portion of the bone over the spinal canal from a posterior approach, that is an incision on the back instead of the front to decompress the spinal canal nerves. Sometimes after decompression, a fusion is done as well using instrumentation such as screws and rods and bone bank bone. Fortunately the majority of patients improve with conservative treatment and do not require surgery; however, you should always obtain a second or third opinion prior to your surgery.

Since surgery and general anesthesia is a stress on the cardiovascular system, you should have an okay from your family doctor and your cardiologist prior to surgical intervention. Weeks before surgery you should discontinue caffeine, alcohol, tobacco products, smoking, poor nutritional and poor lifestyle habits. A week before surgery you have to have the okay of your family physician and cardiologist to discontinue aspirin, Plavix, Coumadin, nonsteroidal anti-inflammatories, over-the-counter medications such as Advil, Aleve, Motrin Nuprin and any other blood thinners. After midnight, the night before surgery or at least 8 hours before surgery, you will be unable to eat any solid food or drink any liquids other than sips of water approved by your physician.

The day of surgery, you will be asked to confirm your understanding of the procedure and the risk of the procedure such as bleeding, infection, paralysis, spinal fluid leak, further surgery and other complications up and including death.

After surgery you will be given personal discharge instructions regarding your incision and medications and follow up appointments. However, you should call your surgeon or doctor or go to the emergency room if you develop persistent drainage from your incision, fever of 101 or higher, or increasing pain, numbness or weakness or other symptoms. In general you should keep your incision clean and dry and avoid any heavy lifting over 10 pounds for six weeks and you should only lift using your hips and your knees rather than your back and should avoid any twisting and bending and driving for the first six weeks. You may find more information about your specific spinal diagnosis and treatment on our web site www.sbncmd.com and follow the links to American Association of Neurological Surgeons and/or Congress of Neurological Surgeons and then follow links to Public Resources or ask our staff for more information.