

# Cardiff Spinal Clinic

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## **Cervical disc replacement**

Cervical disc replacement is performed to replace the worn or degenerate disc in the neck. It is inserted via an anterior procedure similar to an anterior cervical discectomy and fusion.

Cervical disc replacement is performed to treat a herniated disc or a bony spur pressing on a nerve giving pain into the shoulder or arm. This is more commonly done in the younger age group as bone quality needs to be good to accept the disc replacement. If the bone quality is not as good, then a cervical fusion would be performed.

**Before cervical disc replacement:** you will be seen at the pre-assessment clinic where you will be further assessed, and the operation discussed. You will sign a consent form for the surgery and the risks and benefits discussed. You will be given information to take home with you in respect of the consent with regards to risks and benefits and British Spine Registry information.

If you are taking any anti-inflammatories or blood thinning medication, then this needs to be voiced in order for those to be stopped appropriately before surgery.

**During cervical disc replacement:** the procedure is performed through a small incision in the skin crease in the front of the neck. The contents of the neck are then retracted to gain access to the front of the cervical spine. X-rays are then used to confirm the appropriate level for surgery. The disc and/or bone spur is then removed, and a disc replacement sized to fit in between the vertebrae. A drain is placed, and the skin wound is closed.

**After cervical disc replacement:** you will be transferred from theatre to the recovery room before being transferred back to your room on the ward.

After the surgery most patients experience quite rapid relief of their arm symptoms, although the neck may feel uncomfortable. It is uncommon to go into a collar before discharge. You would normally have a one to two night hospital stay. You will be seen by the physiotherapist on the ward and given exercises to do and you will need physical therapy afterwards.

You will be seen in the clinic for further assessment with x-rays to monitor your progress.

You will be able to drive when your range of movement has improved enough to allow safe twisting.

Everything being well, you are normally discharged from the clinic at the six to twelve week stage.