

CERVICAL DISC REPLACEMENT

Lower the Risk of Future Surgery

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Your cervical spine is made up of the seven bones, called cervical vertebrae, stacked on top of each other in your neck area.

The cervical disks are the cushions that lie between the cervical vertebrae and act as shock absorbers to allow your neck to move freely.

Procedure overview

Cervical disk replacement surgery involves removing a diseased cervical disk and replacing it with an artificial disk. It is done when the space between your vertebrae has become too narrow and part of your vertebrae or your cervical disk is pressing on your spinal cord or spinal nerves, causing you pain, numbness, or weakness. When these symptoms do not respond to nonsurgical types of treatment, disk surgery may be recommended.

Using an artificial disk to replace your natural cervical disk is a new type of treatment that has recently been approved by the FDA. In traditional cervical disk surgery, the diseased disk is removed and the cervical vertebrae above and below the disk may be fused together. Disk replacement surgery may have the advantage of allowing more movement and creating less stress on your remaining vertebrae than traditional cervical disk surgery, and decreasing the need for future surgery.

Reasons for the procedure

By allowing normal movement at the disc, there is less wear and tear of the joints above and below. Disc replacement is a minimally invasive technique that reduces the need for additional surgery and it is best recommended for younger patients.



Your symptoms may include:

- Neck pain
- Neck stiffness
- Headache
- Pain, weakness and tingling or "Pins and needles" or numbness that travels down into your shoulders or into your arms.
- The damaged disc may be irritating the Spinal cord (myelopathy) or nerve roots (radiculopathy). This can cause a loss of feeling, loss of movement, pain, weakness, or tingling down the arm and possibly into the hands.

Disc replacement surgery is often done with one night stay and with over 90% arm pain improvement.

During the procedure

Just before the procedure starts you will have an intravenous line (IV) started so you can receive fluids and medications to make you relaxed and sleepy. This procedure is usually done under general anesthesia (you are asleep). A one- to two-inch incision (surgical cut) is made on the side or front of your neck. The important structures of the neck are carefully moved to the side until the surgeon can see the bones of the vertebrae and the cervical disk. Then, the cervical disk that is being replaced is removed followed by the artificial disk being placed into the empty disk space. The incision is closed using absorbable sutures (stitches) under the skin. The skin is then carefully closed with sutures that minimize any scarring.

After the procedure

Once you can drink normally, you will be able to start eating your normal diet. You'll continue to take pain medication if you need it and you may be given a support collar to wear in the hospital. You'll be encouraged to get out of bed and move around as soon as you can and may start physical therapy after a few weeks. You should be able to return to full activities by four to six weeks.

Dr. Silver is a double-board certified Neurosurgeon by the American Board of Neurological Surgery and by the Royal College of Physicians and Surgeons of Canada. He graduated from one of the largest neurosurgical training centers in North America only to further specialize in the treatment of Spine Disorders.

Learn about Dr. Silver's state-of-the-art office by visiting www.silverneurosurgery.com.