



Angelica Masciale <angelicamasciale@gmail.com>

ANTERIOR CERVICAL FUSION

1 message

John Masciale <johnmascialemd@msn.com>
To: Araceli Angie Masciale <amasciale@msn.com>

Wed, Aug 2, 2023 at 8:26 PM

ANTERIOR CERVICAL FUSION

Anterior cervical arthrodesis is a surgical procedure used to fuse the vertebrae in the cervical spine (neck region). It is commonly performed to treat conditions such as cervical disc herniation, cervical spondylosis, spinal stenosis, and cervical instability.

Here are some key points about anterior cervical arthrodesis:

- 1. Surgical Technique:** The procedure is performed under general anesthesia. The surgeon makes a small incision in the front of the neck, typically along a natural skin crease. Through this incision, the damaged disc or bone spurs are removed, decompressing the spinal cord and nerve roots. A bone graft is then placed in the empty disc space to promote fusion. The graft can be taken from the patient's own bone (autograft) or may be a synthetic or donor bone (allograft). Additionally, a metal plate and screws may be used to stabilize the spine during the fusion process.
- 2. Fusion and Stabilization:** The primary goal of anterior cervical arthrodesis is to achieve fusion and stability between the vertebrae. The bone graft acts as a scaffold for new bone growth, which eventually joins the adjacent vertebrae together. This fusion eliminates or reduces motion and can alleviate symptoms caused by pressure on the spinal cord or nerve roots. The metal plate and screws help to hold the vertebrae in position during the healing process and provide additional stability.
- 3. Advantages:** Anterior cervical arthrodesis offers several advantages over other surgical approaches. The anterior approach provides direct access to the cervical spine, allowing for better decompression of nerve structures, removal of disc herniation, and placement of the bone graft. It also avoids the need to manipulate or retract the spinal cord, reducing the risk of neurological complications. Additionally, the surgery can often be performed on an outpatient basis or with a shorter hospital stay, resulting in a faster recovery compared to posterior approaches.
- 4. Risks and Considerations:** As with any surgery, there are potential risks and complications associated with anterior cervical arthrodesis. These can include infection, bleeding, damage to nearby structures (such as the esophagus, trachea, or blood vessels), hematoma formation, nerve injury, difficulty swallowing, vocal cord dysfunction, hoarseness, and persistent pain. Patients with certain medical conditions or who smoke may have a higher risk of complications. It is important for the surgeon to carefully assess the patient's condition, review medical history, and discuss potential risks and benefits.
- 5. Postoperative Care:** After anterior cervical arthrodesis, patients may need to wear a neck brace or collar for a period of time to provide additional support and stability to the healing spine. Pain medications, physical therapy, and home exercises may be prescribed to manage pain, promote healing, and restore neck function. Patients are typically advised to avoid certain activities, such as heavy lifting or strenuous exercise, during the initial phase of recovery. Regular follow-up appointments with the surgeon will be scheduled to monitor the fusion process and address any concerns or complications.

Anterior cervical arthrodesis is a commonly performed surgery to alleviate symptoms and stabilize the cervical spine. It can restore function and provide pain relief for patients with cervical spine disorders. However, each patient's condition and anatomy are unique, and the need for surgery, specific surgical technique, and potential risks should be discussed in detail with a qualified spine surgeon.

Sent from my iPhone