

Nerve decompression surgery (cervical spine)

In principle, two surgical techniques are available for nerve decompression in the cervical spine:

The surgical approach **from behind** is associated with certain risks. On the one hand, it traumatizes the very sensitive neck musculature, which is already damaged by the course of the disease. On the other hand, nerve decompression from behind requires partial removal of the vertebral joint, which can then lead to chronic neck pain. In addition, direct manipulation of the nerve and spinal cord from behind is more prone to complications than surgery from the front.

Decompression **from the front** is possible without risk, although it appears spectacular and dangerous due to the anatomical constellation. The procedure from the front is very gentle on the soft tissue and allows nerve decompression without danger to the nerve structures. The intervertebral disc, which is basically already destroyed by the disease itself, is removed completely to the rear in the area of the herniated disc. Figure 1 shows the situation after removal of the main part of the intervertebral disc together with the herniated disc (1 indicates the posterior part of the intervertebral disc together with the posterior longitudinal ligament, 2 indicates the now exposed spinal cord).

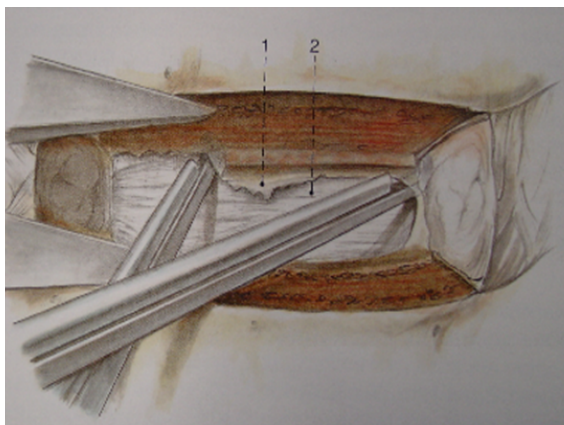


Figure 1

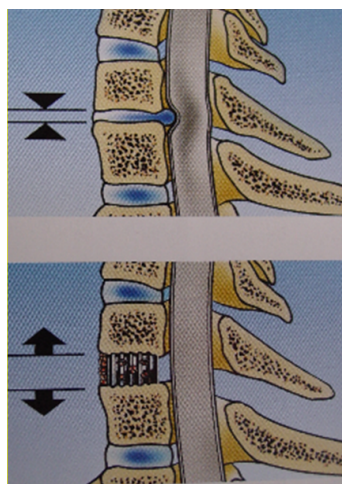


Figure 2

In this situation, it makes sense to stiffen the spinal segment at the same time, which is done today with placeholders screwed in between the vertebral bodies is performed. With these placeholders, the original height of the disc space is additionally reconstructed and thus the size of the exit hole for the nerves is permanently enlarged (Figure 2). This surgical technique is therefore also used in the case of nerve entrapment due to degenerative bone constrictions of the nerve exit holes. Figure 3 shows in the lateral xray the titanium placeholder (called cage) between the vertebral bodies and the stably healed bone graft directly in front of the cage. The definitive fusion is achieved through this healed bone.



Figure 3

Aftercare following anterior cervical disc surgery is simple and requires 6 weeks of immobilization in a soft collar to prevent extreme movement. The average spi-tal stay is 2 days. One can get up already two hours after the operation.