

Post operative instructions after cervical foraminotomy, cervical laminectomy with or without fusion

Overview

A cervical laminectomy is an operation done from the back of the neck to relieve pressure on the spinal cord and nerves. It involves carefully removing the bony roof (or laminae) of the spinal canal, as well as any soft tissue which may also be causing compression.

Why it's done?

Cervical spine surgery may be needed for a variety of problems:

- To treat pressure on the spinal cord (caused by cervical canal stenosis/spondylosis or an intervertebral disc prolapse).
- To treat pressure on multiple spinal nerves in the neck (caused by foraminal stenosis, cervical spondylosis, or an intervertebral disc prolapse)
- To treat instability of the cervical spine (this may occur due to degenerative changes, arthritis, or trauma). In this situation, a fusion using lateral mass screws is performed to stabilise the spine as well as taking pressure off the spinal cord.
- To treat a tumour on the cervical nerves or tumour surrounding or inside the spinal cord.

Surgery is usually recommended when all reasonable conservative measures (pain medications, nerve sheath injections, physical therapies etc.) have failed. In cases of significant instability or neurological problems, surgery may be the most appropriate first treatment option.

Recovery after cervical laminectomy

Cervical laminectomy is one of the most difficult surgery for a patient to understand. The reason is that the procedure usually requires quite an extensive muscle dissection to expose the spinal cord or nerve to decompress causing significant muscle pain and spasm and although the pain in the arms goes away very quickly many symptoms will only improve very slowly. The reason for this slow improvement is that the spinal cord contrarily to the peripheral nerves does not make new cells and once severely compressed (cervical myelopathy) it will need to find another way to carry the information down the arms.

Is it normal?

It is very common during the first weeks post surgery to experience the following:

Neck pain

Most patients will experience some neck pain following surgery, but it will gradually improve over time. During the first three to four days the pain is usually quite strong and it can be hard to move your neck freely. Most patients will turn the corner after three to five days and things will be much easier. Mobility will continue to improve over four to six weeks and sometimes even longer.

Arm pain

The nerves always take some time to recover especially if you had a lot of nerve pain before the surgery. It is very common to experience some upper limb pain 2-4 days post surgery and again after 3 weeks. Usually this pain is less than the pain you had before surgery but in some cases it can be severe and quite stressful. If this happens, Dr Scholsem recommends to reduce your activities and to restart or increase your pain killers. Anti-inflammatories are usually very helpful (but do not take them for too long) and in some cases a short course of oral corticosteroids.

Remember that a nerve that has been compressed for many weeks or months will remain slightly irritable for a while. This usually resolves within a matter of weeks but you can experience funny feelings, pins and needles or pain in your arm if you do too much.

Very few progresses with my hands function or my walking

It is completely normal that the progression of hand function is very slow and it can sometimes be discouraging. The spinal cord needs to re-organise itself, it may take weeks or even months. Because progression in most cases is very small each day it may be difficult to notice a difference but try to remember what you could do before the surgery and what you can do now to give you a bigger perspective.

Numbness

Many patients complain about a "new" reported onset of "numbness" in the area where the pain is now gone following the decompression of the nerve(s). The pain covers up these feelings before surgery and, only after the surgery when the pain is resolved do these feelings start to be noticed by the patient.

Numbness in the arm or hand is often the symptom which takes the longest to resolve, taking a few months to disappear or become fairly tolerable. However, sometimes the sensations mentioned above can be permanent.

Post Surgery Milestones

First Week

This is still very early days and you will likely experience different sorts of pain compared with before your surgery. Make an appointment with your GP a week post discharge to discuss pain medications and how to gradually reduce them. Dr Scholsem will have sent him a discharge letter explaining your surgery and the painkillers you were taking at discharge.

Once you are at home walking is an excellent activity and Dr Scholsem encourages all his patients to walk. Start with short lengths of time then work your way up to 20 -30 minutes of continuous walking four or five times per week.

Try to avoid sleeping during the day as you will have more difficulty getting a good nights sleep however avoid overdoing it and get plenty of rest. Eat a balanced diet such as fruit, fibre and drink plenty of water. It is a good time to think about making long-term changes to your diet.

Unless specified, do not start any physiotherapy but you can have gentle massage if needed after two weeks.

Most patients feel quite tired after all the stress of the surgery and it is a perfectly normal physiological response called "adrenal fatigue". Your initial stress reaction to the surgery produces a large rise in cortisol, adrenaline and other adrenal hormones that mobilise your energy, mental and physical resources to take action. Once the stressful events are behind you the levels of cortisol and other adrenal hormones drop making you feel really tired and without energy.

Week 2 -3

You have now progressed quite a lot but hitting a plateau. That is normal. It is normal to experience pain following surgery and many patients experience a few days of strong pain during their recovery, usually around the second or third week post discharge from hospital.

Do not stop the pain killers too quickly but when the pain gets better try to slowly reduce the dose. For example, cutting by half the morning dose for a few days then the evening dose before stopping the morning dose. As a general rule, pain killers at this time should only be used at the minimal dose and always favour paracetamol over stronger pain killers.

You may start feeling stronger but remember that the healing process is still at the beginning and do not test yourself yet or overdo it.

Try to avoid spending too much time in one position (such as reading a book or checking your email) without moving.

Week 4 - 3 months

This is the time to get healthy again. See your physiotherapist regularly and most importantly involve yourself in a physical activity. If you had a lot of pain for a long time you have probably lost most of your muscle mass and it will take time to rebuild it again but do not get discouraged. There is not a big difference between physical activities in term of benefit against chronic low back pain and it is better to do something you like consistently rather than working on your core muscles for a few weeks only.

You may still experience some intermittent neck pain and this may be due to many factors. In the vast majority of cases it will continue to improve slowly but some discomfort can persist to some degree.

Managing your Mood, Expectations and Goals

A successful result after surgery also depends on a positive attitude and efforts by patients to aid recovery. Your pre operative symptoms may take weeks or longer to fully improve. Generally, symptoms such as pain shooting into the leg improves first. Numbness is often the last symptom to improve and usually can even be slightly worse than before the surgery (do not worry this is normal).

Quite frequently patients experience a brief period of "let down" or depression after surgery. Some may subconsciously have expected to feel better "instantly" even though they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly.

If you feel depressed, understanding that this is a "natural" phase of the healing process may help you cope with this emotional state.

Quite frequently this happens around day 3 and we call it "the third day blues" and again after 3 weeks where you become more active but still are not fully recovered.

So you are feeling better and the discomfort you are now in is nothing compared to what you endured before surgery or perhaps you feel quite the opposite. Many patients have verbalised frustration at not being able to resume normal activities - for example, driving, going back to work or participating in simple activities of daily living. Having to limit and curtail your activities, along with pain and discomfort can leave you with the impression that you will never get better.

Remember your body needs to recover from major surgery. How you take care of yourself in the post operative period will have a direct bearing on the ultimate result. This is the time to take care of yourself rest, eat a well balanced diet high in protein, walk every day if possible,

take a more positive attitude and feel good about yourself. It takes a great deal of courage and determination to undergo what you have been through.

Here are some additional tips for maximising your recovery:

Wound Care and sutures

Your wound will almost always be closed with dissolvable sutures underneath the skin. The wound will be covered with Steri-Strips.

You may shower as soon as you feel safe to do so. Change the dressing every couple of days for one week and after having a shower if it is wet. Pat the wound dry and keep it clean. Do not apply creams or cleansers to the incision. Do not submerge the incision under water in a bath and avoid going in a pool for 4 weeks.

The surgical dressing should be removed one week after discharge from hospital. The Steri-Strips will peel off on their own in time. If the wound is sensitive or your clothes rub against it, you may apply a clean dry gauze to cover the wound.

Mild swelling around the incision after surgery is normal. You may even notice a slight increase in swelling after activities. This will dissipate in time.

Once the dressing is off do not expose the wound directly to the sun to avoid hyperpigmentation.

If you have any signs of discharge, fever, redness or worsening swelling around the wound please see your GP straight away or call my office.

Please avoid NSAIDs and smoking

If you had a fusion, do not use non-steroidal anti-inflammatory drugs (NSAIDs) (e.g., aspirin; ibuprofen, naproxen, diclofenac,...) for 3 to 6 months after surgery. NSAIDs may not only cause bleeding but have been shown to considerably slow bone healing.

Do not smoke. Smoking delays healing by increasing the risk of complications (e.g., infection) and inhibits the bones' ability to fuse.

Constipation and diet

We encourage a balanced diet full of fibre to decrease the possibility of constipation. Soft or liquid diet is best tolerated until it is easy to swallow. Over the counter products such as prune juice or Metamucil will help. Use as directed. Drink twice as many fluids as you did

prior to surgery, or 6–8 glasses of water daily. A multi-vitamin that includes calcium and iron should be taken as well.

Multiple factors in the peri-operative time frame can dehydrate the body and increase your chance of constipation. Not eating or drinking the night before surgery, anaesthesia and most importantly intravenous and oral narcotic pain medication will cause constipation. As stated above, please drink plenty of fluids, use over the counter stool softeners and decrease narcotic pain medication when able.

Activities & Driving

You are not permitted to drive a motor vehicle for 3-4 weeks following your surgery. You may not drive while taking strong pain medication.

House work and grocery shopping should not be done without assistance immediately after surgery. Limit your pushing and pulling activities such as vacuuming, sweeping, mowing, and mopping floors for at least six weeks. You should not lift anything heavier than 5 kg. The only exercise permitted, and in fact encouraged, is walking. When you return for your first post operative visit (1 month), I will give you more exercises to do.

Avoid long car trips. If you have to travel, get out and walk around for ten to fifteen minutes every hour. A reclining position will be most comfortable on longer trips.

If you feel more pain than usual after an activity, you may have overdone it. Take it a little easier for a few hours.

Sexual Activity:

Neck problems can interfere with your sex life, but we want you to resume normal relations with your partner as soon as possible after surgery. We recommend avoiding sex for two weeks after surgery. Be sure you communicate your fears and concerns with your partner before you resume sexual relations.

Sleeping

Please sleep with the head of the bed up at 30 degrees by using pillows or by sleeping in a reclining chair, with the head of the chair in the semi upright position. You may sleep on either side or your back. Sleeping in this elevated position helps to reduce the swelling in your neck in the first 7-10 days after your surgery. After 7-10 days, you may sleep in a flat position if you are comfortable, but it may be best to slowly decrease your pillow height every few days until you adjust to the flat position.