

# SpineFAQs

## Anterior Cervical Corpectomy & Strut Fusion

### What is Anterior Cervical Corpectomy & Fusion?

Anterior Cervical Corpectomy and Fusion is a commonly performed procedure in patients with multiple painful herniated discs or pinched nerves in their neck, certain fractures of the neck, tumors of the cervical spine, cervical myelopathy and in certain types of deformity. Basically it involves removing the discs and bone, decompressing the nerves and spinal cord, then stabilizing the bones by fusing them together. Corpectomy means removal of one or more of the vertebra in the spine.

### Tell me more...how is the surgery done?

The patient is brought to the operating room and given general anesthesia. After being positioned on your back with your arms tucked at your sides, an incision is made. I usually use a vertical incision on the left side of your neck near the Adams Apple. The exact location depends on the levels we are operating on. I operate on the left side because it is easier to protect the nerves that run your vocal chords from harm.

After making the incision, the swallowing tube (esophagus) and breathing tube (trachea) are carefully moved to the right, and the carotid artery is moved to the left. I am then right on the spine. After confirming the right levels, the discs are removed with instruments. The vertebra bones are also removed. An operating microscope is then used to allow me to take the pressure off of the nerves and spinal cord. Once the pressure is off, I fill the gap left between the bones with a bone graft spacer, and place a thin metal plate and screws to lock things together. The wound is then closed after

**Cervical Corpectomy  
and Strut Graft**



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placing a thin drain tube. Most of the time you are placed in a rigid collar or possibly even a “Halo” device to immobilize the neck.

### **Where does the bone graft spacer come from?**

Because we are spanning a large area, the bone graft is necessarily fairly long. While we can occasionally get a long enough piece of bone from your own pelvis, typically we need to use allograft bone. This is obtained from a bone bank, and has been harvested from a dead person. The bone will slowly grow together with your bone to become solid.

### **What are the risks of Corpectomy and Strut Fusion surgery?**

While there is a long list of possible risks and complications, they are very rare. Infection happens in less than 1% of the time. Damage to the esophagus/trachea/carotid artery is very rare. Paralysis is possible, but the microscope makes this an exceedingly rare event. Hoarseness can occur...this usually lasts less than six weeks. Permanent hoarseness is rare. Many people complain that their swallowing is hard for a short time, but this usually resolves within six weeks. Some people have persisting arm pain or numbness for a while, but this almost always goes away. Because we are not replacing your spine with a new one, it is possible for the remaining discs/joints to wear out, and this can lead to a similar problem in the future. We have no way to predict, however, when this might occur. Sometimes the bone does not fuse, but it is uncommon for this to be a problem.

### **What happens after surgery?**

Most people spend the night in the hospital, and are discharged home the following day. You are allowed to walk and move your head when comfortable. It is uncommon to need a neck brace/collar or physical therapy after surgery. Usually people who do office work can return to work within 2-3 weeks after surgery. It will take a laborer 6-12 weeks to return to work. It generally takes between 6 months and a year for the fusion to become solid. Generally, patients lose about 50% or more of their neck motion due to the fusion.