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**Cervical Disc Replacement****WHAT DOES THE SURGERY INVOLVE?**

- This surgery is done from the front of the neck. General anesthesia (fully asleep) is used for this surgery.
- While it seems odd to many people to treat the neck from the front (rather than from the back), patients typically recover much quicker and with less pain from this operation compared to operations on the back of the neck. The reason for this is that very little muscle needs to be moved to perform the surgery from the front.
- The surgery involves removing the disc(s) between one or more bones of the neck, thereby taking pressure off of the nerves that go to the arms. Once that is completed, Dr. Hoel places a disc replacement where the disc used to be to allow the two bones to continue to move.

**WHAT ARE SOME REASONS FOR WHICH THIS PROCEDURE IS DONE?**

- This surgery is typically done for a disc herniation which is causing pressure on a nerve to the arm.
- This surgery is not a good option for people who have advanced arthritic changes, because with a disc replacement the arthritic joints between the bones will continue to move against each other and can continue to cause neck pain. For this reason, it is recommended for most people with advanced arthritic changes that they undergo a fusion instead of a disc replacement.

**DESCRIPTION OF SURGERY:**

- Dr. Hoel makes a small horizontal incision on the front of the neck. Whenever possible he will place the incision in one of the natural skin folds of your neck to try to hide the surgical scar. He then moves the trachea (windpipe) and esophagus (eating tube) slightly to the side to get to the spine.
- Dr. Hoel then removes the affected disc(s) to take the pressure off of the nerves to the arms.
- After that Dr. Hoel positions and places the disc replacement between the bones where the disc used to be.

## WHAT TO EXPECT DURING RECOVERY FROM SURGERY:

- You will wake up with a soft cervical collar around your neck and possibly a small drain tube coming from your incision (if one is placed, the drain will be removed the following day).
- Most people have a sore throat and a “lump” sensation in their throat when they wake up, this usually lasts for approximately 2 weeks.
- Sometimes patients feel achiness/pain between their shoulder blades and in their upper back following the surgery. This is a result of stretching the ligaments in the spine back to their original height and is expected - this will resolve gradually over a few weeks.
- Immediately following your discharge from the hospital, you may resume light activity, such as walking, and light household chores. Dr. Hoel asks that you refrain from more vigorous activities until at least the 3-week mark after surgery, to avoid having sweat get into your healing incision.
- Your first post-op check will be scheduled 2 weeks after your surgery. Your second post-op check will be scheduled 6 weeks after your surgery, and new x-rays will be taken at that time.
- Postoperatively patients typically return to work within 1-2 weeks if they have a sedentary job. For more physical jobs, Dr. Hoel will work with you to determine the ideal time to return to work, often around the 6-week mark.

## WHAT CHANGES IN FUNCTION SHOULD I EXPECT AFTER I RECOVER FROM SURGERY?

- Most patients do not notice a significant difference in the range-of-motion of their neck after this surgery.
- For most people having this surgery done, after 6 weeks they may participate in all of their normal activities, and should not notice significant changes from their baseline.

## VIDEOS FOR PATIENT EDUCATION:

- Motion maintained with disc replacement:  
[https://www.youtube.com/watch?v=EjhmACtP0SQ&ab\\_channel=MedtronicSpinal](https://www.youtube.com/watch?v=EjhmACtP0SQ&ab_channel=MedtronicSpinal)