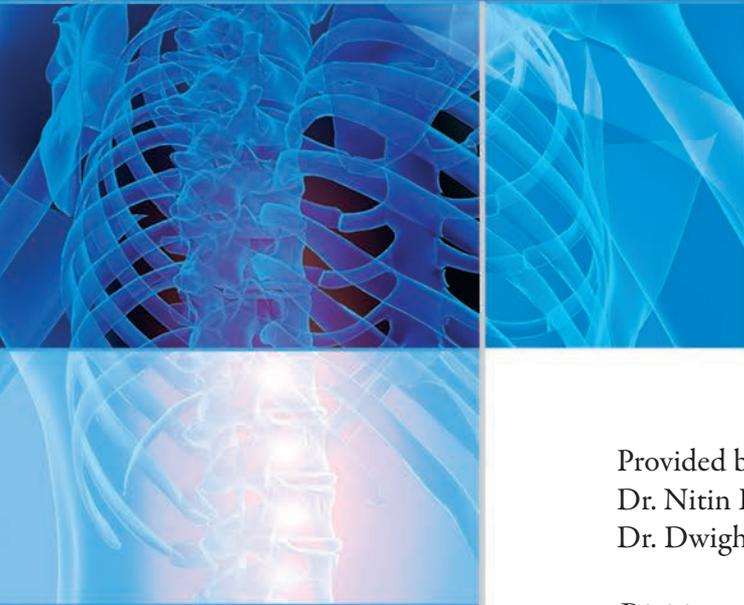


Minimally Invasive Anterior Cervical Discectomy and Fusion

Instruction Book



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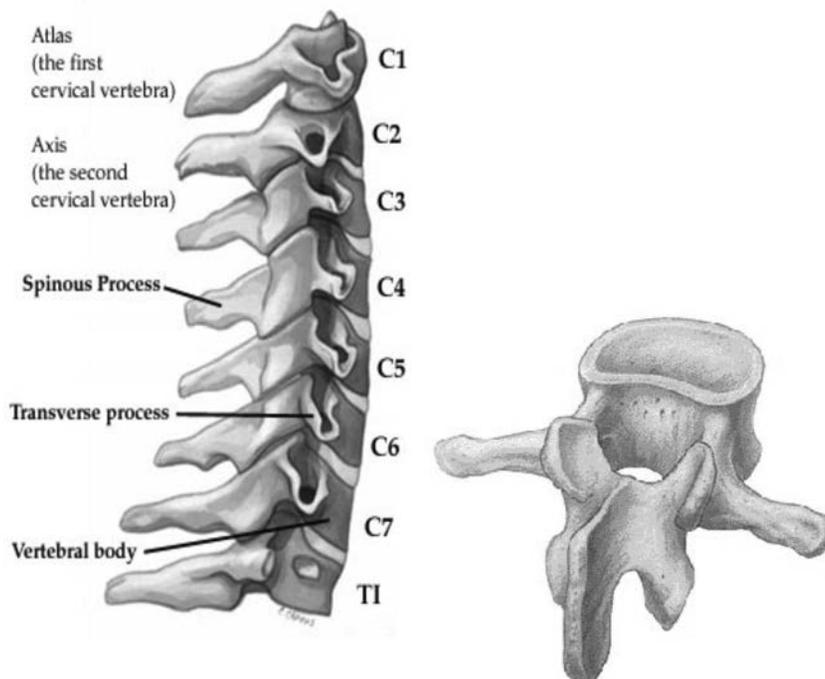


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CERVICAL ANATOMY

The spine provides support for the body. It also provides a protected conduit for the spinal cord and nerves.

The cervical spine is composed of the seven cervical vertebrae. When looking at spinal anatomy, it is often helpful to look at the spine in segments. A spinal segment is made up of two vertebrae, the intervertebral disc, and associated nerve roots.



Vertebrae: The bones of the spinal column. The main part is the round block called the vertebral body. A bony ring is attached to the back, which consists of two pedicle bones and two lamina. The spinous process is the bony knob, which can be felt on the back.

Pedicle/Lamina: The two parts of a bony ring, which connect to the back of each vertebral body. A hollow area is formed between the vertebral body and this bony ring. This is where the spinal cord lies.

Facet Joint: The joints connecting the vertebra. There are two facet joints per vertebra. The facet joints connect the vertebrae and allow movement.

Disc: Cushion-like pad, consisting of a jelly like center and a tough outer ring. It acts like a shock absorber, load distributor and spacer.

Neural Foramen: The opening in which the nerve roots exit from the spinal cord. If this area becomes smaller, either by age or a herniated disc, the nerve root can get squeezed, thus causing pain and/or dysfunction.

Spinal Cord: Pathway in which the brain sends signals to the rest of the body to control sensation and movement.

Nerve Root: Bundles of nerve fibers that exit the spinal cord. Each provides a sensation and function to a specific area of the body. Two roots exit the spine at each vertebral level.

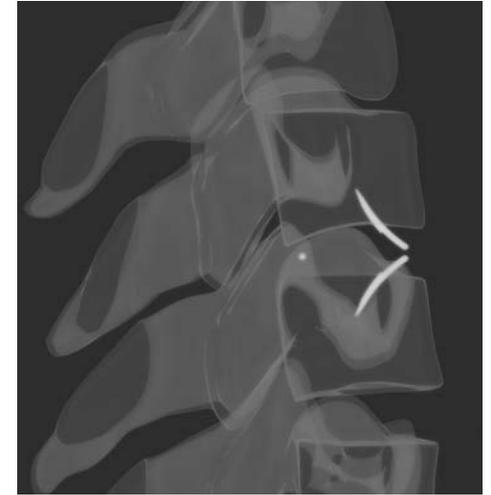
ANTERIOR CERVICAL DISCECTOMY AND FUSION

The discs in the neck can become damaged by injury or by degeneration associated with the aging process. A herniated disc can press on the nerves causing pain or numbness down the arm. A degenerated disc loses its cushioning ability and can lead to stenosis (narrowing), which can also cause pressure on the nerves and cause pain.

Minimally Invasive Anterior Cervical Disectomy and Fusion (ACDF) is a procedure used to treat a damaged disc that fails to improve with nonsurgical therapies. The disc is removed and a graft placed to correct the disc height. A biocompatible plastic cage is packed and bone graft material is inserted into the disc space. We use titanium fixation blades to hold the cage in place. The procedure is performed from the front of the neck.

The goal of a Minimally Invasive ACDF is to remove the disc causing compression, and then stabilize the spine by joining the vertebrae together so they 'fuse' as one solid unit. This will decrease pain and increase stability. The clinical range of motion is maintained.

The arm pain usually goes away fairly quickly, although it may take weeks to months for the arm weakness and numbness to completely subside. It is important to keep a positive attitude and diligently perform your physical therapy exercises. Obtaining a successful fusion is largely up to you. We recommend quitting smoking prior to your fusion as it may interfere with healing.



Most patients are able to go home the day after surgery. You will be scheduled for a follow up appt 2 weeks following surgery. If this appointment has not been scheduled, please call the office at 219-924-3300.

Your physician will discuss your exact condition and surgery in more detail.