

Neck Surgery: Recovery and Risk Factors **Dr. Benjamin Stella***

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Abstract

The purpose of this study was to identify the occurrence of paravertebral soft tissue swelling after ACDF with the objective of preventing potentially lethal airway obstruction after ACDF.

Neck pain is a common condition that can have many different causes. Although surgery is a potential treatment for long-term neck pain, it's rarely the first option. In fact, many cases of neck pain will eventually go away with the right type of conservative treatments.

Conservative treatments are nonsurgical interventions aimed at reducing neck pain and improving function. Some examples of these treatments include:

- over-the-counter or prescription medications to ease pain and inflammation
- home exercises and physical therapy to help strengthen your neck, increase your range of motion, and relieve pain
- ice and heat therapy
- steroid injections to reduce neck pain and swelling
- short-term immobilization, such as with a soft neck collar, to help provide support and relieve pressure

Neck surgery is often a last resort option if conservative treatments aren't effective at reducing chronic neck pain.

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Introduction

Acute airway obstruction is a potentially lethal complication after anterior cervical spine surgery. The causes of acute airway obstruction are haematoma, cerebrospinal fluid, or prevertebral soft tissue swelling. Mortality due to prevertebral soft tissue swelling is very rare but does occur. Moreover, the airway obstruction due to prevertebral soft tissue swelling is unpredictable [1].

Airway obstruction after anterior cervical discectomy and fusion (ACDF) has not been prospectively studied. There were a few reports concerning airway obstruction after anterior cervical surgery, but most of the studies were retrospective and limited to multilevel surgical cases and other risk factors [2].

Recovery Period Typically Involve

Generally speaking, you can expect to spend a day or two in the hospital following your surgery. Exactly how long you'll need to stay in the hospital will depend on the type of surgery you've had. Often, neck surgeries require only night, whereas lower back surgeries typically require longer stays. It's normal to feel pain or discomfort while recovering. Your doctor will likely prescribe medication to help relieve your pain. Most people can typically walk and eat the day after their surgery [3].

Some light activities or exercises may be recommended following your surgery. However, you may not be allowed to work, drive, or lift objects once you return home from your surgery. Your doctor will tell you when you can resume your normal day-to-day activities [4]. You may need to wear a cervical collar to help stabilize and protect your neck. Your doctor will give you specific

instructions on how and when you should wear it. A few weeks after your surgery, you'll likely begin to do physical therapy. This is very important to help restore strength and range of motion to your neck. A physical therapist will work closely with you during this time. They'll also recommend exercises for you to do at home between your physical therapy appointments. Depending on the surgery, your total recovery time can vary. For example, it can take between 6 and 12 months for a spinal fusion to become solid [5].

The Risks Factor of Neck Surgery

As with any procedure, there are risks associated with neck surgery. Your doctor will discuss the potential risks of the procedure with you prior to surgery. Some risks related to neck surgery can include:

1. Bleeding or hematoma at the surgical site
2. Infection of the surgical site
3. Injury to the nerves or spinal cord
4. Leakage of cerebral spinal fluid (CSF)
5. C5 palsy, which causes paralysis in the arms
6. Degeneration of areas adjacent to the surgical site
7. Chronic pain or stiffness following surgery
8. A spinal fusion that doesn't completely fuse
9. Screws or plates that becomes loose or dislodged over time

Additionally, the procedure may not work to relieve your pain or other symptoms, or you may need to have additional neck surgeries in the future [6].

The Line of Bottom

Neck surgery isn't the first option for treating neck pain. It's typically only recommended when less invasive treatments aren't effective. There are some types of neck conditions that are more often associated with neck surgery [7]. These include issues like pinched nerves, compression of the spinal cord, and severe neck fractures.

There are several different types of neck surgery, each with a specific purpose. If surgery is recommended for the treatment of your neck condition, be sure to discuss all your options with your doctor [8].

If home remedies don't work, an appointment with a chiropractor or a physical therapist might help. They'll assess the crick in your neck and develop a program to relieve your neck pain. A chiropractor or physical therapist may also have suggestions about your posture and lifestyle habits that can help prevent future neck stiffness [9].

Result

The discs of the spinal column usually allow comfortable movement. But age, injuries, and some degenerative conditions, such as arthritis, can cause damage to the discs. The discs may thin, dry out, or swell and bulge, resulting in inadequate cushioning. When discs become damaged, this is called degeneration. Discs

can also swell or break open, which is called herniation.

Sometimes the pain causes muscle stiffness and soreness. It can also radiate to other areas of the body, causing headaches, back, and shoulder pain.

Anterior Cervical Discectomy and Fusion (ACDF)

ACDF is the most commonly performed procedure to treat cervical radiculopathy. The procedure involves removing the problematic disk or bone spurs and then stabilizing the spine through spinal fusion.

Goal of ACDF

- Restore alignment of the spine
- Maintain the space available for the nerve roots to leave the spine
- Limit motion across the degenerated segment of the spine

Procedure

An "anterior" approach means that the doctor will approach your neck from the front. He or she will operate through a 1- to 2-inch incision along the neck crease. The exact location and length of your incision may vary depending on your specific condition.

During the procedure, your doctor will remove the problematic disk and any additional bone spurs, if necessary. The disk space is restored to the height it was prior to the disk wearing out. This makes more room for the nerves to leave the spine and aids in decompression.

Spinal fusion

After the disk space has been cleared out, your doctor will use spinal fusion to stabilize your spine. Spinal fusion is essentially a "welding" process. The basic idea is to fuse together the vertebrae so that they heal into a single, solid bone. Fusion eliminates motion between the degenerated vertebrae and takes away some spinal flexibility. The theory is that if the painful spine segments do not move, they should not hurt.

Discussion

Acute airway obstruction is a potentially lethal complication after anterior cervical spine surgery, and accordingly, many authors have studied airway obstruction due to haematoma or prevertebral soft tissue swelling in patients with cervical spine trauma. However, airway obstruction after anterior cervical spine surgery has not been prospectively investigated, probably because of the low incidence of acute airway obstruction in these cases.

There have been a few reports concerning airway obstruction after anterior cervical surgery. Emery et al. reported upper airway obstruction after multilevel cervical corpectomy in seven patients. The airway obstruction was due to oedema rather than haematoma, and their risk factors were smoking and asthma [5]. Fujiwara et al. reported that four of 171 patients who had

undergone anterior cervical spine surgery needed intubation. The four patients were fused to C3. They surmised that the upper airway obstruction due to the intense swelling of the soft tissue at C3 may have been the reason for postoperative intubation. Prevertebral soft tissue swelling can happen in any patient, and mortality due to prevertebral soft tissue swelling may occur. Moreover, the airway obstruction due to prevertebral soft tissue swelling is unpredictable.

Conclusion

In risk factor is define is discs of the spinal column usually allow comfortable movement. But age, injuries, and some degenerative conditions, such as arthritis, can cause damage to the discs. The discs may thin, dry out, or swell and bulge, resulting in inadequate cushioning. When discs become damaged, this is called degeneration. Discs can also swell or break open, which is called herniation. And also in recovery Period Typically Involve- Generally speaking, you can expect to spend a day or two in the hospital following your surgery. Exactly how long you'll need to stay in the hospital will depend on the type of surgery you've had. Often, neck surgeries require only night, whereas lower back surgeries typically require longer stays. It's normal to feel pain or discomfort while recovering. Your doctor will likely prescribe

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medication to help relieve your pain. Most people can typically walk and eat the day after their surgery. Sometimes the pain causes muscle stiffness and soreness. It can also radiate to other areas of the body, causing headaches, back, and shoulder pain. Anterior Cervical Discectomy and Fusion (ACDF), Goal of ACDF, Procedure, Spinal fusion.

After the disk space has been cleared out, your doctor will use spinal fusion to stabilize your spine. Spinal fusion is essentially a "welding" process. The basic idea is to fuse together the vertebrae so that they heal into a single, solid bone. Fusion eliminates motion between the degenerated vertebrae and takes away some spinal flexibility. The theory is that if the painful spine segments do not move, they should not hurt. In this prospective study of 87 patients fused at one or two levels in the cervical spine, peak prevertebral soft tissue swelling was observed on the second and third days after the operation.

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Conflict of Interest

None