

Dr. Patrick Lo

*Paediatric and Adult
Neurosurgeon*

ABN 38886678117



*Appointments-
Telephone - 03 9592 2819*

*Correspondence -
159 Church Street Brighton VIC 3186*

*Fax - 03 9592 4730
Message - 0466 132 312
Email - manager@laccon.com
Website - www.laccon.com*

*We are argus enabled:
599883@argus.net.au*

CERVICAL FORAMINOTOMY

GENERAL

The spine is a column of interconnecting and alternating bones and cartilages (discs) that supports your entire body. Behind each bony segment, there is a bony arch that forms a ring. The layering of these rings creates a tunnel and within the tunnel there is a fluid-filled tubular sac. The spinal cord and the nerves are located within this sac. The spinal cord is located within the cervical and thoracic segment, whereas the lumbar spinal nerves are located within the lumbar (lower) segment of the spine. The spinal nerves and the spinal cord may be compressed within this tunnel resulting in irritation and damage.

The nerves in the cervical spine may be compressed by bone spurs, discs or thickened ligament coming from the bony ring. The removal of part of the bony ring and part of the tunnel where the nerve exits may be necessary to free up the compressed nerve.

PURPOSE OF PROCEDURE

The purpose of a cervical foraminotomy is to free up the compressed nerve by making the exit tunnel space bigger. This is done by removing part of the bony ring and the tunnel where the nerve exits. Instead of having a small tunnel, a "half-pipe" is created by this procedure.

AIM

The success of any operation depends on achieving the aims. The aims of a cervical foraminotomy are: -

- Reduce the chance of permanent neurological deficits or worsening nerve compression.
- Improve arm function including weakness, pain, or sensory changes such as numbness and tingling.
- To help stabilise the spine and to allow the patient to mobilise in a safer environment.

Dr. Patrick Lo

*Paediatric and Adult
Neurosurgeon*

ABN 38886678117



*Appointments-
Telephone - 03 9592 2819*

*Correspondence -
159 Church Street Brighton VIC 3186*

*Fax - 03 9592 4730
Message - 0466 132 312
Email - manager@laccon.com
Website - www.laccon.com*

*We are argus enabled:
599883@argus.net.au*

WHAT THIS WILL NOT DO

This procedure will not directly help neck or back pain. By freeing up the nerve, the patient is then able to move more and exercise to build up the neck muscles which will then help with neck function.

PROCEDURE

This operation is done with the patient under general anaesthetic. The patient is in a prone position with the head fixed in a clamp to avoid unnecessary movement. A cut is made vertically down the middle of the back of the neck from the base of the skull down to the top of the shoulder blade depending on the site of compression. The length of the cut depends on how many levels are involved. After the cut, the muscles surrounding the back of the neck are stretched to allow exposure of the bony spine. Part of the bony ring at the back of the spine is then removed using a highspeed drill along with part of the nerve exit tunnel on the side. This will relieve pressure on the spinal cord and the exiting nerve(s).

Sometimes, a drain is inserted to divert any excess bruising and fluid. The wound is then washed with sterile fluid and closed either with dissolving stitches or a combination of non-dissolving stitches and skin staples. The drain will be removed the next day.

POST-OPERATIVE

The patient is encouraged to move around early after the procedure. The quicker the neck is mobile, the less pain the patient will experience as muscle stretch and bulking will help recovery. Usually, the patient can be discharged home within 24 hours but at the most 72 hours after surgery.

For post-operative care, please refer to the accompanying handout.