Cervical Corpectomy (Vertebral Body Replacement) and Spinal Fusion

Cervical Corpectomy is intended for the surgical correction and stabilization of the spine where vertebral bone removal is necessary. This commonly occurs after removal of a tumor in the vertebra or to restore vertebral body height and alignment following trauma.

The cervical vertebrae are usually removed through an incision in the neck. The vertebra is replaced with a metal or composite cage filled with bone graft. Bone grafts are very small pieces of bone taken from your own body, a bone bank, or from manufactured bone. The bone grafts eventually solidify to form a fusion. Metal screws and plates are placed in the healthy vertebra above and below the damaged vertebra and are connected with metal rods. Stability of the spine is restored in six months to one year.

Cervical corpectomy is performed in the operating room under general anesthesia.
The operation typically takes four to six hours, but may be longer depending upon your case. Additional time may be spent in pre-op prior to your surgery and in the recovery room following your surgery. Patients who have cervical corpectomy usually stay in the hospital two to three days.

Before Your Surgery

Before having surgery on your neck, patients may be required to provide written medical clearance from their primary care physician, cardiologist, hematologist or pulmonologist. Some patients will also receive a pain management consult for medication management before and after surgery.

Provider: Please check if needed

☐ Provide written clearance from your primary care physician, cardiologist, hematologist or pulmonologist.

☐ Obtain pain management consult.

☐ Review medications with nurse/nurse practitioner before surgery. Patients should bring a list of all medications, including vitamins and supplements, to medical appointments and to the hospital.

☐ Within a week of your surgery you will be contacted to schedule an appointment in the Prepare Clinic. During this appointment you will meet with the anesthesia department for lab tests and final medical clearance. You should bring your medication list to the appointment. If you haven’t been contacted within a week of your surgery, contact your surgeon’s assistant: ______________ at ______________.

☐ Stop all anti-inflammatory medications, such as Advil or Aleve, herbal preparations, megavitamins, and supplements for two weeks before surgery.

☐ Do not resume anti-inflammatory medications, such as Advil or Aleve, until directed by your physician, usually 4–5 months after surgery.

☐ Stop blood thinners, such as aspirin, coumadin, or plavix, before surgery. Contact your primary care physician or cardiologist for directions to stop blood thinners before surgery. You cannot have surgery while taking blood thinners.

☐ To ensure the success of your surgery, you must stop smoking. Rates of fusion are directly affected by smoking.

☐ Shower the night before and morning of the surgery using antibacterial soap.

☐ Arrange for help at home after surgery by asking family and/or friends. Most patients go directly home following their hospitalization.

☐ Arrange transportation home from the hospital.

☐ The Osher Center at UCSF teaches coping strategies before surgery. You may contact the Osher Center at (415) 353-7700 if you wish to schedule an appointment.

☐ Blood donation is not required, however should your surgeon advise you that blood may be needed, or if you choose to donate blood, you may contact the UCSF Blood (415) 353-1809 to make the necessary arrangements. If you donate blood at your local blood bank, contact (888) 226-8806 to confirm that UCSF received the blood before your surgery.

☐ While you are hospitalized at UCSF Medical Center, staff will check two patient identifiers prior to providing any medication. Staff will review your ID band and verify your name before you are given medications. Feel free to ask questions about your medications.

Disability Forms

UCSF Spine Center will assume short term responsibility for completion of any necessary disability forms for patients undergoing surgical procedures. If you are on disability or require completion of disability forms, please complete as much of the disability form as possible prior to your visit, leaving physician signature blank. Provide the form to the practice coordinators at
the time of your visit, or send by mail. The form will be carefully reviewed and signed. Make a copy so you can fill out the future disability paperwork. If the paperwork needs to be faxed, have the fax number available. This will expedite your disability paperwork. Because of the complexity and volume of requests, completion of the disability paperwork usually can take up to two weeks. Should you remain on disability for a time period greater than three months post-operatively, you may be referred back to your primary care physician issues related to disability.

After Your Surgery

Preparing for discharge home

• Patients will need a ride home from the hospital. Please arrange transportation home from the hospital.

• Patients will be able to go home when he/she can walk, go to the bathroom and take oral medications.

• A discharge planner or social worker can assist with discharge plans.

• Pain management is very important. A pharmacist will talk to you in the hospital and will discharge you home with prescriptions for medications.

• The surgeon will prescribe medications only up to three months after surgery.

• The surgeon will discuss return to work, physical therapy and gradual increase in activities at your first post-operative visit.

Incision care

Care of your incision is vital to the success of your surgery. Once you leave the hospital, care of your incision is your responsibility. Please follow these guidelines:

• Always wash your hands prior to touching the dressing over your incision. Anyone involved in the care of your incision must wash their hands prior to touching the dressing or incision.

• Cover your incision with plastic wrap and tape to keep your incision dry when you shower. Remove plastic wrap and tape after your shower. Apply a new, dry, clean dressing.

• Incisions without sutures or staples (only covered by steri-strips) can get wet 14 days after surgery.

• If you have steri-strips (small, sterile bandages) they may start to peel or fall off after 10–14 days. Do not attempt to remove steri-strips that are adherent before 14 days after surgery.

• If you have stitches or staples, come to the spine center or to your local health clinic to have them removed between 10–21 days after surgery. Steri-strips will be applied following the removal of your stitches or staples.

• The incision can be left open to air and you may shower 24–48 hours after the sutures or staples come off.

• Inspect your incision daily. You may need to use a mirror to see the incision.

• Contact your surgeon if you have:
  ➤ redness, swelling, or increased pain around the wound edges
  ➤ pus or bad smelling discharge from the wound
  ➤ opening of the incision

General self-care tips

Each patient reacts differently to surgery and anesthesia. Here are some helpful hints to keep in mind following your surgery:

• Allow family and friends to help you.

• Use supportive thinking and relaxation techniques to help cope with pain.

• Walk for 5–15 minutes several times a day. Gradually increase
activity as tolerated. Avoid prolonged bed rest.

- Stair climbing is allowed; use the hand rails for support.
- If you are given a neck collar post-surgery, use it as directed.
- If you are given a bone stimulator you will usually need to use it for 3–6 months post surgery. X-rays taken in clinic will help your surgeon determine when to discontinue corsets and stimulators.
- In general, driving is not allowed for up to six weeks following your surgery.
- Eat healthy foods.
- Make sure you drink fluids, eat fruits and vegetables to prevent constipation.
- You may need a stool softeners or an enema to have a bowel movement (BM) after surgery.
- Please review driving precautions included on the information provided by the pharmacy with any pain medication you may be taking. Pain medication may cause drowsiness which interferes with the ability to operate a motor vehicle.

For six weeks after surgery:
- No bending, extending or twisting the neck.
- No lifting over 10 pounds.
- No lifting overhead.
- No reaching overhead for longer than it takes to comb your hair.
- No sexual activity.
- Gradual return to prolonged sitting, standing and walking.
- No driving.

For three months after surgery
- To protect your neck, do not schedule routine dental work for three months after surgery.
- Your surgeon will advise whether you need antibiotics prior to dental surgery. Please check with your surgeon at your follow-up visit.

There are excellent books and web sites for additional information:

Books:
- Chronic Pain Solution by Dr James Dillard
- Full Catastrophe Living by Dr Jon Kabat-Zinn teaches relaxation techniques

Websites:
- www.spineuniverse.com
- www.spine-health.com
- www.WebMD.com
- www.understandsurgery.com