

Contact the physiotherapy team by
telephoning 0208 725 4619 or
email: backontrack@stgeorges.nhs.uk

Advice and exercises can be viewed online
at: www.tiny.cc/backontrack

Your guide to physiotherapy Following spinal surgery

Cervical spine (Neck)



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As the patients relative/carer, is there anything in particular I should look out for?

If the patient develops:

- A fever
- Redness, irritation or swelling around the wound site
- Increased pain
- Increased difficulty with swallowing
- Increased pins and needles into the arms or legs
- Increased difficulty in walking
- Difficulty going to the toilet
- Bleeding

Please see contact details below if you have any of these symptoms.

Who can I contact if I have problems once I am home?

Please contact your GP, NHS advice on telephone no. 111 or the ward you stayed in as an inpatient.

Further information

You might find it useful to contact:

Back Care – The Charity for Healthier Backs
(Registered as the National Back Pain Association)

16 Elmtree Road,

Teddington,

Middlesex,

TW11 8ST

Tel: (020)8 977 5474 or 0845 130 2704 (Charged at local rate)

Web: www.backpain.org

Rest and Activity

Some people may feel tired and worried when they first go home and are frustrated by not feeling able to do all the things they want to do. This is quite normal. It is best to make a plan to gradually increase the activities you do by yourself over the following weeks. It is likely that you will feel exhausted some days and others you will feel fine. It is often helpful to plan a 'rest-time' during the day when you can be undisturbed.

Sleeping

You may find you have difficulty in sleeping for a number of reasons:

- You have just come out of hospital where your sleep pattern may have been interrupted
- You have had neck surgery
- You have restricted movement in your neck
- You might have wound discomfort caused by sudden movement in bed.

If you have pain at night, it may be helpful to take pain killers before going to bed. It is important to rest when you need it. You might find the following useful to help you to fall asleep and eventually return to a normal sleeping pattern:

- Have a hot caffeine-free drink before bed
- Sleep in a warm stress free environment
- Reading
- Using the correct sized pillow will help keep your neck in alignment.

Introduction

You have had an operation on your neck. This leaflet is designed to help provide information and an exercise programme following one of the following procedures:

- **Cervical Foraminotomy**
- **Laminectomy**
- **Anterior Cervical Discectomy (ACD)**

A member of the healthcare team will be able to offer further advice if required.

What is a Cervical Foraminotomy?

This is an operation performed through a small incision (cut). The space around the nerve is made bigger to relieve pressure. At the same time the surgeon will try to remove any piece of disc that is pushing on the nerve.

What is a Cervical Laminectomy?

This is an operation to remove a part of the bone around the nerve or disc. This is performed when there is bulging of the disc causing pressure on a nerve.

What is an Anterior Cervical Discectomy (ACD)?

This operation is performed by making a small incision (cut) in the side of the neck. It involves removing part or the whole disc to relieve pressure on the nerve. If all the disc is removed a bone graft from the hip is used. This will fill the disc space and fuse (fix) the joint. A supportive collar is sometimes required to be worn for 6 to 12 weeks.

Why is the operation carried out?

There are two main reasons it may be carried out:

1. Arm Pain (Radiculopathy): The pain is due to pressure on a nerve root where it leaves the spinal cord (sometimes referred to as a trapped nerve). It may be caused by a disc protrusion, a condition where:

- the disc changes shape and presses onto a nerve
- bony changes/lumps caused from wear and tear of the joint.

Sometimes the pain can be caused from a combination of the two. The pain may be accompanied by numbness or tingling and occasionally by weakness in the muscle supplied by the nerve.

2. Spinal Cord Compression (Myelopathy): People commonly present with numb and/or clumsy hands, together with increasing difficulty in walking because of stiffness and weakness of the legs. The symptoms are due to the messages that go between the brain and the arms and legs not getting through properly. This may be the result of a protruded disc but is more commonly because of wear and tear of the joint causing bony lumps that press on the spinal cord. It is therefore unlikely to improve without surgery, although it may remain stable and not change.

To wash the collar, use luke-warm soapy water and rinse and dry thoroughly before replacing.

Are there any special instructions about bathing and shaving?

To prevent neck movement the collar must be worn at all times, only to be removed when washing your neck or shaving.

- You could cover it with plastic while you shower or bath but try to prevent it from getting too wet, as you are unable to dry underneath the collar.
- Avoid washing your hair at the hairdressers or over a basin, in the initial stages of your recovery. Instead, wash it while sitting upright or standing in the bath or shower, again wearing the collar.
- When shaving, have everything ready and stand directly in front of the mirror. Remove your collar and shave as closely as possible without moving your head. It is probably best to have someone around whilst you shave to assist you.
- The same applies when washing your neck. Make sure you dry the area thoroughly. This is a good time to check your wound.
- Only bath once the hip sutures (stitches) are out (if you required a bone graft), even then do not soak the skin for long.
- **The most important thing to remember is to avoid moving your head whilst the collar is off.**

collar at all times, even when sleeping. We understand that the collar can be uncomfortable, but if it is fitted correctly, and padded in the places that may cause discomfort, it should be bearable. You can check with your surgeon how long the collar should be worn for.

Are there any special considerations regarding the collar?

Once the hard collar comes off, your neck muscles are still quite weak and you may require a soft collar for a week or two. This will allow for the neck muscles to strengthen.

On occasion the collar may cause sores at pressure points especially;

- Where the chin rests into the collar
- The front of the chest where the collar may cause friction at the bottom
- Behind the ears where the collar comes up high at the back.

It is important to take note of these specific sites to observe for pressure sores or infection soreness. Look out for:

- redness
- grazing of the skin (and possibly fluid leaking / oozing from the site)
- increased temperature in the area
- strange smells coming from the sites.

These sites must be protected, by a dressing or some type of padding like thin foam or cotton wool. Visit your GP if you notice any of these symptoms.

Exercise programme following neck surgery

The day after your surgery, you will be expected to start sitting out of bed and walking on the ward unless advised otherwise by your doctor. If you have any weakness, numbness or clumsiness in your hands, a physiotherapist will assess you and provide advice.

The exercises in this booklet were demonstrated in the pre-admission "Back on Track" class or you may have watched the video online at www.tiny.cc/backontrack. It is recommended you begin these exercises the day after your surgery.

If you require further support with your exercises and/or walking, a member of the healthcare team will be able to advise you.

The aim of the programme is:

- To promote healing
- To prevent muscle spasm
- To prevent stiffness
- To promote good postural awareness
- All of these will help to reduce any pain experienced from the operation.

Things to remember when doing the exercises:

1. The exercises should be carried out slowly and controlled, avoiding rapid or jerky movements.
2. The programme is not designed to cause pain, so if any discomfort is felt, try reducing the number or intensity of the exercise you are doing.

Getting out of Bed:

1. Roll slowly onto your side, keeping your body and head in alignment (straight).
2. Bring your legs over the side of the bed. Place your uppermost (top) arm in front of you and push through your hand and other elbow to slowly sit up.

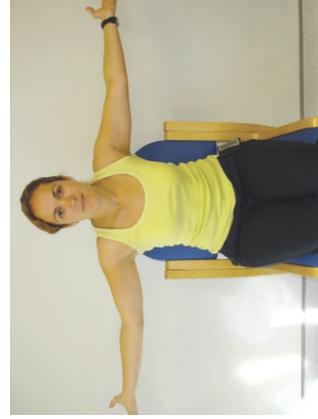


Exercise 1

Start position: Sitting down

Action: Take your arms away from your body and stretch them out to the side. For additional stretch, try extending (pushing out) your wrists and fingers. Hold briefly and then relax.

Repeat 5 to 10 times.



long hours in a sitting position or computer work, you should consult your occupational health nurse at your workplace prior to your return.

When can I return to full physical exercise and sporting activities?

You have been provided with a gentle exercise programme at the beginning of the leaflet. It will help your recovery and rehabilitation to follow this programme gently and accurately. These exercises are designed to promote your independence, enabling you to return to normal activities. It is probably best to increase the amount you do each day until you feel you have reached a normal level of activity. You should refrain from contact sports until you have discussed this with your surgeon.

I have been experiencing some difficulty with swallowing since my surgery – is this normal?

Due to the site of your surgery it is normal to have some difficulty with swallowing. The swallowing difficulties are because of swelling near the oesophagus (throat) following surgery. This will eventually settle down and should only last a few days. You may be seen by the speech and language therapist and/or dietician while you have these difficulties. You will be advised to eat soft foods or ‘build-up’ drinks until your swallowing has improved.

Information for if you have been advised to wear a collar:

When do I have to wear a collar?

All the time. It is vital to your recovery that you wear the

When can I resume a sexual relationship?

When you feel ready. You may need advice on positioning from the physiotherapist, occupational therapist or a doctor/surgeon as it is important to maintain the natural curves (arches) of your spine.

Am I allowed to drink alcohol?

As always, drinking in moderation is allowed, however always read the medication label if you are on strong pain killers or other tablets.

Can I go on holiday abroad?

If you have booked a holiday or are planning a holiday it is best to speak to the surgeon at your outpatient appointment regarding your flight. You should also check with your travel insurance provider. If you have to cancel, you should qualify for some refund with a letter from the surgeon. As always, if sitting for a long time becomes uncomfortable, take regular walks to mobilise your back and neck.

Can I visit the hairdresser?

It is advisable to avoid visiting the hairdressers following surgery. When you are fully recovered you may visit the hairdressers as normal but always take care with the position of your back. Some people find it more comfortable to sit facing the sink.

When can I return to work?

It is best to consult with the doctor at the out-patient clinic or your GP before you do. If your job involves heavy lifting,

Exercise 2

Start position: Sitting down

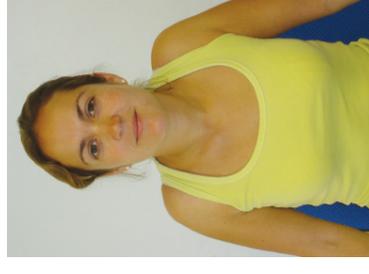
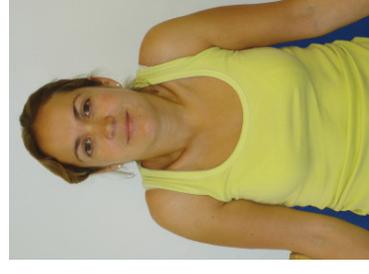
Action: Bring your shoulders to your ears and then release (shoulder shrugging). Let your shoulders relax downwards. You can do one at a time or both together. Repeat 5 to 10 times.



Exercise 3

Start position: Sitting down

Action: Slowly circle your shoulders upwards, backwards, downwards and forwards. Relax your shoulders downwards. Try and move slowly and in a controlled way. Repeat 5 to 10 times.



Exercise 4

Start position: Sitting down

Action: Come away from the back of the chair and holding your hips, gently rock your hips forwards and backwards. As you move, try and feel what happens to your neck as you rock forwards and improve your natural curve in your lower back, your head should naturally be held in better alignment and prevent your chin from drooping forwards. Repeat 5 to 10 times.



When will I be allowed to drive?

As your neck movement is restricted, you will not be allowed to drive at least while the collar is on. **It is an offence to drive with this restriction.** Once the collar is removed, you still need to allow time for your neck to return to full mobility. Therefore it is best to rest from driving until you are fully recovered, and you have checked with your insurance company.

Is it normal to experience pain following surgery?

Yes. This may be experienced for some time following surgery. Often hip pain is experienced more than neck pain for those patients who require a bone graft. You should take the pain killers as prescribed by the surgeon or your GP. General rest should also help.

Is it true that pain killers can cause constipation?

Yes. Particularly those drugs which contain codeine, Try to eat plenty of fruit, vegetables and fibre (such as bran or wholemeal bread) in your diet. Drink plenty of fluids too. If you still have a problem, we advise you to see your GP.

How will I know when my scar is healed?

All wounds progress through several stages of healing, and the following points are usually experienced:

- Sensations such as tingling, numbness or itching
- A slight hard lumpy feeling as new tissue forms
- Slight pulling around the stitches as the wound heals.

If you are having difficulties with any activities such as washing or dressing, the occupational therapist may be able to help you.

If you need to see an occupational therapist for equipment or further advice following your discharge, you will need to contact your local social services.

Other Questions you may have:

When will my stitches come out?

For this surgery you are more likely to have paper stitches to the neck wound and ordinary stitches in the hip wound, unless the surgery has been done before. If you have stitches they usually come out 7 to 10 days following surgery, this is the same in the hip wound. If they are not removed before you leave hospital, arrangements can be made either by yourself or by the nursing staff to have them removed at your GP practice or by the district nurse.

What happens to my dressings?

You will be given a supply of dressings. Please change them at least every 48 hours or more frequently if needed (if they become bloody, dirty or smelly).

When do I come back to the outpatient clinic?

Usually in 6 to 12 weeks. An appointment will be sent in the post. On your visit you may not always be seen by your consultant, instead you may be seen by one of their team of doctors.

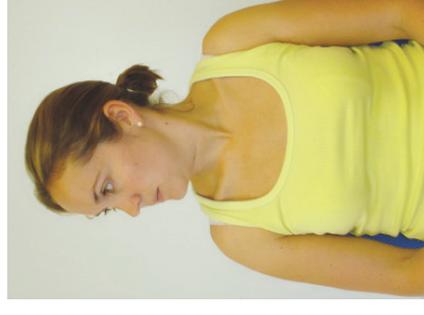
Start exercises 5 to 7 when you feel the above exercises (1 to 4) have become too easy (if not wearing a collar) or when your collar has been removed:

Exercise 5

Start position: Sitting down in a chair

Action: Gently turn your head side to side, try and keep your chin slightly tucked in. Keep the movement slow and controlled.

Repeat 5 to 10 times.



Exercise 6

Start position: Sitting down

Action: Raise your arms up 5 times. Then take your hands behind your head.
Repeat 5 to 10 times



Exercise 7

Start position: Sitting in an upright chair, with your lower back well supported by the chair and your arms resting on your lap.

Action: Keep your eyes level and bring your chin in towards you elongating the back of your neck. Imagine you are sliding your chin along a board or being pulled upwards by a piece of string. Hold briefly and relax.
Repeat 5 to 10 times.



Points to remember:

1. Carry on with exercises 1 to 4. Work slowly and steadily without jerking any of the movements. Once the collar is removed or they are becoming too easy, continue with exercises 5 to 7.
2. Be aware of your neck posture, particularly when you are sitting down. Support your lumbar spine (lower back), and until the strength improves, support your neck either with a pillow or a high backed chair.
3. Once the scar has fully healed, try slowly taking your neck through the following movements:
 - Looking up at the ceiling
 - Looking over your shoulder
 - Tip your ear to your left and right shoulders
4. The most important thing to start with is to achieve a good posture / position and control preventing spasm of your muscles.
5. When returning to work, examine the height of your work surface and adjust this or your seating to avoid any strain on your neck. You can also seek advice from your physiotherapist or health and safety representative at your workplace.

Occupational Therapy (OT):

If required you may be seen by an occupational therapist during your time in hospital. This is to discuss your lifestyle and consider the activities you need to do on a daily basis. The aim is to help you get back to normal daily activities where possible.