

Postoperative Care and Recovery after Cervical Spine Fusion

Hao Chen *

Department of Orthopedics, Clinical Medical College of Yangzhou University, Yangzhou, China

ABOUT THE STUDY

The cervical spine is the region of the spine that is located in the neck. It is composed of seven vertebrae that are separated by discs. The cervical spine plays a critical role in supporting the weight of the head and allowing for movement and flexibility in the neck. However, injuries or conditions such as degenerative disc disease, spinal stenosis, or herniated discs can cause pain and limit mobility in the cervical spine. In severe cases, cervical spine fusion may be recommended as a treatment option.

Cervical spine fusion is a surgical procedure that is used to join two or more vertebrae in the cervical spine to create a single, solid bone. This is done using a bone graft or a metal plate and screws to immobilize the vertebrae and promote bone growth between them. The goal of cervical spine fusion is to reduce pain, increase stability, and prevent further damage to the cervical spine. Cervical spine fusion may be recommended when other non-surgical treatments have failed to relieve pain or improve mobility in the neck. Some conditions that may require cervical spine fusion include:

Degenerative disc disease: This condition occurs when the discs between the vertebrae break down, causing pain and reduced mobility.

Spinal stenosis: This condition is characterized by the narrowing of the spinal canal, which can cause pressure on the spinal cord or nerves, resulting in pain, numbness, or weakness.

Herniated disc: A herniated disc occurs when the soft center of a spinal disc protrudes through a crack in the outer shell, causing pain and other symptoms.

Traumatic injury: A severe injury to the cervical spine, such as a fracture or dislocation, may require cervical spine fusion to stabilize the spine.

Cervical spine fusion procedure

Cervical spine fusion is typically performed under general anesthesia and may require a hospital stay of one to several days. The procedure involves the following steps:

Incision: A small incision is made in the front or back of the neck to access the cervical spine.

Removal of damaged disc or bone: The surgeon removes the damaged disc or bone that is causing pain or instability in the cervical spine.

Bone graft or metal plate and screws placement: A bone graft or a metal plate and screws are then placed to hold the vertebrae in place and promote bone growth between them.

Closure: The incision is closed with stitches or surgical staples.

Recovery after cervical spine fusion

Recovery after cervical spine fusion varies depending on the individual and the extent of the surgery. Patients may experience some pain and discomfort in the neck and shoulders for several weeks to months after the procedure. Physical therapy may be recommended to help improve mobility and strengthen the muscles around the cervical spine. Patients may need to wear a cervical collar or brace for a period of time to provide support and stability to the neck. It is important to follow the surgeon's instructions for postoperative care and activity restrictions to prevent complications and ensure a successful recovery.

Risks and complications of cervical spine fusion like any surgery, cervical spine fusion carries some risks and potential complications, including:

Infection: There is a risk of infection at the surgical site.

Bleeding: Excessive bleeding during or after surgery may require additional treatment.

Nerve damage: The nerves in the cervical spine may be damaged during the procedure, resulting in pain, weakness, or numbness in the arms, hands, or legs.

Non-union: The bone graft may not fuse properly, resulting in continued pain or instability in the cervical spine.

Hardware failure: The metal plate or screws used in the procedure may break or become loose, requiring additional surgery to fix.

Correspondence to: Hao Chen, Department of Orthopedics, Clinical Medical College of Yangzhou University, Yangzhou, China, Email: Chenh@ccmu.edu.cn

Received: 14-Feb-2023, Manuscript No. RCR-23-22904; **Editor assigned:** 17-Feb-2023, PreQC No. RCR-23-22904 (PQ); **Reviewed:** 03-Mar-2023, QC No. RCR-23-22904; **Revised:** 10-Mar-2023, Manuscript No. RCR-23-22904 (R); **Published:** 17-Mar-2023, DOI: 10.35841/2161-1149.23.13.340

Citation: Chen H (2023) Postoperative Care and Recovery after Cervical Spine Fusion. *Rheumatology (Sunnyvale)*. 13: 340

Copyright: © 2023 Chen H. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Dysphagia: Difficulty swallowing may occur after surgery due to swelling or damage to the throat.

Hoarseness: Damage to the vocal cords during surgery may result in hoarseness or difficulty speaking.

Cervical spine fusion is a surgical procedure that may be recommended for patients who have not found relief from non-

surgical treatments for conditions such as degenerative disc disease, spinal stenosis, or herniated discs. The procedure involves joining two or more vertebrae in the cervical spine to create a single, solid bone using a bone graft or metal plate and screws. Recovery varies depending on the individual, and physical therapy may be recommended to improve mobility and strengthen the muscles around the cervical spine.