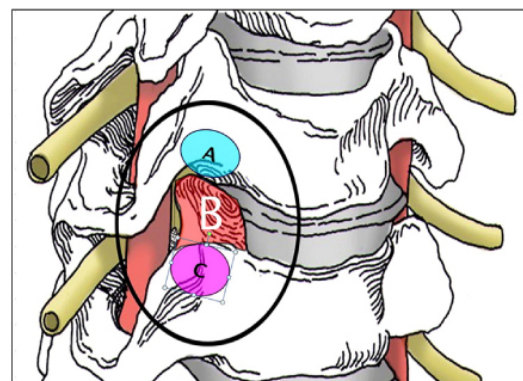


## Anterior Cervical Foraminotomy

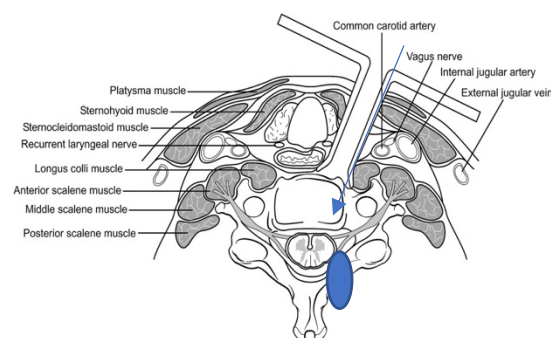
Anterior foraminotomy simply means widening of the passage way where the nerve goes through (see diagram) in order to relieve the pressure on the nerve and consequently your symptoms, **done through the front of the neck**. This is versus **posterior foraminotomy** where the similar procedure is done but **from the back of the neck**.

As seen on the diagram, segment "B" is removed. Therefore removing the pressure caused by this bony spur onto the nerve.



Not many surgeons are experienced in this procedure and usually resort to anterior fusion if they decide to deal with the problem from the front of the neck. Fusion may not be necessary when there is only unilateral (one sided) symptoms.

*Dr. Kohan has special interest in anterior cervical foraminotomy.* He has gained experience in dealing with cervical nerve root compression performing this procedure that directly deals with the compressive pathology while avoiding a fusion. This is a significant advantage as fusion surgery is more involved and has its own disadvantages. If it can be avoided it is certainly a great benefit to you.



This is essentially a keyhole procedure (blue shaded area in the opposite diagram) and potentially can be done at multiple levels.

*The decision to perform nerve decompression from anterior or posterior depends on many factors and Dr. Kohan will discuss this in details with you after consultation and review of your imaging.*

### **Post-operative expectation:**

- Chances of relief of symptoms affecting the arm is 80-90%
- Some patients also experience improvement of neck movements
- Chances of new or different pain or symptom is less than 5%
- Early throat irritation can be experienced
- Usually needs overnight stay in hospital
- Restrictions with lifting for 6 weeks
- Avoid driving until fully comfortable with neck movements and rotation without pain, this may take up to 3-4 weeks
- May need to continue with oral pain killer for couple of weeks
- Pain is the first symptom to go, weakness and pins and needles can take weeks to months, and numbness is the one that can be permanent but often reduce in area

### **Post-operative care:**

- Keep wound covered for 5 days, neck wounds heal well and will be almost invisible after 6 months depending on your skin type.
- After first 5 days, you can keep wound uncovered and shower normally but do not go into bath or swimming pool.
- You could start swimming after 4 weeks
- Return to work also depends on your job. Usually able to return to desk job after 4 weeks. If you have manual work you may need to stay off work for 6 weeks then start on light duties for up to 8 weeks and then gradual return to normal duties.
- Avoid sitting in front of screen for more than 30 min at a time and have appropriate height chair and desk so your neck is not in constant flexed or extended position.
- Oral analgesia as prescribed
- See your GP few days after discharge to check your wound and discuss any concern
- During the first few weeks you could experience some mild arm symptoms on and off

**What to report after operation:**

- Report any significant arm or weakness
- Significant neck pain
- Discharge from wound
- Redness and swelling of the wound
- fever