

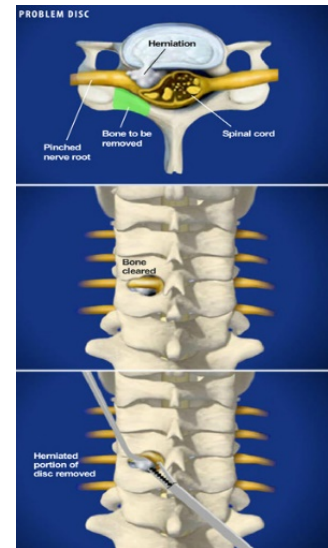
Cervical Posterior Foraminotomy

In this approach nerve decompression is performed from the back of the neck, as opposed to the front of the neck as discussed above. This is advantageous when there is a fresh disc fragment that can be readily removed while avoiding other structures on the way during the approach other than muscles attached to the spine. It is slightly more painful than the anterior approach to the foramen (the passage where the nerve goes through and where the nerve root is usually pinched). At times this approach is also used where there is foraminal stenosis due to degeneration.

In this approach keyhole laminotomy (keyhole opening on the lamina, see diagram) as well as partial shaving of the facet joint is performed in order to “indirectly” decompress the nerve root as well as removing any disc fragment if present.

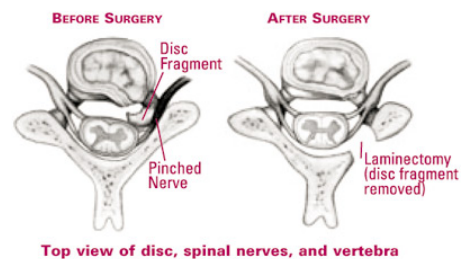
Post-operative expectation:

- 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 1-2 overnight stay in hospital



Post-operative care:

- Keep wound covered for 7 days, neck wounds heal well and will be almost invisible after 6 months depending on your skin type.
- After first 7 days, you can keep wound uncovered and shower normally but do not go into bath or swimming pool.
- **If you have long hair it is very important to avoid wet hair being against your wound until it is fully healed.**
- You could start swimming after 4 weeks
- Gentle massage and physiotherapy is allowed after 4 weeks
- 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
- 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
- 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.



- May need to continue with oral pain killer for couple of weeks, as posterior approaches are slightly more painful due to need for pushing the muscles out of the way and therefore some muscle swelling occurs after surgery and specially noted between day 2-7.
- Arm 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

What to report after operation:

- Report any significant arm or weakness
- Significant neck pain that persists without improvement
- Discharge from wound
- Redness and swelling of the wound
- Fever
- Any other significant concern.