



CERVICAL ARTIFICIAL DISC REPLACEMENT / ARTHROPLASTY



PLEASE SCAN FOR THE LOCATION

Aster HOSPITAL

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DEPARTMENTS

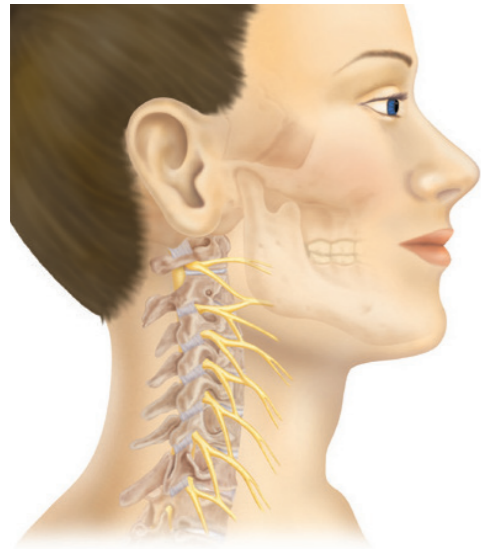
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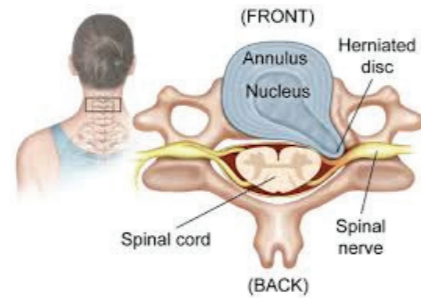
Digital Version



The vertebrae (spinal bones) in the neck (cervical spine) encircle and protect the spinal cord. They are separated by shock absorbing discs. The discs give the spine the flexibility to move. Nerves branching from the spinal cord pass through openings in the vertebrae to other parts of the body.

DISC DEGENERATION AND HERNIATION

Discs lose their water content as they age, leading to reduction in height, bringing the vertebrae closer together. The result is a weakening of the shock absorption properties of the disc and a narrowing of the openings for the nerves in the sides of the spine. There may also be bony growths which can push against the spinal cord and/or nerves. When the inner part of a disc pushes out through a hole in its outer layer (herniation) in the cervical spine, it may put pressure on one or more nerve roots (called nerve root compression) or on the spinal cord; this may cause pain and other symptoms in the neck and arms. Living with this pain or weakness and tingling in the arms can be disabling.



WHEN DO YOU NEED SURGERY?

Surgery may be indicated in patients with:

- Arm pain and/or tingling due to compression of nerve roots near the cervical vertebrae (radiculopathy)
- Neck pain and/or trouble walking as a result of disease in the spinal cord (myelopathy).
- At least six weeks of nonoperative treatment have failed with/without symptoms related to reduced function of the upper extremities such as arm weakness, poor reflexes, and/or decreased nerve sensation.

ARTIFICIAL DISC REPLACEMENT (ADR)



Artificial cervical disk replacement involves removal of the damaged cervical disk and replacing it with a specialised implant between two vertebrae through an incision in front of neck.

ADR is also known as arthroplasty or disc replacement. Artificial disc are made up of mixture of metals (titanium and a ceramic - titanium carbide).

WHY ADR?

ADR is intended to relieve the arm pain by removing herniated disc causing pressure on spinal cord or nerve root, and at the same time preserving normal motion at the disc space. It is an alternative to the commonly performed anterior cervical discectomy and fusion (ACDF).

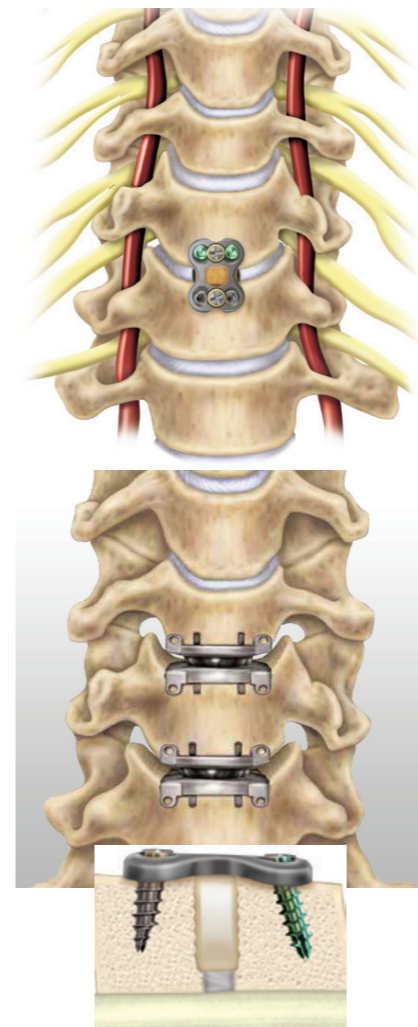
HOW IS ADR PERFORMED?



The surgery is performed under general anaesthesia, through a small incision in the front of the neck (anterior). The soft tissue of the neck is gently separated and by retracting aside neck muscles, trachea, blood vessels and oesophagus to access the involved disc. Using an operating microscope, the surgeon removes the herniated or damaged disc. An artificial disc of the appropriate size is then inserted into the disc space between the vertebrae under fluoroscopic guidance. The device pieces move with respect to one another and are designed to allow for motion.

HOW IS IT DIFFERENT FROM FUSION (ACDF)?

In both procedures, the unhealthy disc is removed. In the ACDF procedure, after the unhealthy disc is removed, the disc space may be stabilized with a device, such as a cage and/or plate, to serve as a brace while fusion occurs. Fusion, which is more commonly performed, is designed to treat symptoms by eliminating the motion at the treated level. ADR is designed to allow motion at the treated level in addition to relieving pain by decompressing the nerves.



PREPARING FOR SURGERY

The instructions followed before and after surgery helps in faster recovery and overall success of the surgery.

BEFORE SURGERY

- » See your doctor before surgery to check your overall health.
- » Tell your doctor what medicines you are

taking and ask if you should stop taking any of these medicines before surgery (such as blood thinners etc.).

- » Your doctor will review your condition with you and explain what all of your possible choices are including medications, physical therapy, and other surgeries such as removal of the diseased disc, fusion, etc.
- » Do not to eat or drink the night before the surgery

SURGERY AND AFTER

- » There will be General Anesthesia
- » Your surgery will take several hours which will include anesthesia time, positioning, skin preparation, intra operative neuro monitoring and the surgery itself
- » After surgery you will be woken up and monitored in the recovery room for 1 hour and then shifted to ward
- » Postoperative pain may persist which is covered by adequate analgesics
- » Early mobilization will be the goal - by a physiotherapist
- » You may experience a lump feeling when swallowing, or hoarseness of voice. These side effects usually subside gradually.
- » People recover differently so post-operative stay may vary, but usually patients go home on 2nd or 3rd day
- » A water-proof dressing (Tegaderm) will be applied on the wound which is to be changed every alternate day
- » Regular follow up will be required - at 1 week, 6 weeks and 6 months following surgery

AT HOME

- » Prepare your home for life after surgery - place important things such as medication and personal hygiene items

within easy reach.

- » Remove safety hazards, such as clutter on the floor, that may cause you to trip or lose your balance.
- » Arrange for someone to help you at home and around the house after surgery.

PLEASE NOTE

- » Be sure you read and understand this entire brochure.
- » Ask your surgeon to inform you of the risks, as well as the benefits, of this surgery.