

TAYLOR SPINE CLINIC

- Due to the complex nature of the spine there will be a delay in your appointment. Please expect to wait 1 to 2 hours before being seen. Please understand Dr Taylor will spend as much time with each patient as needed. If you are not able to wait please ask for the first appointment of the day to avoid a delay in your appointment or you may call prior to your scheduled visit to determine how long your wait will be prior to being seen on any given date.

CERVICAL SPINE SURGERY INFORMATION

EXPLANATION OF CERVICAL SPINE SURGERY

You are scheduled for surgery on your cervical spine. This may or may not include a fusion of the cervical spine. Dr. Taylor has determined the type of procedure that is necessary after reviewing your symptoms, which included a physical assessment of your symptoms, your x-rays, and other studies that you have had completed.

THE CERVICAL SPINE

Your cervical spine is composed of 7 bones known as vertebrae. The vertebrae in the cervical spine are cushioned by an elastic type shock absorber known as the disc. The first two cervical vertebrae do not have discs between them. Each disc has a soft center, known as the nucleus, which is surrounded by a tough outer ring, known as the annulus. The discs allow motion between the vertebrae. The discs, bony structures, ligaments and strong muscles all work together to stabilize the spine. The spinal cord connects the brain to the rest of the body. The spinal cord and nerves travel from the cervical spine through to the sacrum.

THE PROBLEM CONCERNING YOUR CERVICAL SPINE

Compression or squeezing on the nerves in the spinal cord or nerve roots may be causing many of the different types of symptoms that you may be experiencing. These symptoms may include headaches in the back of the head, pain in the neck, shoulder, upper back, arm, and/or fingers. Numbness, tingling and weakness are other symptoms that you may experience occasionally or regularly. Other more serious symptoms include loss of balance and problems with coordination and dexterity.

The compression of the nerves are caused by some of the following conditions:

1.Herniated disc: Disc are made up of a large portion of water. The hard outer ring of the disc, known as the annulus, may develop a tear, which allows the soft material inside the disc to bulge through the tear. The bulging portion of the disc can press on the nerve root or the spinal cord. There are many reasons that may cause the annulus to tear which include a trauma of some sort to the spine and degenerative disc disease.

2.Degenerative Disc Disease: Degenerative Disc Disease is a breakdown of the disc. This may cause the disc to crack, flatten, or turn to bone. As the bone flattens, the vertebrae rub together and may cause bone spurs. The bone spurs irritate the nerves.

3.Spinal Stenosis: Spinal Stenosis is a narrowing of the spinal canal. Bone spurs narrow the space through which the nerve roots exists in the spinal canal.

CERVICAL SURGERY

The cervical surgery that you have been scheduled for is to correct the problems that you have having with your cervical spine. There are several types of surgeries that Dr. Taylor can perform to help correct the problems you are having.

The surgeries include:

Anterior Cervical Discectomy and Fusion - This involves removing the disc and replacing the disc with bone to allow the vertebrae to fuse together as one.

Anterior Cervical Corpectomy and Fusion - This involves removing the disc and a portion of the vertebrae to allow the bones to fuse as one.

Posterior Cervical Fusion - This involves the fusing of the cervical spine from the back of your neck.

Please address any questions to Dr. Taylor or Lori, Dr. Taylor's nurse.

INCISION

The incision will be made according to the approach Dr. Taylor has decided to take to correct your cervical spine. The length of the incision depends on how many levels of the cervical spine need to be corrected. Anterior incisions usually will gradually fade over the next year. Posterior incisions do not heal as well and often leave a noticeable scar.

BRACE

A neck brace will be worn after surgery. The type of brace depends on the type of surgery you will have and the number of levels that will be addressed surgically. The brace should be worn as directed by Dr. Taylor. Usually if a fusion is involved, the brace is used for six weeks after surgery. The brace is made to limit the motion of your neck, to support and to protect the spine while the bones are healing. Your neck immobilization is necessary to prevent injury to the bone graft or instrumentation.

BLOOD LOSS

It is an unusual occurrence for you to need blood during any of the procedures that have been discussed. Dr. Taylor will address with you if you will need to donate blood for your surgery. There is a consent that you will need to sign that allows you to receive blood in a life threatening emergency. Otherwise, blood loss is usually about 1 cup during these types of surgical procedures.

RISK AND COMPLICATIONS

Dr. Taylor has discussed the possible risks and complications of the surgery with you.

They include:

- * Side effects from anesthesia
- * Infection
- * Damage to nearby structures

- * Spinal cord or nerve damage
- * Bleeding or possible need for transfusion
- * Persistent hoarseness and/or swallowing problems. This is possible if you would have the surgery to the front of your neck, an anterior approach.
- * Bone graft shifting or displacement. This is possible with a fusion of the bone.
- * Failure of the metal plates and screws.
- * The bone graft not healing properly, necessitating another operation.

BEFORE SURGERY

There are a few things that need to be done before your surgery.

1. Before your surgery you may have blood work, which can include a hepatitis test and a HIV test, a chest x-ray and an EKG. This will be scheduled for you and will be done during pre-testing when you meet with the anesthesia staff. If it has been some time since you have seen your primary physician, it would be best that you see your medical doctor before your pre-test date.
2. To prepare your home for your recovery after surgery, please put necessary items within reach so that you may avoid a lot of movement of your neck. During the six weeks of your recovery you will not be able to lift more than 15 pounds. Please make arrangements before surgery to have any heavy items purchased before surgery such as dog food, etc.
3. If you are having a posterior procedure (surgery on the back of your neck), we will need to shave your hair on the back of your head to the tip of the ear across to the other tip of your ear.

AFTER SURGERY

After surgery you will go to the orthopedic floor, unless you request a private room. You may need to be hospitalized for 1-3 nights.

The evening after surgery:

1. **Activity:** If you are strong enough you will be able to get out of bed with the assistance of the hospital staff.
2. **Diet:** You will start on either a clear liquid or regular diet, whichever you feel you can tolerate.

Your windpipe, which is known as the trachea and the esophagus, which is the tube that connects the mouth to the stomach, lie in front of the cervical spine. During the surgery, the trachea and esophagus are gently held out to one side so that the vertebrae can be seen. This may be necessary for hours, which may cause a great deal of swelling after surgery. After surgery some people complain of throat tenderness and pain, a choking type of sensation, and/or a feeling of fullness in the neck. These symptoms may gradually decrease over the next few weeks or months. The difficulty swallowing may persist after your surgery. Use caution when eating dry foods or large portions of meat. **Remember to chew carefully and to take small bites of food.**

3. **Pain Control:** When you are discharged from the Recovery Room and transferred to your hospital room you will have an I.V. (intravenous fluids) running into a catheter in your arm. You may have a button to push that is connected to a machine that gives you the pain medicine when you feel that you need it. You may be switched to pain pills in the evening of surgery or the next morning depending on how your pain is controlled.
4. You will have a drain coming from the incision in your neck. The drain removes the extra fluid from under your skin. This helps to reduce the swelling in your neck and it helps Dr. Taylor and the nurses to monitor the amount of blood loss.

THE MORNING AFTER SURGERY

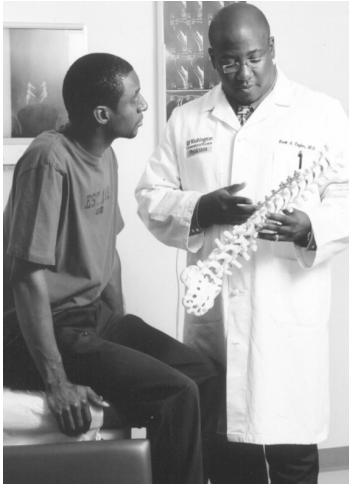
Activity: You may be up as you desire and tolerate.

Diet: You may slowly resume back to a regular diet.

Pain: You will be switched to pain pills. Dr. Taylor and the other doctors assisting him will write for your pain medications before you go home. **Please let them know of any drug allergies.**

NOTE: Your drain will be removed before you are allowed to go home.

Please feel free to call the office with any questions or concerns. The discharge instructions have been included in this packet. Please review them before your surgery.



When is Spinal Surgery Necessary?

Brett A. Taylor, MD — Adult Spine Specialist

As a Board Certified Orthopaedic Spine Specialist, my practice focuses on spinal disorders. Back problems can be debilitating for many people. The most common spinal problems are a result of long-term wear and tear, or an ongoing degenerative process. The more common reasons for which patients seek spinal surgery include arthritis, instability and nerve dysfunction, as well as incapacitating back pain that has failed to improve with two (2) to four (4) months of non-operative treatment. When patients are unable to walk, or have bowel or bladder dysfunction, we need to address their problems urgently with surgical intervention. Other problems that can occur include herniated discs, loss of bone mineral density or osteoporosis, which can result in fractures.

Should you experience prolonged back or neck pain, your family physician will most likely refer you to a specialist who is trained in diagnosing and treating spinal disorders. I encourage patients to consult their primary care doctors when choosing a specialist. Other sources of information include friends and national associations such as the American Academy of Orthopaedic Surgeons (AAOS). The AAOS has an on-line database to assist patients in locating *certified* providers. Patients should ask tough questions of their potential surgeon and should not be afraid to ask questions about his or her credentials. If your instincts tell you that you should get more information, you should seek a second opinion. Patients should avoid surgeons who discourage second opinions, or use scare tactics to encourage surgery.

What to expect when you come to my office

As an orthopaedic spine specialist, I seek to help my patients understand that spine surgery **cannot** offer a 100% cure for most spinal problems. Spinal surgery is a last resort to offer some improvement in your function. For these reasons the surgical goal is to improve function, but rarely to cure all problems. Many people are surprised when they realize that most of the patients I see in my clinic do not need spinal surgery. Fewer than 20% of the patients I see in my practice eventually go on to have surgery. Most can be helped with nonoperative treatments. These include anti-inflammatory medications, physical therapy and rehabilitation, or injection therapy, which often alleviate the symptoms that patients suffer. Also, weight loss, exercise, and limiting alcohol and tobacco use will frequently improve the patient's condition. I ask that my patients try to exercise regularly to keep their back muscles strong, and use correct lifting techniques.

What if surgery is necessary?

It is critically important that you have been well informed and adequately educated when you decide to have your spinal surgery. Patients frequently ask, "Who can best perform spine surgery, a neurosurgeon or orthopaedic spine surgeon?" In my opinion, either specialty can perform safe, and competent spinal surgery if he or she has had training in a *Spine Fellowship* at an approved hospital training program. Your surgeon should be board certified, fellowship trained, and focused on spinal surgery.

Putting the patient first

If you do require surgery, I will explain the natural history of your particular spinal illness, all of the alternatives to surgery, as well as, the risks and complications of surgery. In my spine practice, patients are also provided with written information about their surgery. It is important that you understand and have appropriate expectations of surgery. I encourage you to write down your expectations from surgery so that we can answer specific questions related to your personal experience. After all of your questions are answered, I will describe the potential surgical procedure in detail with a model of the spine.

Whenever possible, a second visit is scheduled after you and your family have had some time to think more about the problem. You should write down further questions at home, so that during the clinic visit, you can have all your concerns addressed.

During our pre-operative consultation, we inform you of the risks involved with surgery. We discuss the type of implants that might be used in your surgery. In general, we only use surgical implants that have had a long, successful track record of use in spine surgery.

We discuss with you all of the postoperative activity limitations including recreational activities, such as golf or jogging. We will help you estimate your time off of work after a surgical procedure. As well, we will make sure that you understand your requirements for follow-up visits.

It is important for you and your family to have reasonable expectations on the hospital stay, the pain involved with the surgical procedure, and the post-operative limitations of function. Frequently, we will need to arrange post-operative extended stay at a rehab facility.

Years ago, spinal surgery meant that the patient would never return to full function. New advances in spinal procedures, including instrumentation, and advances in anesthesia, minimally invasive procedures, and motion sparing technology have allowed both younger and older patients to resume a full and active life. We often operate successfully on patients 80 years of age offering them better independent function.

There are a number of new technologies which will become available and which will greatly improve our ability to treat spinal abnormalities. At this point, these new technologies have not been tested adequately to determine their effectiveness. However, my personal research interest is in disc replacement technology. I feel that this will greatly improve our ability to treat patients with back problems.

I hope this information will be useful to you in determining proper care and treatment of your condition. My staff and I are happy to provide further service to you. If you have questions, please do not hesitate to call my nurse, Lori Burke, at **314-336-2555**.

*Accessible, Approachable, Interested.
Top Treatment – Patients First*

*After completing a Bachelor of Science degree in biology at Yale University and a medical degree at the Harvard Medical School, Dr. Taylor fulfilled residency training at the Harvard Orthopaedic Surgery Residency Training Program. Subsequently, he completed fellowship training in adult spine surgery at the Thomas Jefferson University School of Medicine, and served thereafter as a Major in the United States Air Force at Wilford Hall Medical Center in San Antonio, Texas.
He has now returned to his hometown — St. Louis.*

Dr. Taylor's clinical specialty is adult reconstructive spinal surgery with particular emphasis on cervical, thoracic and lumbar pathologies related to traumatic and degenerative spinal disorders. His clinical interests also include oncologic spinal surgery, and his research interests are in disc reconstruction and health care disparities research.