CASE STUDY Stabilization Of Cervical Spinal Segments

Background

Posterior Cervical Fusion is the general term used to describe the technique of surgically mending two (or more) cervical spine bones together along the sides of the bone using a posterior (back of the neck) incision. Posterior Cervical Fusion may be performed in conjunction with or without a posterior decompression (laminectomy) and/or instrumentation (use of screws/rods). Posterior Cervical Fusion is most commonly performed for patients with cervical fractures or instability, but is also performed for a variety of other spinal conditions, such as tumors, infections, and deformity.

History

The patient is a 55-year-old with complaints of numbness in right arm and severe pain in the shoulder. The patient did not benefit from treatment with 1 month of physiotherapy. His arm has started to lose strength. The patient was advised to undergo surgery due to the long-term negative impact of signs and symptoms upon her health. The patient agreed to surgery.

Pre-Treatment Image





Post-Operative Images





Conclusion

An anterior second surgery was planned after 15 days. But when all the complaints of the patient were corrected by single operation, no anterior surgery was performed. The patient is satisfied with his pain relief and the results of their surgery. The patient is noted to have a significant improvement of his arm and shoulder pain and instability.

Treatment

The patient underwent a C4 to C7 posterior cervical fusion intended for the stabilization of the cervical spine through a posterior approach. A posterior longitudinal incision is made in the midline, directly over the involved spinal levels. The fascia and muscle is gently divided, exposing the spinous processes and spine bones. An x-ray is obtained to confirm the appropriate spinal levels to be fused. Right hemilaminectomy was performed from C4 to C7. Screws and rods of **OSIMPLANT PORTHOS Posterior Cervical System** were implanted.

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