Neck care advice

This booklet gives advice for people following neck surgery. It is only to be used as a guide and is not a set of rules. If you have any problems please contact the ward staff.

Patient Information

Clinical and diagnostic support services centre - Physiotherapy

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Introduction
This booklet has been designed to provide you with useful information if you have been admitted to hospital for cervical spinal surgery. It will help you during your stay on the ward and when you return home. This information is to be used as a guide rather than a set of rules. If you have any problems please contact the ward staff.

Neck pain
Spinal pain is very common and even if it is severe is rarely caused by serious disease. Most pain will improve on its own and this may take several days or weeks. If the pain is severe you may need a short period of rest and medication such as pain killers, anti-inflamatories and occasionally muscle relaxants. Physiotherapy is often requested to improve your recovery. Spinal surgery is occasionally required if you have severe pain and this involves relieving pressure from a compressed nerve.
It is common for pain to occur again in the future. This does not mean that there is a serious problem and the information in this booklet will help to reduce the severity of future episodes of neck pain and help you to recover more quickly.

**Spinal anatomy**

The spine consists of a set of bones called vertebrae. Between each vertebra is a disc which binds the bones together and forms a joint. This allows the spine to move. The disc is firmly attached to each bone and therefore cannot slip. The term ‘slipped disc’ is incorrect. Discs can become painful but this is usually caused by a bulging or prolapsed disc. There are also a series of joints behind the vertebrae called facet joints which can occasionally cause pain.

The spinal cord runs down a canal in the spine. It is very rare for this to be affected or damaged by normal causes of neck pain. Nerves branch off from the spinal cord and pass through a gap next to the disc. The nerves from the neck run down into the arms.

**Causes of neck pain**

**Spinal Degeneration**

As we age the discs and joints in the spine also age and undergo changes of wear and tear. This happens to all our joints and is called degeneration. This is not serious and does not mean that the discs and bones are crumbling or falling apart. In some people this causes neck pain and it may flare up and settle down from time to time. It is best managed by keeping fit and active.
Stenosis
Another cause of pain is due to narrowing of the nerve canal. This narrowing is called stenosis and can result in arm pain and altered sensation. Your mobility can become restricted if the pain becomes severe and you may require treatment or surgery.

Disc Prolapse
A bulging or prolapsed disc is a less common cause of neck pain. If the bulge compresses or irritates a nerve, arm pain can occur. You may also experience tingling, numbness and occasionally weakness in the arm or hand.

Most pain caused by a bulging or prolapsed disc will improve on its own but some people will require medical assistance. This may involve admission to the ward to help with your pain, physiotherapy and occasionally surgery.

Other Causes of Neck Pain
Your neck problem may have been caused by a particular incident e.g. whiplash or following an injury such as a fall. This can cause a strain or sprain to the muscles or ligaments and these types of problems usually settle down quite quickly. In some cases the exact cause of your problem can be difficult to diagnose even after X-rays and scans. This does not mean that you have a serious problem or that something has been missed.

Try not to let this worry or frustrate you, instead concentrate on the advice you are given:

• Remain active
• Undertake light activity and exercise regularly
**Treatment**

**Surgery:** Surgery is sometimes performed to improve arm pain by relieving pressure from the nerve. There are a few types of operation which are used to achieve this:

**Fusion** – this operation involves removing the prolapsed disc and then joining the bones together so the joint no longer moves. A bone graft can be taken from the top of your hip to help the joint stick together. Sometimes small screws and plates are used to help strengthen the fusion.

**Decompression** – this surgery can be used if the pain is caused by narrowing or stenosis. It involves removing part of the bone and ligaments to create more space for the nerve.

**Disc replacement** – in some cases an artificial disc can be used to replace the prolapsed disc. This can help to maintain the movement in your neck.

These operations do not weaken your spine and you should be able to gradually return to normal activities.

**Recovery**

Your pain may be completely better after your operation but in some cases the improvement can be gradual. Tingling and numbness may take longer to improve and sometimes this does not fully recover.

Recovery following surgery varies from one patient to another. This could depend on a number of factors including your age, type of surgery, level of general fitness.
It is important to remember that this type of operation may not cure your neck pain. Therefore it is very important to keep your neck flexible, slowly build up your fitness and return to normal activities. Research has shown that this will help to control your symptoms.

If you become inactive, stop moving your spine and stop your exercises your neck will become stiff and weak making your recovery much more difficult.

The wound and dressing

This type of operation usually only requires a small incision and it should heal fairly quickly. The nurse will be in charge of looking after your wound. In theatre there may be an initial dressing applied. After 24 hours the nurse will inspect the wound and will reapply a dressing if needed. The wound will then be checked daily for any problems. When at home it will need very little care. Try to keep the area dry and clean. It should heal in approximately 2 weeks.

Most wounds heal without any problems, however when you return home monitor for any signs of change. If you have a problem contact your GP or ward 24.

Signs that might indicate an infection or allergic reaction to the sutures, clips or dressings are:

- Increased pain or discomfort in or around the wound
- Redness, swelling or oozing from the wound eg blood or pus
- A high temperature (above 37.7°C)
- An unpleasant odour from the wound
- Rash, itchy or irritated skin around the wound
If you need to change your dressing:
1) Wash your hands
2) Remove old dressing
3) Apply new dressing taking care not to touch the pad or wound
4) Wash your hands

Pain management
If you have had surgery it is normal to experience some post-operative soreness in your neck. This will gradually improve as your wound heals and you increase your activities.

During your stay on the ward it is important that your pain is well controlled. This will help you to regain your movement and build up your muscle strength. This is achieved by regular exercise and gradually increasing your activity. The most common methods of pain control are pain killers, anti inflamatories and occasionally muscle relaxants. Always inform someone if your pain worsens or is too severe to cope with.

Physiotherapy
After Surgery
Physiotherapy after neck surgery is not usually necessary. However, your consultant can refer you to physiotherapy when you are reviewed in clinic post operatively.
Physiotherapy exercises

Exercise 1.
Gently turn your head side to side.

Exercise 2.
Gently look up and down

Exercise 3.
Gently take your ear towards your shoulder, repeat to the other side.

Repeat these exercises a few times throughout the day.
Physiotherapy advice

The physiotherapist will give you some general advice to follow in hospital and when you return home. The advice will vary depending on the surgery you have had, however, the main points are:

• Avoid activities that require a bent posture, or involve twisting, pushing or lifting. This includes activities such as gardening, cleaning, ironing and carrying shopping. You can gradually return to these activities as you recover but always try to avoid prolonged bending and stooping.

• Avoid vigorous exercise and sport until you are seen again by your consultant - or your physiotherapist will be able to advise you on this.

• It is important that you gradually return to your normal daily activities. This is a vital part of your recovery. Your neck may occasionally feel sore or more painful but this does not mean that you are causing more damage to your spine.

• You should avoid heavy lifting for at least three months after your surgery. Never attempt to lift anything you feel is too heavy or awkward. If lifting is required for your job discuss this with your consultant or physiotherapist.

What to Expect

It is not unusual to continue to experience neck pain after your operation and the levels of pain may vary. This is normal and you should not worry. The most effective way to deal with this is to keep active and continue with your exercises.

If your pain becomes severe and your muscles go into spasm it may be difficult to move around for a short period of time until your neck settles. If this happens reduce your activities
and rest for 2 to 3 days then gradually increase your activities again. You may need to take some pain relief. Do not take to your bed for long periods of time as your neck will become stiff and your muscles will weaken.

If your pain continues to get worse, your arm pain returns (or you develop arm pain) or you feel unwell you should see your doctor.

Other information and dressing
Occasionally your consultant will want you to wear a neck collar for a period of time after your operation. This will be provided and someone will show you how to put it on.

If you have had problems with weakness in your arms or hands before your operation this may result in a longer stay in hospital. You may need to be transferred to the rehabilitation ward. This will be discussed with you first.

If you feel that you need some equipment to help you at home, eg a chair or toilet raise, inform the ward staff and they will refer you to the occupational therapist for assessment.

Additional information – deep vein thrombosis.
Although this is rare some people may develop a clot in the vein in their leg following prolonged immobility or surgery. This can present with swelling or tightness in the lower leg and / or heat, pain and tenderness in the calf. Compression stockings are provided and leg exercises will reduce this risk. Keep your legs, feet and toes moving regularly when you are sitting or lying still.

If you have any problems or concerns after you are discharged contact ward 24 (telephone: 01642 854524) or your GP.
**When can I ... ?**

1. **Go home?**
   
   This depends on the consultant. In most cases if your pain is well controlled, you are independently mobile and there are no other complications you will be sent home quickly. This can be as early as the next day after your operation. The most common length of stay is two to four days.

2. **Have a bath or shower?**
   
   You can normally have a shower one to two days after your operation. Check with the nurse first as you may need to have a water proof dressing applied. Avoid using heavily scented soap / shower gel / bubble bath / body lotions around the wound.

3. **Resume sexual activity?**
   
   Your consultant or nurse can advise you on this, however, unless you have been advised otherwise do what feels right for you. Try to make sure that you are comfortably positioned to avoid too much pressure or strain on your neck.
Contacts

The James Cook University Hospital:
Marton Road, Middlesbrough, TS4 3BW.
• Switchboard: 01642 850850
• Physiotherapy department: 01642 854453
• Ward 24: 01642 854524

Darlington Memorial Hospital:
• Switchboard: 01325 380100
• Physiotherapy department: 01325 743120

University Hospital of Hartlepool:
• Switchboard: 01642 617617
• Physiotherapy department: 01429 522471

University Hospital of North Tees:
• Switchboard: 01642 617617
• Physiotherapy department: 01642 624869

Bishop Auckland Hospital:
• Switchboard: 01388 455000
• Physiotherapy department: 01388 455422
Check list ...

This page is to note down any frequently asked questions and to remind yourself of anything you may need to know before going home.

- When is my next appointment with the consultant?

- When can I return to work? (Recovery time required before returning to work may vary. This will depend on your job. Expect to return to work sooner if you perform light activities. It may take longer if you undertake heavy manual work. Discuss this with your consultant before you are discharged.)

- When can I start driving again? (usually after three-four weeks but you should check with your consultant)

- Other:
Physiotherapy service

This information booklet is to be used as a guideline.

If there is anything that you feel unhappy about or if you have any comments about the physiotherapy service please talk to a member of staff.
Comments, compliments, concerns or complaints

South Tees Hospitals NHS Foundation Trust is concerned about the quality of care you receive and strives to maintain high standards of health care.

However we do appreciate that there may be an occasion where you, or your family, feel dissatisfied with the standard of service you receive. Please do not hesitate to tell us about your concerns as this helps us to learn from your experience and to improve services for future patients.

Patient Advice and Liaison Service (PALS)

This service aims to advise and support patients, families and carers and help sort out problems quickly on your behalf.

This service is available, and based, at The James Cook University Hospital but also covers the Friarage Hospital in Northallerton, our community hospitals and community health services. Please ask a member of staff for further information.