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.

Provided for

By

Date
Introduction

This booklet has been designed to provide you with useful information if you have been admitted for cervical 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 and Arm Pain

Neck pain is very common and it is usually simple mechanical pain even if the pain is severe. It is very rarely caused by serious disease.

Mechanical neck pain and stiffness does not require surgery and usually improves within several days or weeks without any treatment. You may require some pain relief and anti-inflammatories and sometimes physiotherapy is recommended.

Occasionally a nerve may become trapped in the neck. This can cause pain in the arm as well as pins and needles, numbness and occasional weakness in the arm or hand. Most trapped nerves recover over a number of weeks and months without any treatment. The pain can be severe and you may require pain relief. In some cases injection treatment can help.

If your arm pain has not improved surgery may be offered to remove the pressure from the nerve. This is effective for improving arm pain but it may not improve your neck pain. If you have weakness, pins and needles and numbness in the arm this may take longer to improve and may not recover fully.
Causes Of Symptoms

The most common cause of arm pain from the neck is due to a prolapsed disc. This is not a serious condition but can cause severe pain. It will usually improve, but if it persists for more than a few months and you have weakness in your arm or hand your surgeon may recommend surgery. This involves removing the disc and fusing the bones together. Some patients may have an artificial disc replacement if this is appropriate. These procedures should have been explained to you by your surgeon. You may also have been given the BASS book which explains your condition and surgery in more detail.

The other common cause of arm pain is due to a condition called stenosis. This means narrowing of the nerve channels and it is caused by degeneration of the discs and joints in your neck. This is a normal aging process but it can affect some people more than others causing nerve pressure. The surgery is the same or similar to that performed for a disc prolapse.

Rarely these problems can cause pressure on the spinal cord. Surgery is usually recommended for this as it is unlikely to improve without treatment. There is also a risk that it can worsen over time. Your surgeon will have explained the condition and surgery to you.

Other causes of neck pain can be classified as mechanical neck pain. This is very common and in the vast majority of cases it is not caused by anything serious. It can be difficult to identify an exact cause of mechanical neck pain. It can be due to a loss of movement in the neck due to gradually reducing exercise and activity. This can eventually lead to a stiff painful neck. Minor injuries such as whiplash or a fall can cause neck pain. Most pain of this type will improve with exercise and movement. Physiotherapy treatment and advice may also be recommended.
Recovery Following Surgery

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 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, extent of the pre-operative condition and level of general health and fitness.

It is important to remember that this type of operation may not cure your neck pain. Therefore it is 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 more difficult.

The Wound and Dressing

This type of operation usually only requires a small incision and it should heal fairly quickly. 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. When you go home it will need very little care. Try and 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 the ward where you had your surgery.
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 change your dressing

- Wash your hands
- Remove old dressing
- Apply new dressing taking care not to touch the pad or wound
- 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. Simple pain killers and anti-inflammatories should help with your pain. Always inform the ward staff if your pain worsens or is too severe to cope with.
Physiotherapy

Physiotherapy after neck surgery is not usually required. However it is important to perform the following exercises two times each day. Your consultant can refer you for physiotherapy (if this is required) at your post operative appointment.

Neck 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

This booklet will provide you with the advice you need when in hospital and when you return home.

Consider the following advice.

• Limit activities that require a bent or stooped posture, vigorous twisting, pushing or lifting. You can slowly introduce these activities as well as cleaning, ironing, gardening and carrying shopping etc.

• Avoid vigorous exercise and sport until you are seen by your consultant following your surgery.

• 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 2 to 3 months after your surgery. Do not attempt to lift anything you feel is too heavy or awkward. If heavy lifting is required for your job discuss this with your consultant.
What to Expect

It is not unusual 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 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 arrange to see your GP.

Other Information

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

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

If you feel that you need some equipment to help you at home inform the ward staff and they will refer you to the occupational therapist for assessment.

If you have any problems or concerns after you are discharged contact the ward where you were looked after following your surgery. Alternatively contact 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
• Ward 24: 01642 854524

Darlington Memorial Hospital:
• Switchboard: 01325 380100

University Hospital of Hartlepool:
• Switchboard: 01642 617617

University Hospital of North Tees:
• Switchboard: 01642 617617

Bishop Auckland Hospital:
• Switchboard: 01388 455000
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:
Comments, compliments, concerns or complaints

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If you have a concern or question regarding care of the service received, please discuss with / contact a member of the clinical team / matron in the first instance, who may be able to answer your questions without delay. If you feel you cannot discuss your concern with the clinical team, The Patient Advice and Liaison service can advise and support patients, families and carers and help sort out problems 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.

If you require this information in a different format please contact Freephone 0800 0282451