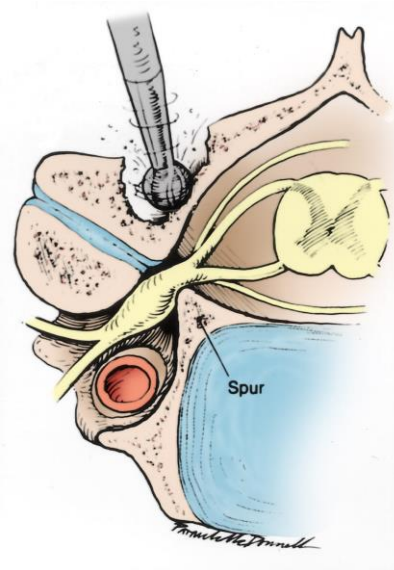
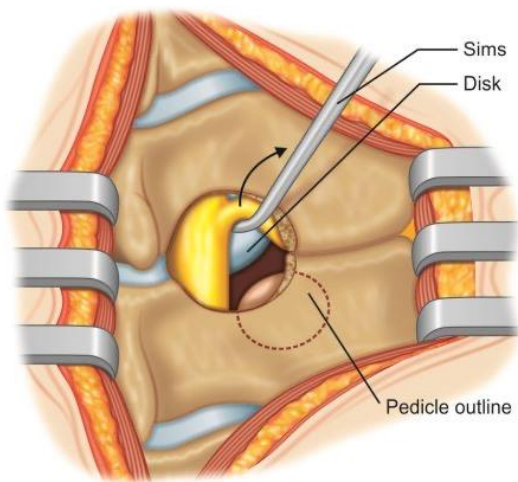


CERVICAL KEYHOLE FORAMINOTOMY

Cervical keyhole foraminotomy is a non-fusion technique to address symptoms of a pinched nerve. It is ideal when it is performed at 1 level and on one side only. It is an alternative to anterior cervical discectomy and fusion or cervical total disc replacement in treating a pinched nerve at one level. The ideal candidate would have symptoms of primarily upper extremity pain without significant neck pain, which have not improved with an appropriate period of conservative care. This procedure is not a perfect fit for all situations and cannot be used when your spinal cord itself is compressed.

Complications of posterior or posterior cervical keyhole laminotomy include, but are not limited to: risk of infection, risk of bleeding, risk of dural tear that may cause postoperative headache, risk of problems at another level, or risks of continued pain due to the same level. To ensure absolute neurological safety the surgery is done using special neurological monitoring equipment. Spinal cord injury is very uncommon but had been reported. The risk of that would be less than 1%.



Post-op instructions

Foraminotomy

WOUND CARE

- You may have a small drain placed in the wound to prevent the accumulation of blood. This will be removed before you leave the hospital.
- You can shower normally, just pat the wound dry and make sure water doesn't accumulate under the bandage. No bathing or swimming (don't submerge the incision) until after your first follow up.
- If water **DOES** accumulate, simply remove the bandage. No further bandaging is needed. There may be steri-strips over the incision. Just leave these alone; they will either fall off on their own or will be removed at your first post-op visit. You can continue to shower normally, just let water run over the incision, but do not scrub.
- As long as it stays intact and water-tight, just leave the bandage in place until your first follow up.

BRACING

- Bracing is not generally required after this surgery, although it can be helpful to support the neck muscles after being irritated by surgery. Your doctor can further discuss the ups and downs to brace wear after this surgery.

DIET

- Eat normally, but start slowly. Imagine you had a stomach bug until today. Be cautious, start with fluids and small amounts of food. Increase your intake as tolerated.
- It is not abnormal to experience some nausea after surgery.
- If you have severe or consistent nausea, medications can be prescribed to help. Call us if you are having that problem! If you have had problems with nausea in the past, either related to prior surgeries or pain meds, or if you just feel like you have an easily upset stomach, let us know beforehand. We can prescribe you anti-nausea medications just in case.

MEDICATIONS

- Pain medications will be prescribed. Take these as written on the bottle, do not take more than the prescribed amount unless you have been instructed otherwise by your doctor. You may take less if your pain is not bad, but do not take over the prescribed amount.

-Pain medications can cause constipation. If this is a problem, take over the counter laxatives or stool softeners. They can also cause nausea, as addressed above. Taking them at meal times can help limit nausea.

-Restart all home medications after surgery, unless you are directed to do otherwise.

-If you take an anticoagulant or blood-thinner, discuss this with your doctor prior to restarting this medication. This includes Plavix/clopidogrel, Coumadin/warfarin, Aspirin, Xarelto-rivaroxaban, Eliquis/apixaban, heparin, and others.

-An anti-inflammatory like Celebrex may be prescribed to limit swelling and inflammation. Take this as prescribed.

-Sometimes a nerve pain medication like Gabapentin or Lyrica can be prescribed. Also take these as directed. The medications can sometimes cause side effects (drowsiness, confusion) that can make them difficult to tolerate. Let us know if you have had a problem with either of these medications in the past.

ACTIVITY

-Walking is your job! Walking is great for many reasons. Walking helps prevent the development of ileus (when your belly shuts down and doesn't want to move food/fluids through), as well as preventing blood clots. Walking is the one thing YOU can do to help these conditions.

-Initially, walking is your physical therapy. Later on in recovery, physical therapy may be helpful, depending on each patient and their recovery.

-Make sure that you are getting up and taking walks frequently. We want you moving! Remember, this is surgery on your neck. Not your arms, and not your legs. Frequent short walks are strongly encouraged.

-Avoid extremes of neck flexion and extension initially.

REASONS TO CALL US

-Fever over 101.5 degrees F.

-Excessive pain despite appropriate use of pain medications and other pain medications.

-Excessive drainage at the surgical site: mild bleeding is common, but significant bleeding requiring multiple bandage changes, or fluid that doesn't look like blood, is a good reason to call. Really, call us if anything is coming out of the wound other than a few spots of blood.

-Nausea/vomiting that you can't control, or constipation that doesn't improve with over the counter stool softeners and laxatives.

-Worsening weakness in the arms or legs. Some mild weakness after surgery is normal, but this should stay the same or slowly improve. If instead that weakness is worsening, contact us immediately.

FOLLOW-UP

-Your first follow up should be scheduled prior to your surgery, about 2 weeks after the surgery. If it hasn't been scheduled yet, call our office and we will make sure you are seen at around the 2-week point.

-There will be several follow ups after this initial appointment. Usual follow-up appointments are around 2-weeks, 6-8 weeks, 3-4 months, and 1 year. At many of these appointments, x-rays will be taken to monitor bone healing. Sometimes more or less follow-ups are required, depending on your surgery and your progress.

Don't hesitate to call us at 415-750-5570 if you have any questions.