

Foramenotomy

Who Needs It?

This is an operation used to treat arm or neck pain (or headache) when this is due to a nerve being trapped in the neck. This commonly occurs in patients as a result of degenerative disease (often called spondylosis) and is commonly more marked on one side of the neck. The nerve is pinched, usually between small outgrowths of bone, called osteophytes, which narrow the space through which the nerve leaves the spine, the intervertebral foramen.

The Operation

This is performed under general anaesthetic with the patient lying head down. A small incision is made in the midline of the neck and the muscles are gently retracted to reveal the bones in the neck. The level responsible for the symptoms (as shown on the pre-operative scans) is checked with an x-ray and the operating microscope is used to give a better view.

The bone close to the nerve is removed using a high speed drill and curettes and the nerve root is then seen and a check is made to ensure that it is now free. If so the wound is closed with absorbable stitches.

Results of Surgery

Most patients obtain immediate relief of their symptoms, suffer some pain in the neck muscles for a few days and leave hospital between 3 and 7 days post-operatively. In the long term, maintaining this state depends upon careful exercises by the patient, but also on the integrity of the spinal discs at the front of the spinal column. In patients where the discs are damaged the surgeon may recommend a discectomy and fusion rather than a foramenotomy.

What are the risks?

The biggest worry is trauma to the spinal cord. This is lower than in discectomy operations, because the surgery is done at the side of the spinal canal and ought to be less than 1%. This may cause paralysis or weakness which may improve in time, but may not.

The nerve roots may potentially be damaged by the surgery or bleeding causing a build up of pressure. Infection is a low risk, perhaps around 1% and is usually superficial requiring antibiotics only. Anaesthetic risks should be discussed in advance with the anaesthetist.

