

## COMPLEX CRANIO-CERVICAL DECOMPRESSION

### INFORMATION SHEET

#### AIM

To release pressure exerted on the junction between the brain and spinal cord, and sometimes to stabilise spine by fixation with screws and rods.

#### PROCEDURE

A straight cut is made on the back of the head and neck. The length of the cut will depend on the number of levels of the cervical spine that are involved with your particular condition. An x-ray is taken during the operation at the correct level. The muscle will be removed from the bone at the back of the spine and bone is then removed exposing the dura which is the outer layer of the sac which contains the spinal cord. The wound is then closed and a drain may be inserted.

If you need stabilisation, then screws will be inserted into the back of the head and spine. The screws and rods usually stay permanently.

#### COMPLICATIONS

##### Anaesthetic:

General and local anaesthesia will be used in your case. Anaesthesia is quite safe. The death rate due to anaesthesia for fit, healthy people is very low. Risks may be increased due to smoking, being overweight, diabetes, heart disease, kidney disease, high blood pressure, and other serious medical conditions. Risks are also increased in the elderly.

Serious complications from anaesthesia are very uncommon and care is taken to prevent these problems. They include:

- a) Severe allergic reactions
- b) Breathing difficulties
- c) Stroke or brain damage, which may cause permanent disability
- d) Strain on the heart, which may result in a heart attack
- e) Awareness whilst under general anaesthetic.
- f) Weakness or numbness from pressure on peripheral nerves (eg elbow, hip, knee)
- g) Skin reaction to tapes used, particularly around the face, lips and/or chin.
- h) Blood clots.
- i) Aspiration/regurgitation of stomach content.

Damage to teeth may occur, but this is uncommon. Minor problems may include nausea and vomiting, general aches and pains, pain at operation and injection sites, sore throat and fatigue.

### **General Risks Associated with the Procedure:**

Wound infection, chest infection, heart and lung complications and thrombosis may occur. These risks are increased in obese people and smokers and can be reduced by weight loss, however small, and/or giving up smoking, prior to surgery.

It is advised that you should not drive, operate heavy machinery, or witness and/or sign documents until after your first postoperative discharge appointment when you should discuss this with your doctor.

### **Specific Risks of this Procedure:**

1. Infection - which may be superficial resulting in redness in the wound with some discomfort. This may require antibiotics. A deep infection, which is much more uncommon may result in an abscess which could cause spinal cord compression or osteomyelitis. A second operation and/or intravenous antibiotics may be required if this were to occur. This is very uncommon.
2. Injury to a nerve root resulting in weakness and or numbness of an upper limb, which may be temporary or permanent.
3. Damage to the dura (layer of tissue around the spinal cord) which may result in a leakage of fluid to the surrounding tissues. This is usually repaired at the time and has no consequences, but if a leak was to persist then headaches may occur and a second operation may be required.
4. Injury to the spinal cord which could result in weakness or even paralysis of the arms and legs. This may be temporary or permanent. This is extremely uncommon.
5. Instability resulting in movement of the bones which will require a second operation to correct. This is very uncommon. Screws and rods may be inserted in the first operation if necessary to prevent instability.
6. Persistence of neck pain postoperatively and/or persistence of preoperative symptoms.
7. If screws and rods are inserted, the neck movement will be restricted. The degree of restriction depends on the number of levels fused. The restriction is permanent.

*Disclaimer:*

*This brochure provides a general overview of surgery for Acute Subdural Haematoma and does not represent individual medical advice. Changes to your medication or lifestyle, and specific questions concerning surgery must be discussed with your Doctor.*

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