

# Degenerative cervical myelopathy: preparing you for neck surgery and recovery



## Information for patients

This leaflet is for people with degenerative cervical myelopathy (DCM) undergoing neck surgery at King's College Hospital NHS Foundation Trust. You might find it useful to share and discuss with your family and friends. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

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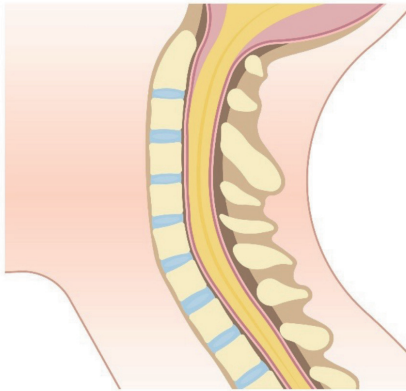
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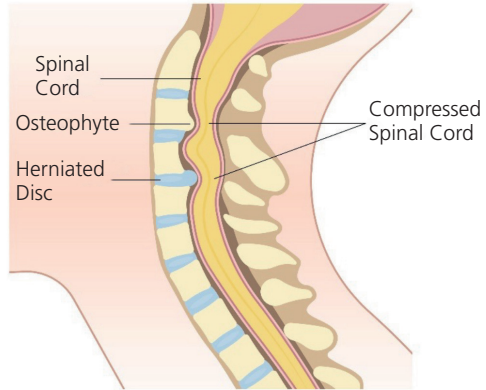
## What is degenerative cervical myelopathy?

Degenerative cervical myelopathy (DCM) is caused by compression (pinching) of the spinal cord in the neck that can affect the passage of information between the brain and the body. Messages carrying information about movement and sensations such as touch, position sense and temperature can be disrupted. If this happens, it can cause strange sensations and problems in different parts of the body, such as pain, pins and needles, clumsy hands or difficulty walking.

DCM affects around 2% of the adult population and occurs when the spinal canal narrows as in the picture below.



Normal



Compression of the spinal cord in the neck

This is called stenosis and happens because of age related changes in the bones, discs and soft tissues of the neck. These changes are very common, in particular in older people, and usually do not cause problems. However, sometimes stenosis causes injury to the spinal cord and this is DCM.

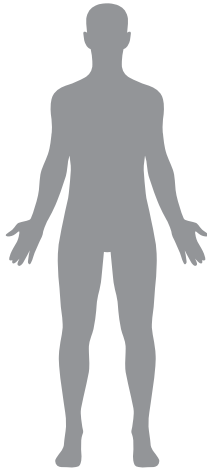


## What are the common symptoms of DCM?

Symptoms of DCM vary greatly among individuals. You can see the symptoms that people frequently complain of some less frequently reported symptoms below.

### Common symptoms

- Neck pain and stiffness
- Tingling or numbness in the limbs
- Clumsiness in the hands
- Imbalance, leading to falls
- Difficulties with walking, and immobility
- Disturbance of bladder function
- Pain in the limbs or trunk
- Tiredness or fatigue



### Less common symptoms

- Chest tightness
- Respiratory dysfunction (difficulty breathing)
- Hypertension (high blood pressure)
- Headaches
- Lower back pain
- Fear, stress or anxiety
- Not feeling like yourself, low mood or depression
- Disturbance of bowel function

## What is the usual course of DCM?

The course of DCM is highly variable. Some people have mild symptoms for a long time. For others, symptoms progress rapidly. Left untreated, symptoms can worsen and affect self-care, mobility, toileting, sexual function, work and leisure. Between 20% and 60% of people will get worse without surgery.

## How is DCM managed?

Some people with mild DCM may benefit from rehabilitation, but for people with moderate to severe DCM, surgery is recommended. The goal of neck surgery is to stop symptoms from worsening. It is not a cure. It is not possible to predict outcomes from surgery long-term in people with DCM, but in general:

- around 50% of people report some improvement in symptoms
- around 40% of people report no improvement in symptoms
- up to 10% of people report their symptoms are worse



For most people, the greatest improvement in symptoms occur in the first three months after surgery. The likelihood of improvement after 12 months is low.

## **How can I stay safe while living with DCM?**

There is no reason to stop your usual activities now that you have a diagnosis of DCM, but taking some precautions makes sense:

- reduce your risk of a slip, trip or fall (see 'Other useful resources' on page 13)
- avoid manual therapy and manipulation of your neck, for example treatments that force your neck to move
- avoid activities that could involve big forces or impacts on your neck, such as upper body weight training and impact sport

## **What to do if your symptoms worsen while waiting for surgery**

It is rare for symptoms of DCM to worsen quickly, and it is usual for symptoms to go up and down from day to day. However, sometimes new symptoms arise, or familiar symptoms worsen. This could suggest further damage to your spinal cord. If you think this is happening, please contact your surgical team or spinal nurse (see 'Who can I contact with queries and concerns' on page 13).

If you experience any of the following, attend your local Emergency Department urgently:

- a rapid deterioration (worsening) of your usual DCM symptoms, for example, increased difficulty walking
- a new onset of loss of bladder, bowel or sexual function, such as incontinence, an inability to get an erection or a loss of sensation during sexual intercourse
- a change in sensation around your bottom or genitalia

## What can I do to prepare for surgery?

To help you recover well after your surgery, you can:



**Stop smoking:** People who smoke are at increased risk of complications following surgery. Quitting just **4 weeks** before surgery can reduce this risk. People that combine stop smoking treatment with professional help are three times more likely to quit for good compared to people that try to stop on their own (see useful resources).



**Avoid alcohol:** Not drinking alcohol for **4 weeks** before surgery is beneficial and may reduce post-operative complications.



**Do regular physical activity:** Improving your physical fitness before surgery can help speed up recovery after your operation. Any type of exercise that leaves you feeling a little out of breath, if done regularly for **2 to 3 weeks** before surgery, can be beneficial. Any activity is better than no activity. Those who do the least, often gain the most from adding in just a little bit more each day.



**Reach a healthy weight:** People who are under or overweight have an increased risk of surgical complications. Reaching a healthy weight before your operation can reduce this risk. If you need to lose weight, the NHS Better Health website ([www.nhs.uk/better-health/](http://www.nhs.uk/better-health/)) has lots of resources to support you.



## Your surgery

Surgery is performed either through the front or the back of the neck and you and your surgeon will decide on the best approach for you. You can find more information about the different types of surgery for DCM in the British Association of Spine Surgeons (BASS) booklet on Cervical stenosis and myelopathy (see 'Other useful resources' on page 13).

If the surgery is done through the front of the neck, it can cause temporary (rarely permanent) hoarseness of the voice and/ or difficulty and discomfort with swallowing. Eat 'soft' food for a few days to help with this.

## What will happen during my stay in hospital?

Neck surgery for DCM is carried out under general anaesthetic. Most people spend 1 to 2 nights in hospital after their surgery, but sometimes a longer period of recovery is needed. It is normal for your neck to feel stiff and sore after surgery, but this usually improves with time.

You will not routinely be seen by a physiotherapist while on the ward, but there are things that you can do after your surgery to help your recovery:

- sit out of bed and take short walks
- take between 3 to 5 deep breaths every hour
- make sure you have adequate pain relief, ask a member of staff for further pain relief if necessary
- perform gentle neck exercises within a comfortable range as shown on page 8





## What happens when I go home?

### Wound care

Your wound will be closed by staples, stiches or dissolvable glue and covered with a dressing. Staples and some stiches need to be removed and this is usually done at your GP surgery around 10 to 14 days after your surgery. You will be given information about this.

### Pain and tiredness

You can expect some pain in your neck and shoulders after your surgery. It is important to take regular pain relief during this period as control of pain will help you recover more quickly. Once the pain eases, you can start to gradually reduce your pain relief medication.



It is also normal to feel more tired than usual for a few weeks after surgery and you may find that you need to rest more at first.

### **Things to look out for**

If you develop any of the following, please seek urgent medical advice

- increased pain, redness or oozing at your wound site (this may indicate an infection)
- new weakness in your legs or arms, or new or increasing pain
- new changes in your bladder or bowel function or a change in sensation around your bottom or genitalia
- sudden onset or rapidly changing voice and/or ability to swallow or manage saliva and/or difficulty breathing or swelling of the neck

### **Follow up**

One of the spinal nurses will telephone you 6 to 8 weeks after your surgery to check how you are. You will have a neurosurgical outpatient clinic appointment at approximately 3 months after your surgery. If you do not receive an appointment, please email [kch-tr.spineeras@nhs.net](mailto:kch-tr.spineeras@nhs.net) or call 020 3299 5877 or 020 3299 9416.

## **Some common questions**

### **When can I get my wound wet and wash my hair?**

You should keep your wound dry for the first 2 days. After 2 days you may have a wash and/or shower. You should change your dressing after this. If your wound gets wet make sure you pat the area dry. If you want to wash your hair before this then you can use dry shampoo.

We do not recommend soaking the wound, for example, having a bath, for 6 weeks after your surgery.



## **How long will I take to recover after my surgery?**

This varies from person to person and depends on the type of DCM surgery that you have, how fit and well you are before your surgery and how smoothly your surgery goes. Most people feel better from the side effects of the surgery after 6 to 8 weeks.

## **When can I start driving?**

Most people return to driving 3 to 4 weeks after surgery. You can start driving again when you are in full control of your car. You must be able to perform an emergency stop, see out of all mirrors and check your blind spots. Contact the DVLA and your insurance company for further information.

## **When can I return to work?**

This will depend on what type of work you do and if you have other health conditions. Most people who were fit before surgery can go back to light work within 2 to 4 weeks. If your work is heavy or manual, you may not be able to return until 6 to 12 weeks after surgery.

## **When can I do household chores?**

Once at home, you can do light housework, such as dusting, as comfort allows. We recommend that you do not vacuum during the first 4 weeks after surgery.

## **When can I lift?**

Lifting may be uncomfortable after your surgery although it is unlikely to cause you any damage. We recommend you avoid heavy lifting for at least 4 to 6 weeks after surgery. A full kettle is about as much as you should lift during the first few weeks. You can return to lifting heavier objects after 4 weeks, take this gradually and listen to how your body feels.



## Physical activity and exercise

Physical activity and exercise are important in people with DCM. Start with low intensity activity, such as gentle walking and build up gradually. Avoid impact or resisted exercises, for example, weight training, for 6 weeks after surgery. A gradual return to usual activities is recommended.

We advise no swimming for 6 weeks after your surgery to allow the wound to fully heal.

Balance, strength and hand exercises should be started within the first week of returning home and can be done every day. Below are some examples:

**Balance training: Hold each position for 10 seconds.**



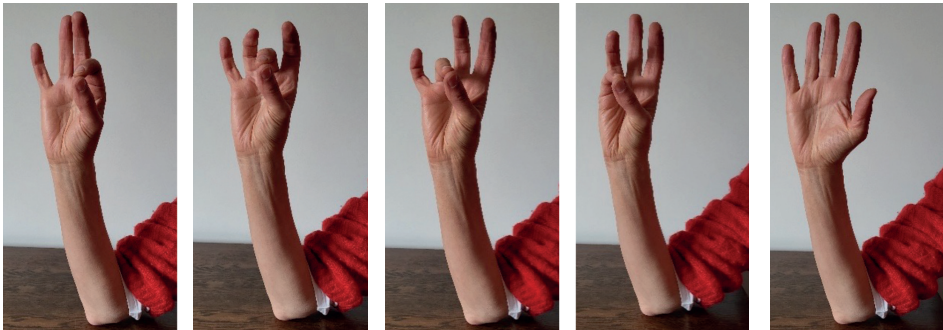
**Sideways walking crossing legs: repeat this 5 times.**



**Strengthening leg muscles: sit to stand 8 to 12 times. Do this twice.**



**Dexterity training: touch the tip of your thumb to the tip of each finger in turn. Do this 10 times.**



## Who can I contact with queries and concerns?

If you have any concerns, you can contact the spinal nurse team in the Department of Neurosurgery at King's College Hospital.

Tel: **020 3299 5877** or **020 3299 9416**

Email: [kch-tr.spineeras@nhs.net](mailto:kch-tr.spineeras@nhs.net)

## Other useful resources

- Myelopathy.org is a global charity with a support group for people with DCM <https://myelopathy.org/>
- The BASS Cervical Stenosis and Myelopathy Surgical Options booklet provides information about surgery <https://www.spinesurgeons.ac.uk/Booklets>
- 'Get up and Go' is an information booklet for people at risk of falling [https://www.csp.org.uk/system/files/get\\_up\\_and\\_go\\_0.pdf](https://www.csp.org.uk/system/files/get_up_and_go_0.pdf)
- Preparing for surgery: Fitter Better Sooner is a leaflet to help get you ready for surgery <https://www.rcoa.ac.uk/patients/patient-information-resources/preparing-surgery-fitter-better-sooner>
- Stop Smoking services: <https://www.nhs.uk/better-health/quit-smoking/find-your-local-stop-smoking-service/> or contact the Smokefree National Helpline on 0300 123 1044
- NHS Better Health provides information about different ways you may be able to improve your general health: <https://www.nhs.uk/better-health/>
- NHS social care and support guide offers information on how to seek support with day-to-day living: <https://www.nhs.uk/conditions/social-care-and-support-guide/>
- MIND is a mental health charity that offers advice and information to people with mental health problems <https://www.mind.org.uk>
- Age UK is a UK charity helping older people <https://www.ageuk.org.uk/>
- Citizens Advice can offer information about benefits <https://www.citizensadvice.org.uk/benefits/>

- Moving Medicine is a resource to help people be more active <https://movingmedicine.ac.uk/>
- More exercises from the NHS to help improve balance and strength <https://nhs.uk/live-well/exercise/strength-and-flexibility-exercises/strength-exercises>

## Sharing your information

King's College Hospital NHS Foundation Trust has partnered with Guy's and St Thomas' NHS Foundation Trust through the King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas' hospitals. King's College Hospital and Guy's and St Thomas' NHS Foundation Trusts share an electronic patient record system, which means information about your health record can be accessed safely and securely by health and care staff at both Trusts. For more information visit [www.kch.nhs.uk](http://www.kch.nhs.uk).

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

## PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams. The PALS office is located on the ground floor of the Hambleden Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.



Email: **kch-tr.palsdh@nhs.net**

**If you would like the information in this leaflet in a different language or format, please contact our Communications and Interpreting telephone line on 020 3299 4826 or email [kch-tr.accessibility@nhs.net](mailto:kch-tr.accessibility@nhs.net)**

## Notes

