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Clinical and radiological follow up data for anterior cervical discectomy and fusion: Do we need to change to cervical disc replacements?

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Background & Aim: Anterior cervical discectomy and fusion (ACDF) is a commonly performed spinal operation. Aim of this study is to assess the outcomes of patients undergoing ACDF for radiculopathy secondary to disc herniation.

Study Design/Setting: Procedures were carried out from 2009 to 2015 in a single centre by two surgeons.

Patient Sample: 100 patients were recruited for this study with mean age 52 years (27-84). The mean post-operative outpatient follow up was 19 months (1-47).

Outcome Measures: Clinical parameter included neurological improvement, post-operative neck pain, dysphagia/hoarseness, psychological complaints, return to previous function activities, wound and evidence of infection and radiographic position of implant.

Methods: One investigator collected data from the database of patients who had undergone ACDF. Patient notes and radiographs were reviewed.

Results: No wound or deep infections were reported. All wounds were recorded as well healed. All patients achieved improvement in their presenting neurological symptoms. No secondary procedures to the cervical region were carried out during the study. No psychological problems recorded post operatively and satisfactory position of all cages.

Conclusions: ACDF is a successful procedure for relief of neurological symptoms. In our unit, we have not re-operated on a single patient in the time frame of the study. This is in contrast to the medical literature which states ACDF re-operation rates in the region of 5-10%, and support the use of cervical disc replacements. We feel that we are producing excellent reproducible results with ACDF and do not feel the need to change to cervical disc.

Biography

Jamie O'Callaghan holds BM, BSc and MRCS in Orthopedic Surgery and currently works at Gloucestershire Hospitals NHS Foundation Trust, Gloucester, United Kingdom. He specializes in Traumatology and Orthopedic Surgery and his expertise include Trauma Surgery, Fracture, Arthroplasty, Hip, Knee Surgery, Knee Injuries, Hip and Knee, Arthroplasty, Knee Arthroplasty, Hip Arthroplasty, Shoulder Surgery, Orthopedic Biomechanics, Upper Limb Surgery, Sports Injuries, Biomechanics, Musculoskeletal Imaging, Elbow Arthroplasty, Prospective Studies, Computer Assisted Surgery, Bone Biology, Scoring, Fracture Fixation, Hip Fractures, Joint Replacement, Ankle Injuries, Revision Arthroplasty, Joint Prosthesis and Orthopedic Procedures.

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