

Anterior cervical discectomy incision

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Superficial landmarks serve as reference points to determine the level of the skin incision, but intraoperative radiographs or fluoroscopic studies are obtained to verify the level.

The cervical spine is approached from the right side unless the patient has undergone a prior approach from the left side. If so, the original incision line is used. If a patient has subclinical [vocal cord palsy](#) on the side of the incision, proceeding with an incision on the opposite side is risky. The potential for recurrent laryngeal nerve palsy is highest on the right side, although the risk has not been documented in recent reports. The thoracic duct, however, can be injured when the approach is from the left side.

For C5–6, the [skin incision](#) is made at the level of the cricoid cartilage, for other levels, appropriate adjustments up or down may be made, sometimes with the assistance of fluoroscopy. The incision is approximately 4–5cm horizontally, centered on the SCM. Many right-handed surgeons prefer operating from the right side of the neck, although the risk to the recurrent laryngeal nerve (RLN) is lower with a left-sided approach (the RLN lies in a groove between the esophagus and trachea). The skin may be undermined off the [platysma](#) to permit a vertical incision in the platysma in the same orientation as its muscle fibers. Alternatively, some incise the platysma horizontally with scissors.

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