Anterior cervical discectomy outcome

see also Anterior cervical discectomy and fusion outcome.

Only a few studies have compared ACD alone with fusion techniques and they all do not show any superiority of a fusion method compared to ACD without fusion 1) 2) 3) 4) 5) 6).

Avoidance of the use of implants reduces costs of surgery. More importantly, these studies revealed that ACD alone resulted in a shorter surgery procedure, hospital stay and sick leave ^{7) 8) 9)}.

Sleep quality

The aim of a study was find out the comparison in the quality of sleep between before (pre) and after (post) surgery cervical HNP patients.

This study was a retrospective cohort study. Ninety patients were asked to complete the Pittsburgh Sleep Quality Index questionnaire. All data which has been computed were analysed with the McNemar test.

The outcome reveals that from 90 patient's cervical HNP, 81 (90%) were 40 years old age group and 66 (73.3%) of them were women. The result showed that 66 (73.3%) patients have a bad sleep quality before surgery. Surgery has increased the quality of sleep after surgery 66 (73.3%) patients had good sleep quality. There was a significant difference in the quality of sleep pre and post operation (p = 0.001).

There was a significant difference in the quality of sleep between pre and post operation cervical HNP patient utilising anterior discectomy methods ¹⁰⁾.

Case series

1988

Between 1976 and 1983, 251 patients underwent surgery for the treatment of cervical degenerative disc disease. Anterior microsurgical discectomy at one or more cervical segments without interbody fusion was performed in each case. 109 patients with radiculopathy and 55 patients with myelopathy were followed up clinically 1 to 8 years postoperatively. A soft disc lesion was found in 72, a hard disc lesion in 92 patients. Of all radicular symptoms and signs, brachialgia and motor deficits of the upper extremities showed the highest improvement rates. The medullary complaints were improved in 80%, the progression of the disease was arrested in 93% of myelopathic cases. An excellent or good long-term result was achieved in 82% of patients with radiculopathy and 55% of those with myelopathy. The outcome was best in cases with soft disc lesions, with monosegmental disease, in individuals under 50 years of age, and in patients with a sudden onset and a short duration of symptoms. These results are comparable with those obtained by other surgical methods.

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