

Outcome

- 60M who presents with back pain with right worse than left leg pain
- **Outcome:**
 - Leg pain improved at 4 weeks, resolved at 3 months
 - Back pain improved at last 8 months follow-up

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Cervical radiculopathy

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HPI

- 72F with C5-6 foraminal stenosis and right arm pain

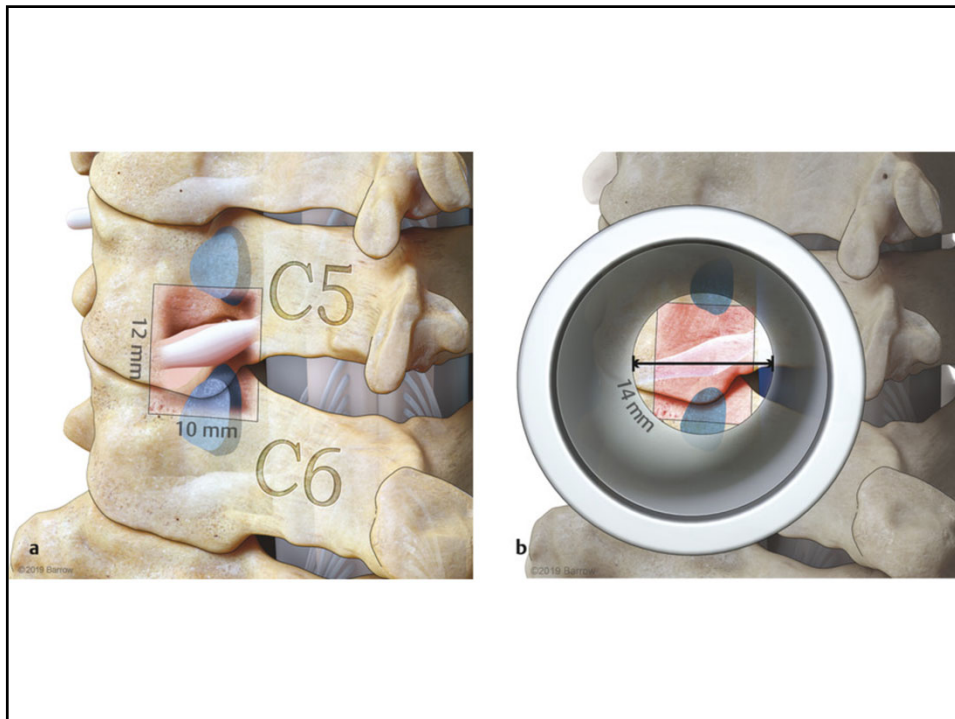
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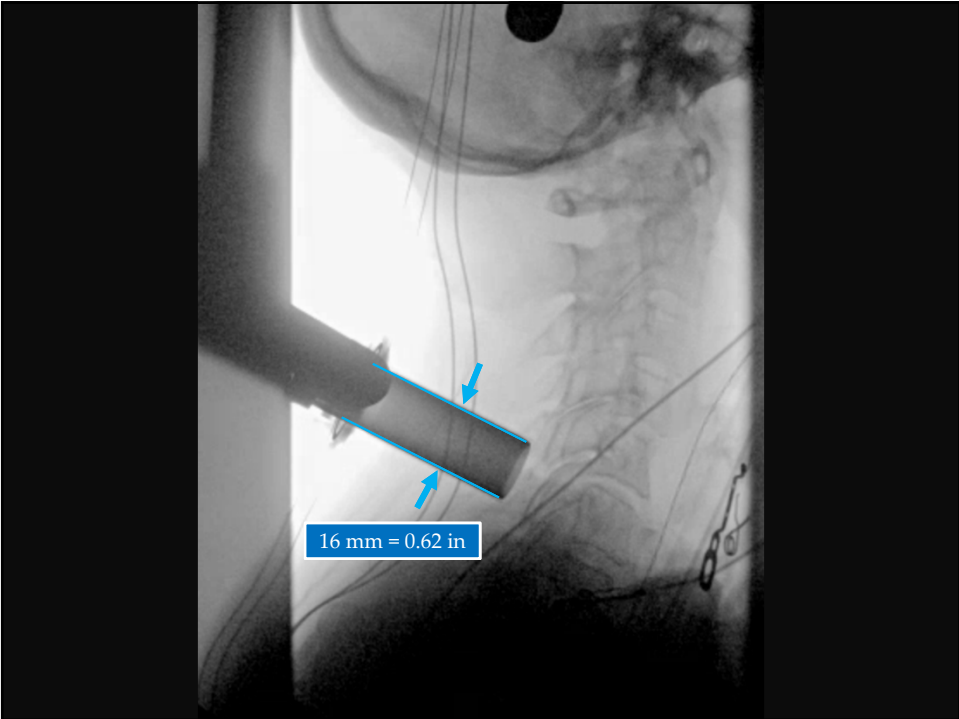
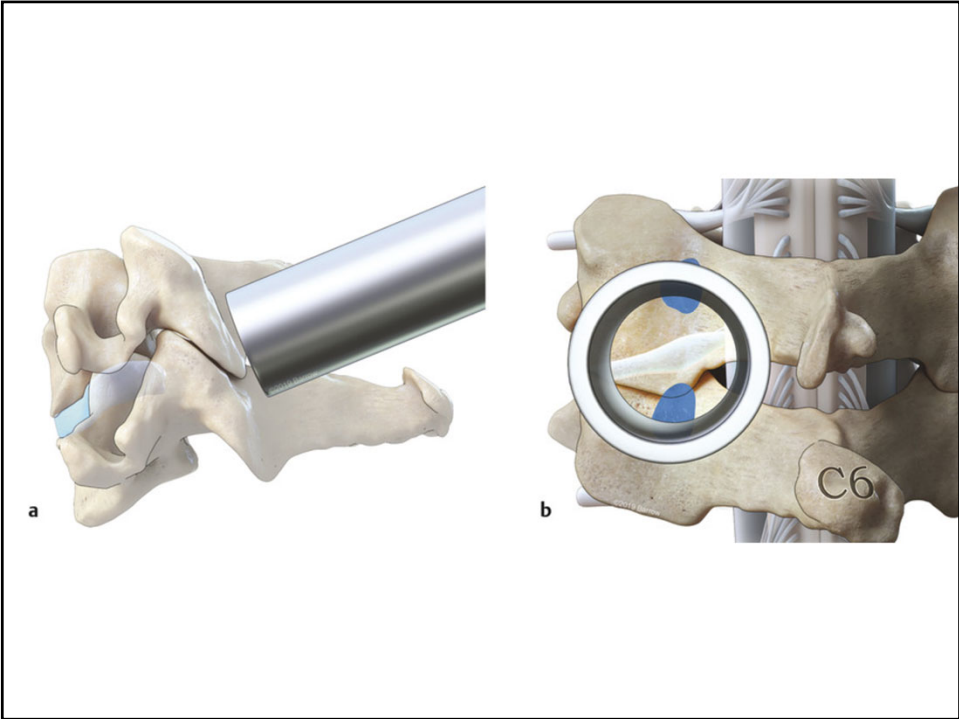


Surgical Plan

- 72F with C5-6 foraminal stenosis and right arm pain
- **Plan:**
 - Right-sided C5-6 minimally invasive foraminotomy

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Outcome

- 72F with C5-6 foraminal stenosis and right arm pain
- **Outcome:**
 - Arm pain improved in PACU, discharged same day
 - Arm pain resolved at 2 weeks
 - Pain free at 6 months

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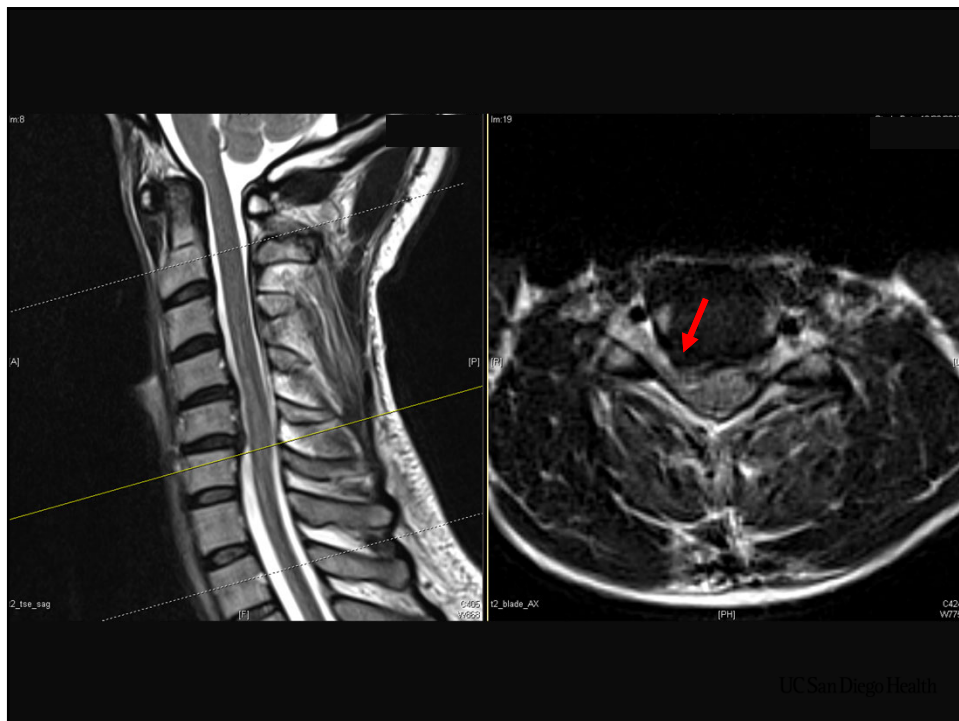
Cervical radiculopathy

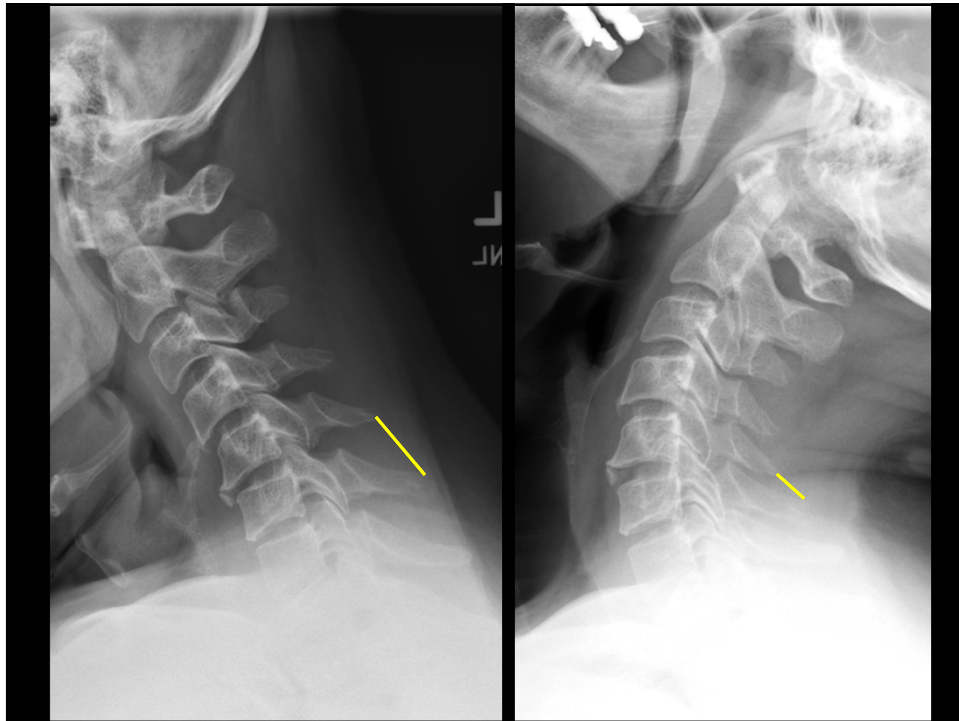
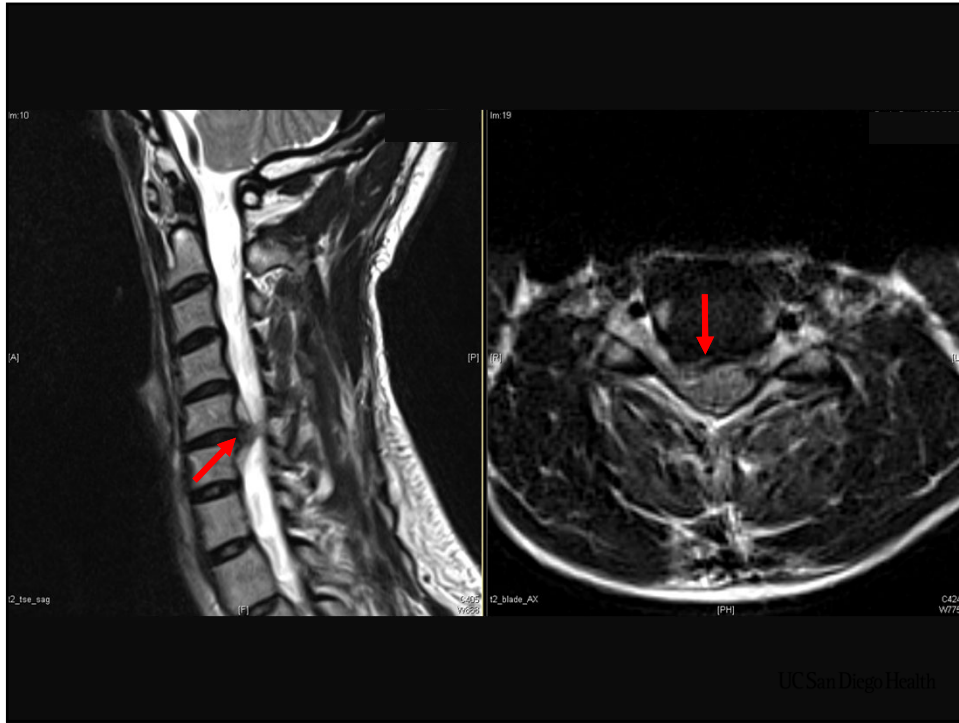
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HPI

- 38M with C5-6 disc herniation and right arm pain

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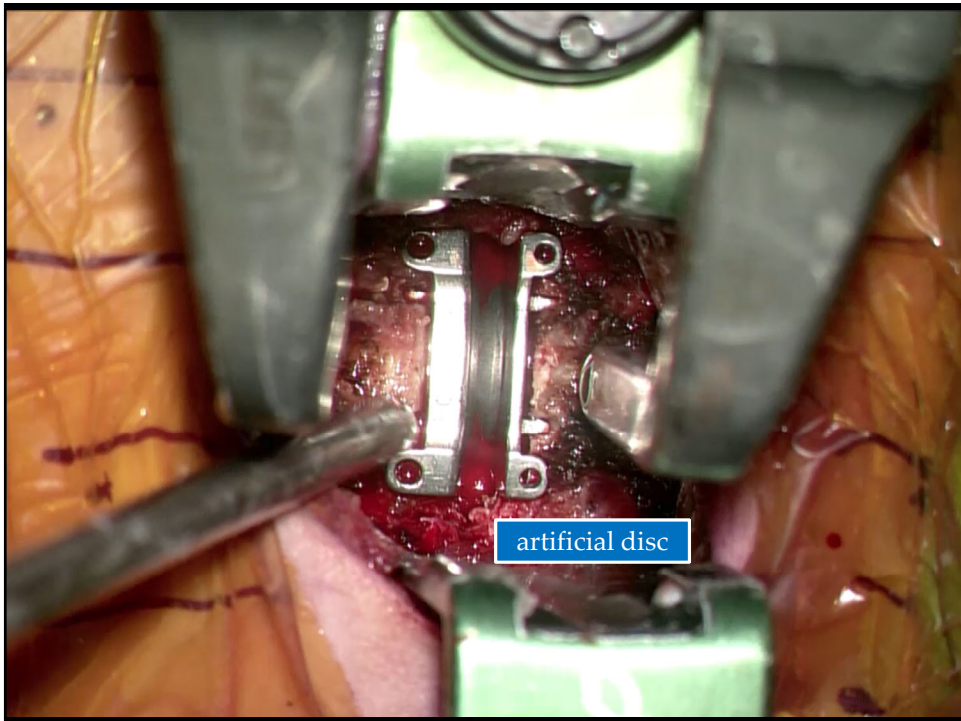
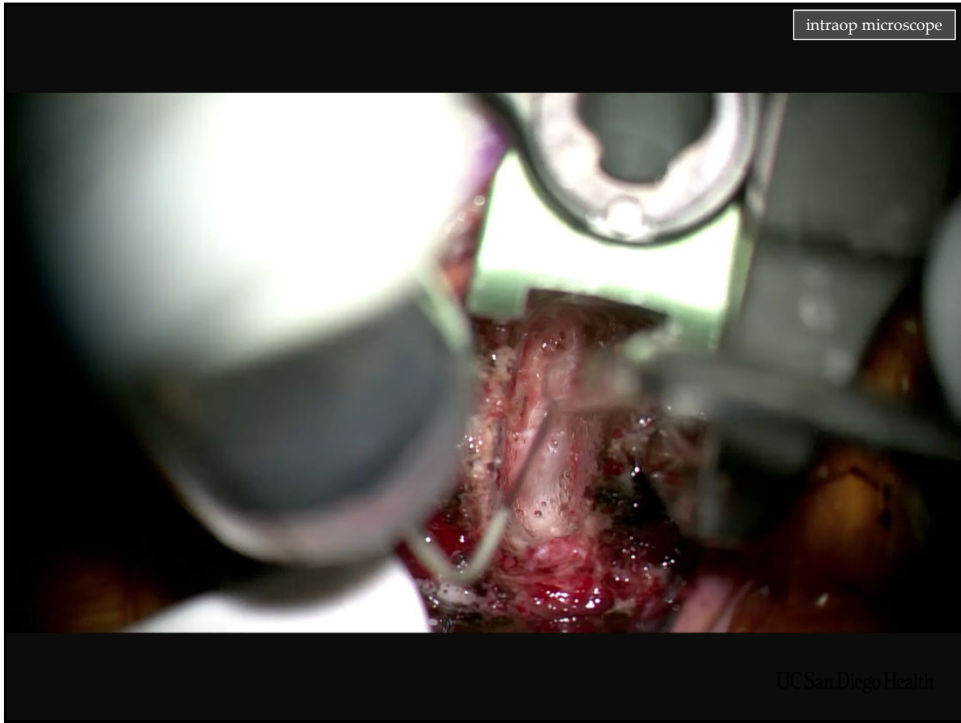


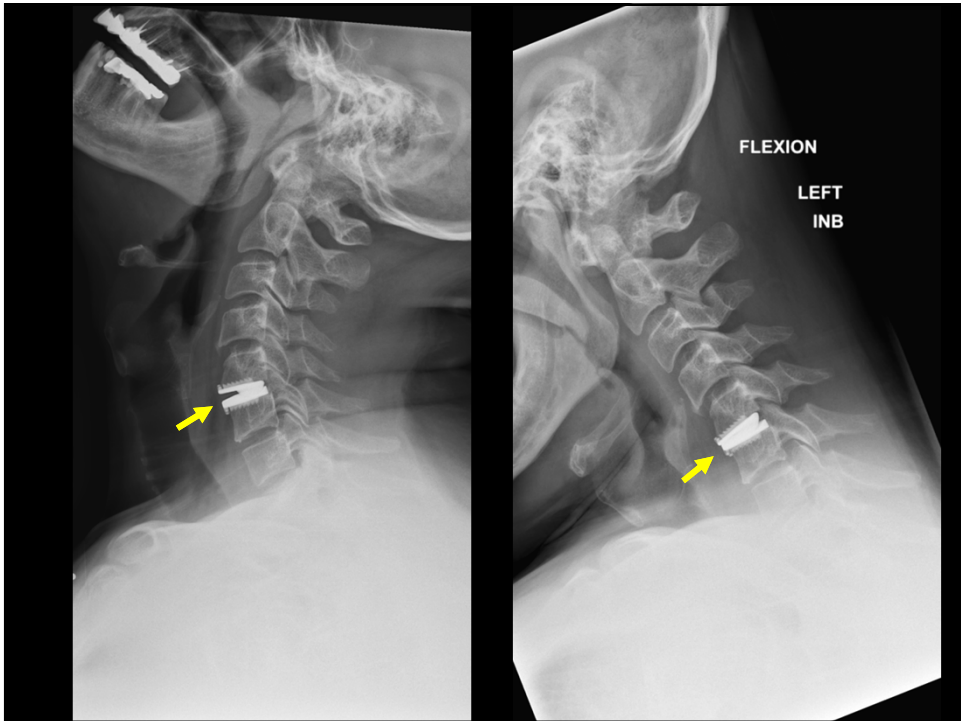
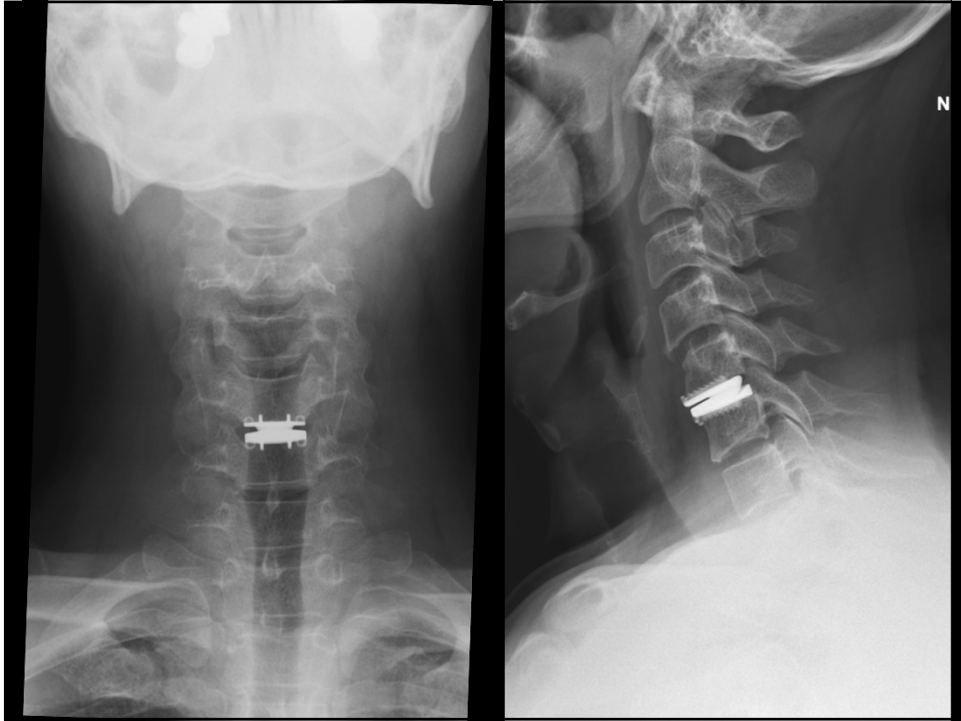
Surgical Plan

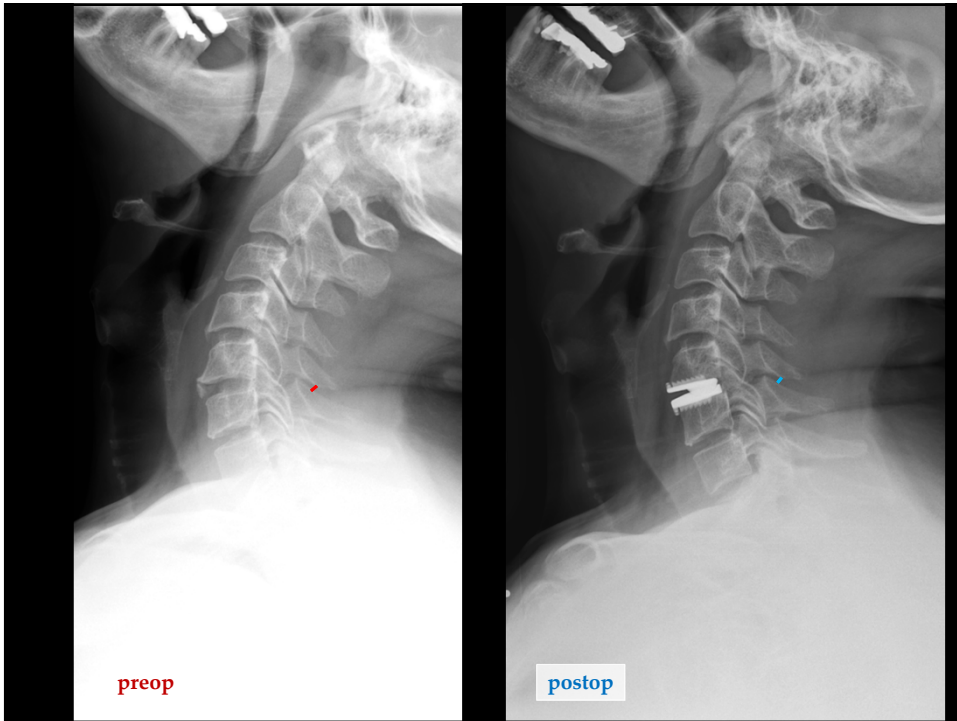
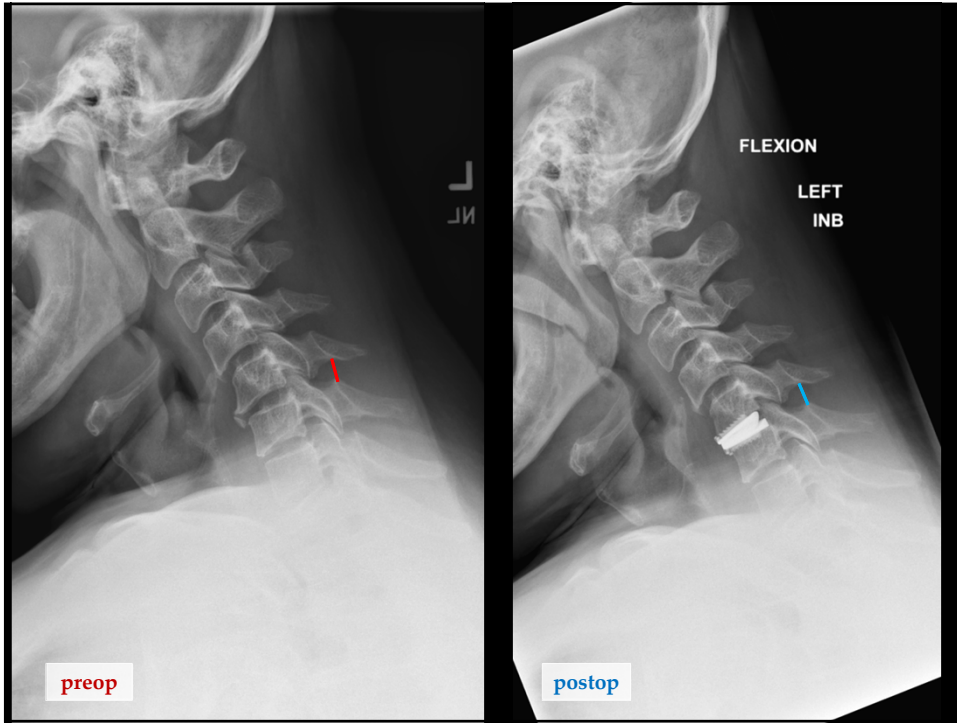
- 38M with C5-6 disc herniation and right arm pain
- **Plan:**
 - C5-6 artificial disc replacement

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Outcome

- 38M with C5-6 disc herniation and right arm pain
- **Outcome:**
 - Woke up in PACU with arm pain improved, discharged same day
 - Arm pain resolved at 2 weeks
 - Pain free at 1 year follow-up

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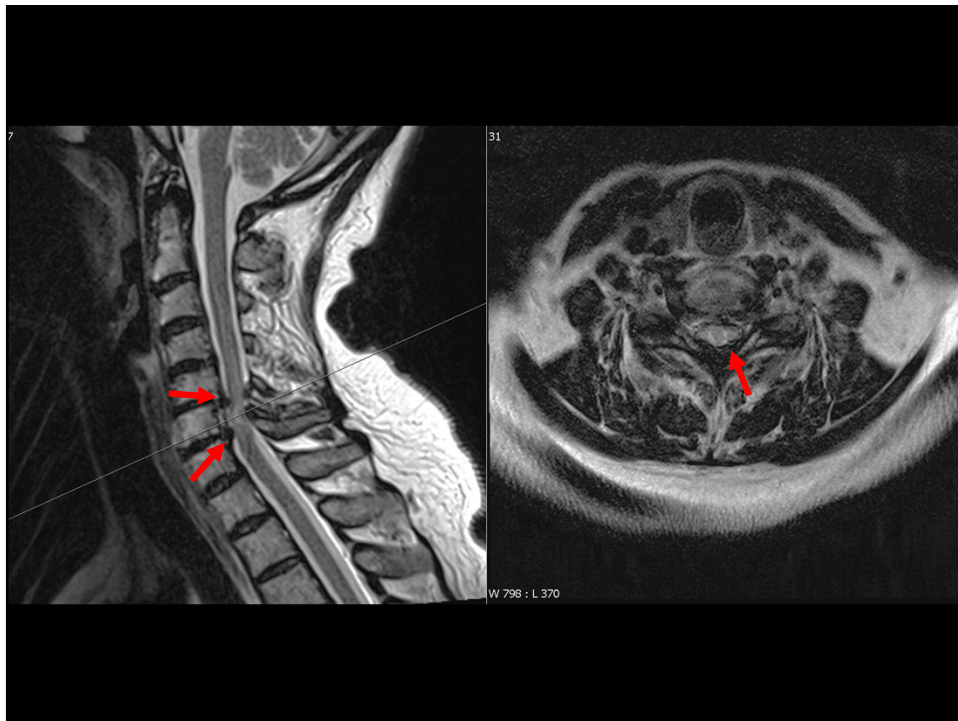
Cervical myelopathy

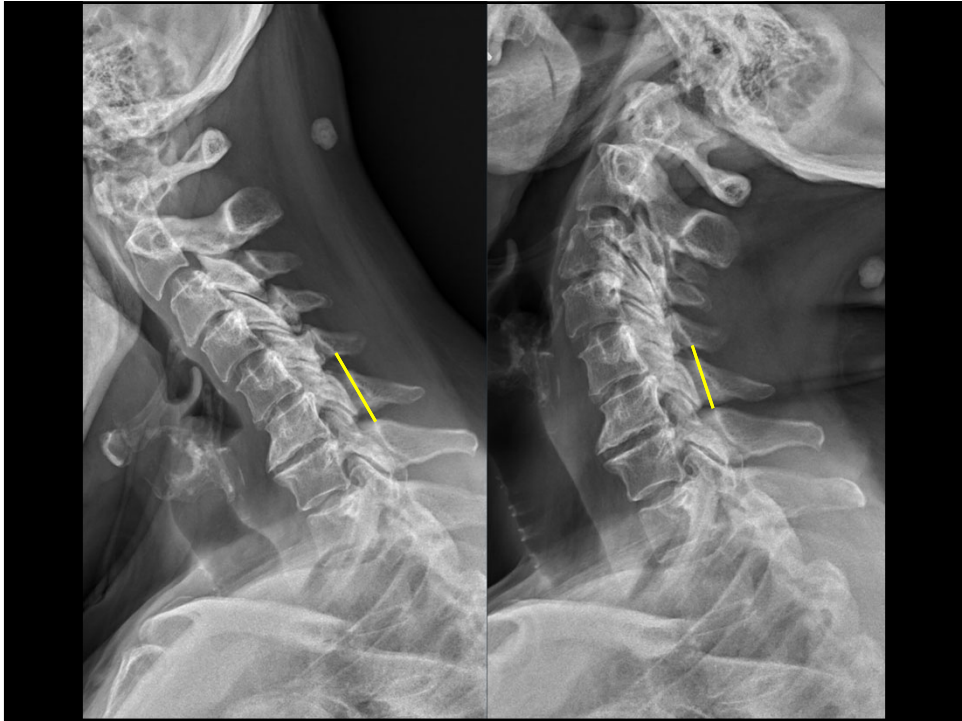
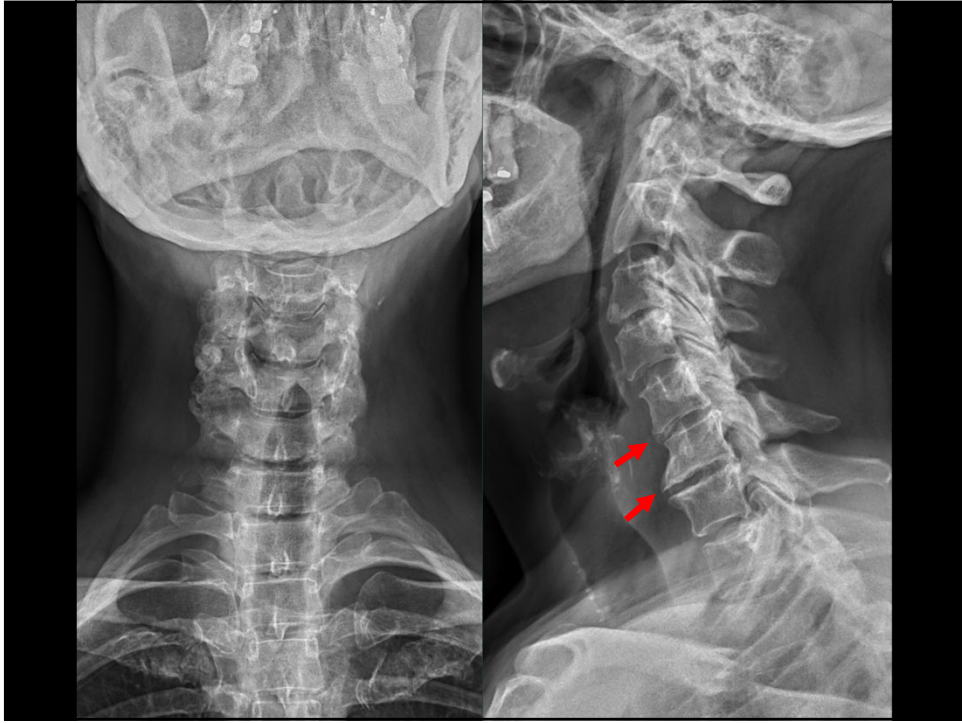
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HPI

- 54F with C5-7 disc herniation and neck pain, bilateral hand numbness, fine motor difficulty, and gait instability

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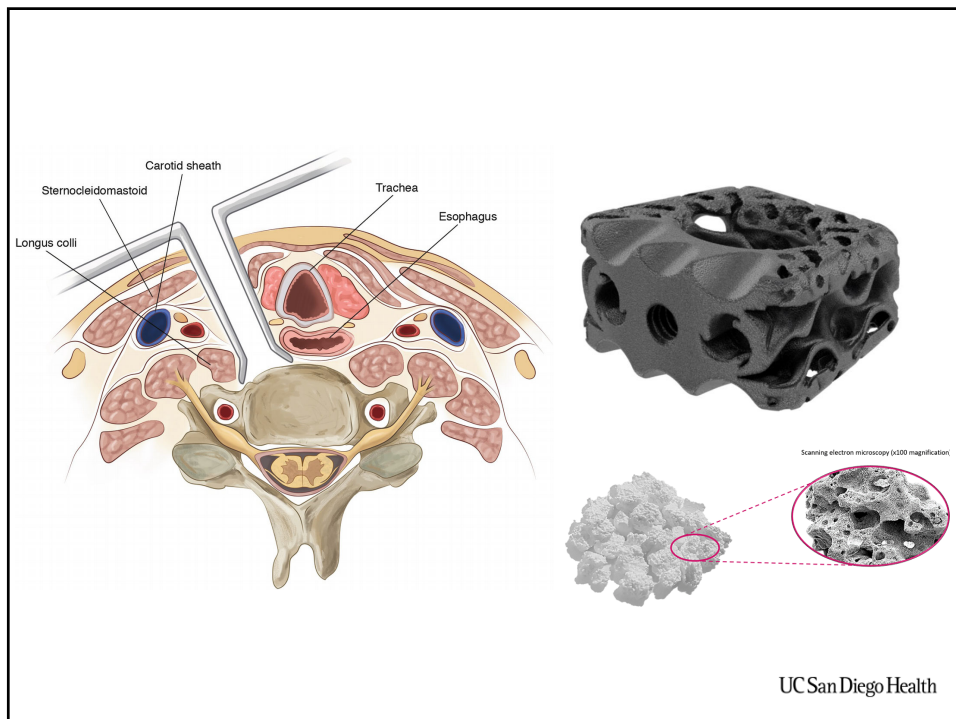




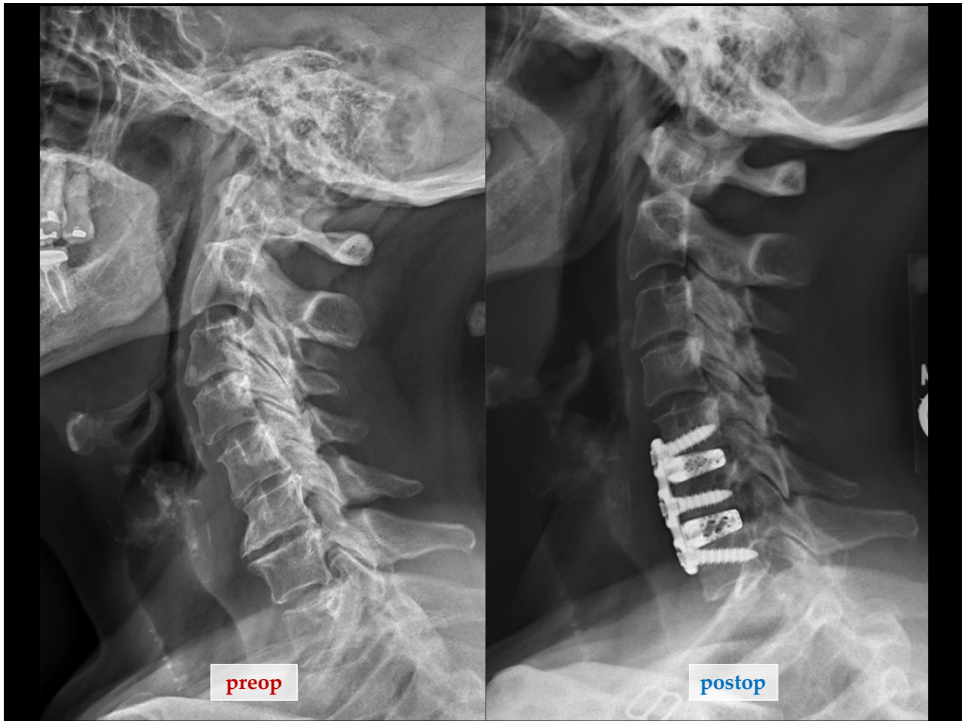
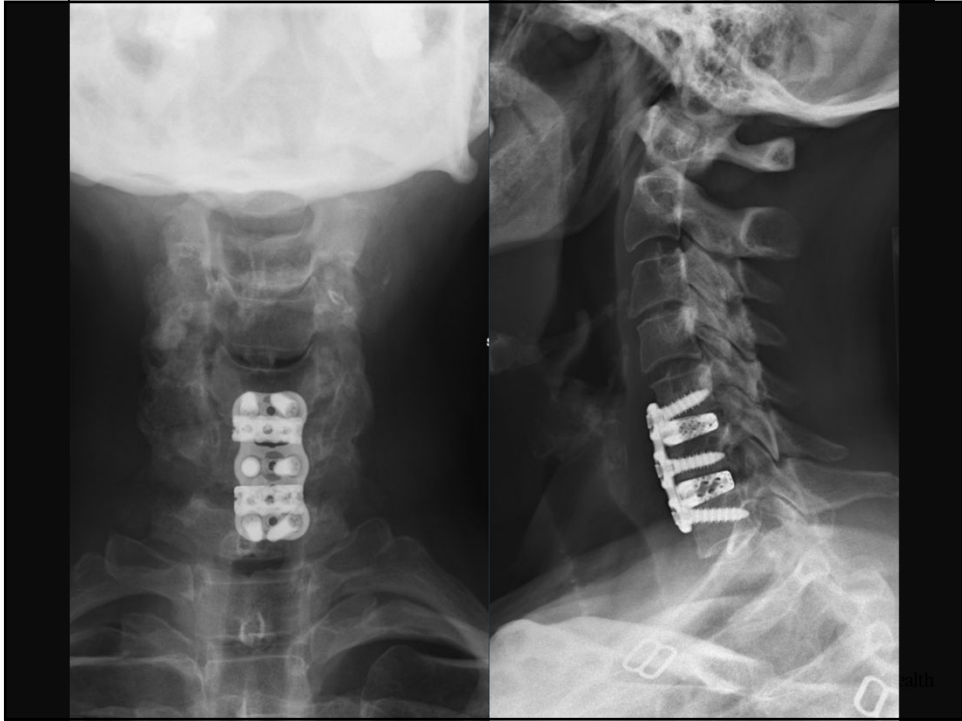
Surgical Plan

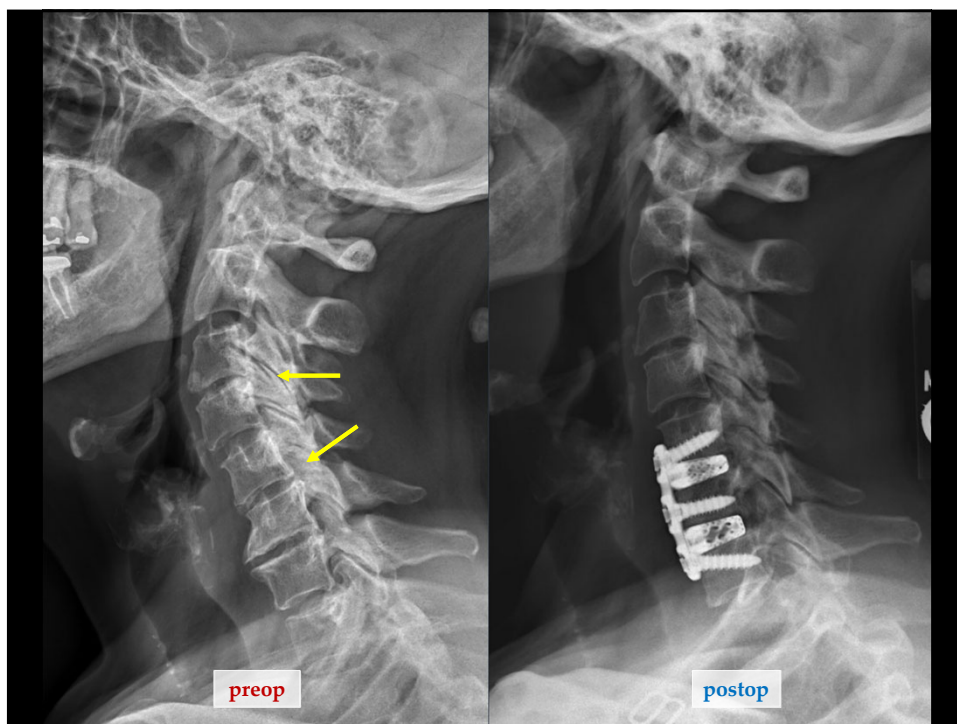
- 54F with C5-7 disc herniation and neck pain, bilateral hand numbness, fine motor difficulty, and gait instability
- **Plan:**
 - C5-7 anterior cervical discectomy and fusion (ACDF)

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Outcome

- 54F with C5-7 disc herniation and neck pain, bilateral hand numbness, fine motor difficulty, and gait instability
- **Outcome:**
 - Neck pain improved 2 weeks, resolved 2 months
 - Gait instability improved at 2 months
 - Fine motor skills improved but still persist, residual fingertip numbness throughout

Overview

- Patient Facing: What does it mean?
- Healthcare Facing: What do we do now?
- **Surgery: When all else fails**
- Conclusion

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Overview

- Patient Facing: What does it mean?
- Healthcare Facing: What do we do now?
- Surgery: When all else fails
- **Conclusion**

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Conclusion

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Conclusion

- Patient Facing: **Education and reassurance, that "degenerative" means arthritic wear-and-tear**
- Healthcare Facing: **Clinical symptoms are most important regardless of radiographic findings**
- Surgery: **Though imperfect, can be an overall successful option**

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Conclusion

- Surgery works!*
- *in select patients who have failed other forms of nonsurgical management, and although studies are supportive of overall average outcomes, individual outcomes cannot be guaranteed, and this is only if patients are willing to accept up-front surgical and medical risks for the possibility of pain relief

Indications

- Pain considered "elective"
- 1) Failed conservative measures, aka "everything"
- 2) Appetite for risk (tolerant or averse)
- 3) Surgical counseling of expectations



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the spine is cool
even my kid thinks so

