Recovery after cervical corpectomy

Anterior cervical corpectomy and fusion

Dr Mohamed Sarraj | Spine Surgery

Your surgery removed part or all of a vertebral body through the front of your neck to relieve pressure on the spinal cord or nerves. A graft or cage and fixation support the neck while the treated bones fuse.

This is your usual recovery plan. Personal instructions from Dr Sarraj for your operation take priority if they differ. **Urgent warning signs are on the final page.**

Early recovery

A sore throat, trouble swallowing, neck or shoulder soreness, and tiredness are common early on. Arm pain may settle before numbness or weakness. For myelopathy (spinal cord compression), the main goal is to prevent further deterioration. Function may also improve, but improvement is not guaranteed and some limitations may remain. Recovery can continue for up to two years in some people.

Nerve irritation

Temporary nerve irritation is common after spine surgery. It can cause arm pain that briefly feels worse than before surgery, unusual tingling, or sharp, shooting pains called "zingers". Nerves may be irritated by handling during surgery, a change in tension, or nearby swelling. These symptoms often ease as the nerves recover. Recovery varies, and some symptoms may persist.

Look at the overall pattern. Brief symptoms that come and go can occur during recovery. Severe or steadily worsening pain, new weakness, new persistent or spreading numbness, or bladder or bowel changes need assessment. See **When to get help** on the final page.

Swallowing in the first few days

Mild swallowing difficulty may feel worse around **days 2 and 3**, as swelling increases, before gradually settling. Start with soft foods, soups, and smoothies; cold or frozen smoothies may soothe your throat. **Trouble breathing, rapidly increasing neck swelling, or inability to swallow liquids or saliva is an emergency.** See **When to get help**.

Activity and movement

Time after surgery	Lifting and movement
First 6 weeks	Do not lift more than 15 lb (about 7 kg). Avoid turning your head; turn your body instead. Avoid forceful neck bending or stretching. **Walking is encouraged.** Begin immediately when safe. Take short, frequent walks and increase the distance as tolerated.
6 weeks to 3 months	You may lift up to 30 lb (about 14 kg). Gradually move and stretch your neck after the 6-week review. Avoid strenuous or repetitive neck straining.
After 3 months	No routine lifting limit. Build back up gradually; discuss contact sports or high-impact activities with Dr Sarraj.

Weight limits help prevent neck strain, but technique matters too. Keep loads close, avoid awkward positions, and increase gradually within these limits. Limits apply to the total weight carried. Ask for help with heavy tasks initially.

Your collar

Wear the hard cervical collar for 6 weeks when your head is not supported. Do not replace it with a soft collar.

You may remove the collar **when your head is supported, for eating, and for showering**. Keep your head still and in a neutral position while it is off. Internal fixation provides stability; the collar adds support and helps prevent excessive movement. Put it back on before getting up or moving about.

Do not start neck stretching, strengthening, or manipulation during the first 6 weeks. Keep frequently used items at eye level. Check the skin under a hard collar daily and report pressure sores.

Walking and physiotherapy

Start walking immediately after surgery, as soon as your care team says it is safe. Have staff assist with your first walk. At home, take short, frequent walks and gradually increase the distance. Avoid prolonged bed rest. Use a rail on stairs and a walking aid if needed; take rests and change position regularly.

Do not start formal outpatient physiotherapy before 6 weeks. Discuss it at follow-up if needed. Walking, safe transfers, and mobility advice taught in hospital can continue immediately.

Medicines and daily care

Celecoxib or Celebrex: Take it routinely for 10 days, using the dose on your prescription. No refills are provided. Afterwards, occasional NSAIDs (anti-inflammatory medicines) are acceptable if safe for you. Avoid routine long-term daily use.

Use only one NSAID at a time. Do not add ibuprofen (Advil or Motrin) or naproxen (Aleve) to celecoxib. Before taking it, check with your pharmacist or prescriber if you have a celecoxib, sulfa, aspirin or NSAID allergy; kidney disease; stomach ulcers or bleeding; heart disease; or take blood thinners.

Acetaminophen (Tylenol): Take this regularly as your first-line pain medicine during early recovery, following your prescription or label. Count acetaminophen in combination medicines toward your daily maximum. Check with your pharmacist first if you have liver disease or regularly drink substantial amounts of alcohol.

Opioids or other sedating medicines: Use only as prescribed. Stop the extra postoperative opioid when Tylenol and an NSAID control your pain. If you use opioids regularly, follow your prescriber's tapering plan. Avoid alcohol and cannabis. Do not drive while impaired. Store opioids securely and return unused tablets to a pharmacy.

Stop NSAIDs and seek emergency care for black, tarry stools or vomiting blood. Call 911 for trouble breathing or swelling of the lips or tongue after a medicine. Stop the suspected medicine and seek same-day advice for a new rash. Restart aspirin, blood thinners, and medicines held for surgery according to your discharge plan. Do not stop prescribed low-dose aspirin just to take an NSAID. Use prescribed clot prevention as directed.

Food and bowel care

Start with soft, moist foods. Soups, smoothies, yoghurt, eggs, and soft pasta are good options. Sit upright, take small bites and sips, and advance your diet as swallowing becomes comfortable. Include protein and fluids. Follow any individual swallowing assessment advice; thin liquids are not suitable for everyone. Ask a pharmacist before crushing tablets.

If meals cause coughing or choking, stop eating that food and seek same-day advice if it recurs or happens with drinks. You may need a different food texture or a swallowing assessment. Being unable to swallow liquids or saliva needs emergency assessment. See **When to get help**.

Opioids can cause constipation. Use the prescribed laxative while taking them; walking, fluids, and fibre also help. Seek advice if you have no bowel movement for 3 days despite treatment. Severe abdominal pain, vomiting, or a swollen abdomen needs urgent assessment.

Wound and scar care

Follow the wound care instructions given to you in hospital. They take priority over the general guidance below, including when to change your dressing, shower, and have stitches removed.

Keep the dressing clean and dry for the first 5 days unless instructed otherwise. A clean, dry dressing may stay on until follow-up if this matches your hospital instructions. Replace a wet, dirty, or loose dressing promptly. Wash your hands before and after wound care.

After day 5, you may take a brief shower if the incision is closed and dry and your hospital instructions allow it. Let water run gently over the area and pat dry. Apply a fresh, clean dressing afterwards unless you have been told it can remain uncovered.

Sutures may need to be removed at your 2-week follow-up. Follow your hospital instructions and do not remove them yourself. If your follow-up is virtual, arrange a local wound check and suture removal if needed.

Do not pick at the incision or sutures, or apply creams to a healing incision. A pink tint from the surgical skin cleanser may remain around the area; increasing redness, warmth, pain, or drainage needs medical advice.

No pools or hot tubs for 6 weeks, and longer if the wound has not fully healed. Do not soak in a bath until the wound is fully healed.

Scar care after 6 weeks: Once the skin is fully healed, with no scabs, openings, or drainage, you may use silicone scar tape or gel. A vitamin E cream is optional, but its scar benefit is uncertain and it can irritate the skin. Follow the product instructions and stop if a rash develops. Keep the scar covered from the sun or use SPF 30 or higher on healed skin.

Your appointments

Times are measured from the date of surgery. Attend even if you feel well. Complete ordered X-rays before your appointment when requested.

When	Where	Imaging
2 weeks	Office visit or virtual visit if you live far away	Not routinely required
6 weeks	Fracture clinic	Neck X-rays
3 to 4 months	Fracture clinic	Neck X-rays
1 year	Office visit or fracture clinic	Neck X-rays

Routine follow-up ends after the **1-year review** if recovery is satisfactory.

If you have not received appointment details within the first week after discharge, contact the office. Do not wait for a scheduled visit if warning signs develop.

Driving and usual activities

Do not drive while wearing a collar or while neck turning is restricted. Once these limits are lifted, drive only when not taking sedating medicines and able to check traffic, control the vehicle, and make an emergency stop safely.

Return to work depends on your recovery and duties; stay within the movement and lifting limits in your activity table. For longer car journeys, take regular stops to walk. Resume sexual activity when comfortable and within your movement limits. Build exercise back up gradually.

Comfort and healing

Sleep in a comfortable position with your spine supported. A wrapped cold pack for 10 to 15 minutes may help; keep the wound dry and avoid areas with reduced sensation. Avoid nicotine products.

When to get help

Call 911 immediately

Chest pain, severe shortness of breath, collapse, slow or shallow breathing, or difficulty waking after pain medicine.

Rapidly increasing neck swelling, throat tightness, noisy breathing, or trouble breathing are also emergencies.

Go to an emergency department now

- New or worsening arm or leg weakness, new persistent or spreading numbness, or a major change in walking or balance. This includes new difficulty lifting your arm at the shoulder or bending your elbow.
- New inability to pass urine, loss of bladder or bowel control, or numbness around the genitals or between the legs. Do not assume these are caused by pain medicine.
- Inability to swallow liquids or saliva, rapidly worsening swallowing, or swallowing or voice changes that keep getting worse after the first few days.
- Clear, watery wound drainage with a severe headache or fever, or a severe headache that is much worse upright.

Get medical advice the same day

- Fever of 38°C or higher, chills, increasing wound redness or drainage, a wound that opens, severe or steadily worsening nerve pain, or pain not controlled by your medicines.
- New calf pain, warmth, or swelling needs urgent assessment for a possible blood clot. Use emergency care if timely assessment is unavailable.
- Difficulty drinking enough, coughing or choking during meals, or a wet or gurgly voice after swallowing. Mild swallowing changes around days 2 and 3 can occur, but the emergency signs above always take priority.

Contact advice

Use the office contact details on your discharge paperwork or appointment letter. For urgent symptoms, **do not wait for a callback or an email reply**. Use the emergency department or 911 as above.