Infosheet | Cervical Myelopathy

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Cervical Myelopathy Explained: Your Complete Guide

What Exactly is Cervical Myelopathy?

Think of your spinal cord as the body's main information highway - a thick bundle of nerves sending messages between your brain and the rest of your body. When this crucial pathway gets squeezed in your neck area (the cervical spine), it's like putting a kink in a garden hose. The flow of nerve signals gets disrupted, leading to various symptoms collectively termed "myelopathy."





Why Your Neck is Vulnerable

Your cervical spine has seven small, stacked bones (vertebrae) with:

- Shock-absorbing discs between them
- Flexible joints that allow movement
- A central tunnel (spinal canal) protecting the cord

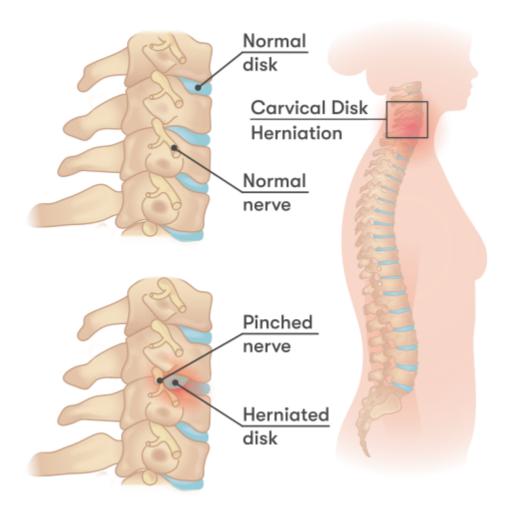
Over time, these structures can change and narrow the canal, putting pressure on the spinal cord itself rather than just single nerves.

Detailed Causes: What's Squeezing Your Spinal Cord?



1. The Aging Process (Most Common Cause)

- **Disc Degeneration:** As discs dry out with age, they bulge outward causing pressure on the spinal cord.
- Bone Spurs: Extra bone growth around joints
- Thickened Ligaments: Spinal ligaments can stiffen and bulge inward



2. Structural Problems

- Herniated Discs: When disc material pushes into the spinal canal
- Congenital Stenosis: Some people are born with a narrower canal
- Spondylolisthesis: When vertebrae slip out of alignment

3. Other Causes

- Trauma: Car accidents or falls that fracture vertebrae
- Tumors: Abnormal growths pressing on the cord
- Inflammation: From conditions like rheumatoid arthritis



Symptoms: What You Might Experience

Early Warning Signs



Hand Changes:

- Difficulty with fine motor skills (writing, buttoning shirts)
- Frequent dropping of objects
- Numbness or "electric shock" sensations



Walking Problems:

- · Feeling unsteady, especially in dim light
- · Legs feeling heavy or stiff
- Needing to watch your feet while walking

As It Progresses

- Loss of Dexterity: Trouble with keys, zippers, or utensils
- Muscle Weakness: Especially in hands and arms
- Bowel/Bladder Issues: (In severe cases) urgency or retention

What Makes It Better/Worse

- V Often improves with rest
- X Typically worsens with neck extension (looking up)
- A Symptoms may come and go at first

Diagnosis: How Doctors Figure It Out



The Examination

Your doctor will check:

- Reflexes (often exaggerated in myelopathy)
- Hand Function (finger dexterity tests)
- Balance and Gait (walking pattern)
- Sensation (with light touch or pinprick)

Key Diagnostic Tests

- 1. MRI Scan The gold standard showing cord compression
- 2. X-rays To assess spinal alignment and degeneration
- 3. **EMG/NCS** Rules out peripheral nerve problems

Treatment Options Explained

Non-Surgical Management

(For mild cases or patients who can't have surgery)

Physical Therapy:

Focuses on neck stabilization

Medications:

- NSAIDs for inflammation
- Neuropathic pain drugs (like gabapentin)
- Short-term steroids for flare-ups

Lifestyle Modifications:

- Neck collar for temporary support
- Home safety adjustments
- · Activity modification

Surgical Treatments

(When cord compression needs direct relief)



Anterior (Front) Approaches

(A small cut is made through the skin of the front part of your neck)

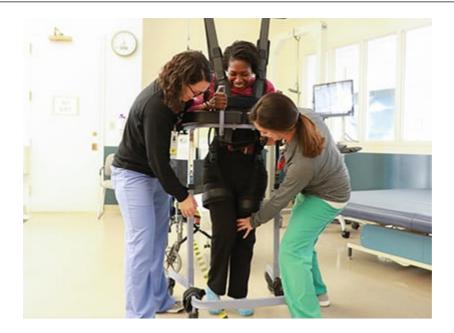
- ACDF: Removes problematic disc and fuses vertebrae
- Corpectomy: Removes entire vertebra body for severe stenosis

Posterior (Back) Approaches

• Laminectomy: Creates space by removing bone

• Laminoplasty: Hinges bone open to make more room for your neck

Recovery Timeline



• Hospital Stay: Typically 1-3 days

• Initial Recovery: 2-6 weeks for basic healing

• Full Recovery: 3-12 months for nerve improvement

Physiotherapy: Usually starts at 6 weeks after surgery

Living With Cervical Myelopathy

Daily Life Adjustments

• Kitchen Tools: Use built-up handles

• Dressing: Choose Velcro over buttons

• Bathroom: Install grab bars

• Walking Aids: Consider canes or walkers if unsteady

What to Avoid

- High-impact activities
- · Chiropractic neck manipulations
- Prolonged neck positions (like looking up at stars)

Monitoring Your Condition

Keep a symptom diary tracking:

- · Hand function changes
- Walking endurance
- New symptoms
- · Medication effects

Prevention and Long-Term Outlook

Slowing Progression

- Posture Awareness: Keep ears aligned with shoulders
- Neck Strengthening: Under professional guidance
- Bone Health: Adequate calcium/vitamin D
- Regular Check-ups: Especially if symptoms change

Prognosis Factors

- · Better outcomes with earlier treatment
- · Some nerve damage may be permanent
- Most patients stabilize or improve with proper care

When to Seek Emergency Care

Go to the ER immediately if you develop:

- Sudden severe weakness
- Loss of bladder/bowel control
- Rapid symptom worsening
- · After significant neck trauma