

PAIN IN THE NECK



THE NECK (or cervical spine) performs a very important function of supporting the head and allowing full motion of the neck. It also protect the delicate spinal cord. There are many structures in the neck that can result in neck ache and pain. Wear and tear (Spondylosis), disc herniation (protruding disc), inflammation (similar to rheumatoid arthritis) and postural causes can lead to neck aches.

Generally, the pain goes away over time with simple medications, coupled with simple stretching exercises. It becomes serious when you have any of the following symptoms:

- Weakness – this means there is actual nerve compression and injury to the nerve fibres, leading to paralysis if left untreated,.
- Numbness or tingling that goes away after a short period may be a sign of early nerve compression. If the numbness is persistent, it means nerve damage has already taken place.
- Loss of bladder and bowel control is very serious. It warrants immediate admission to hospital and surgery. The presence of incontinence means severe spinal cord or roots compression. If left untreated, it will result in permanent disability.
- Persistent pain on neck movement like neck sprains usually last from a few days to a week or so. If the pain worsens over time, especially if it is associated with a fall or accident, there may be an undiagnosed neck fracture with instability.
- Pain that radiates down the arms – this radicular pain is caused by the nerve root being squeezed (usually due to herniated disc). Initially, it may just be pain but with time, tingling and weakness will develop.

Treatment Options

The main aim of the doctor would be to exclude serious conditions that can cause permanent damage. He will go through the history and performed an examination including a neurological examination to determine the state of the spinal cord and nerves. The next step is imaging studies.

Treatment is always conservative first before resorting to surgery. Surgical options include:

Fusion – a procedure where the damaged disc is removed and bone is inserted between the vertebrae to fuse the level. This relieves the pressure on the nerve and spinal cord.

Arthroplasty (artificial disc replacement) – this is the newer approach where after disc removal, an artificial disc is inserted. This performs the same function as the disc by allowing motion at the operated level and reduces the damage to the adjacent discs.

Laminectomy/Laminoplasty – a time tested way to reduce pressure on the spinal cord over a large area by removing part of the bone. This surgery is performed from the back of the neck.

Facet Blocks – this is a minimally invasive technique to reduce neck pain. A fine needle is inserted from the side of the neck and local anaesthetic and steroid is injected to give relief to neck pain.

Disc nucleoplasty – this is one of the latest minimally invasive methods to treat mild prolapsed disc and neck pain caused by disc degeneration. It involves using coblation technology to remove disc material.

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