

Efficacy and Safety of Posterior Cervical Foraminotomy as an Operative Technique for Cervical Radiculopathy.

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Abstract

Background: Radiculopathy caused by cervical disc disease is a frequently encountered pathology among spine specialists. While non-operative treatment methods can effectively manage the condition, surgical interventions are available as an option if conservative treatment is unsuccessful. The objective of this study is to provide a brief account of our recent encounter with posterior cervical foraminotomy for the treatment of cervical radiculopathy.

Aim of Study: To present our short-term experience regarding posterior cervical foraminotomy for cervical radiculopathy. Efficacy, safety, and technique would be reported.

Patients and Methods: A review was conducted on our institution's database covering the period from 2019 to 2022. The review identified 35 patients who had consecutively undergone Posterior cervical foraminotomy. The study compared the pre-intervention visual analogue scale (VAS) with the post-intervention VAS at three months (post VAS 2) to evaluate the levels of neck pain (VASn) and arm pain (VASa).

Results: Concerning the functional outcome, the average VASn Pre was 6.17, the average VASn Final was 2.09, the average VASa Pre was 6.97 and the average VASa Final was 1.29. The difference between VASn Pre and VASn Final was statistically significant as the p -value was less than 0.05. The difference between VASa Pre and VASa Final was statistically significant as the p -value was less than 0.05. No complications were reported in our study.

Conclusion: Considerable clinical improvement was observed in patients suffering from radiculopathy caused by cervical disc disease who underwent treatment with posterior cervical foraminotomy. The aforementioned procedure has been deemed both safe and effective in the treatment of the aforementioned pathology.