

Questions for Cervical Fusion Subject Matter Expert Panel

For all question's answers must be based on clinical literature with consideration of quality of evidence to support your answer.

1. What is the evidence and/or society guidelines concerning the provision of nonsurgical (conservative) care prior to proceeding with cervical spine fusion surgery?¹⁻³
 - a. Is there evidence to support a minimum trial (time frame and number of therapies) of conservative therapy prior to proceeding to non-emergent cervical spine fusion surgery?^{1,2}
 - b. What percentage of patient's symptoms resolve without surgery?⁴
2. Is there evidence or society guidance regarding the use of alternative procedural treatment modalities prior to the use of cervical fusion (laminoplasty, arthroplasty, foraminotomy, etc.)?^{1,3,5-9}
3. Are there circumstances conservative treatment may not be appropriate?
4. What is the evidence and/or society guidelines concerning factors likely to influence surgical outcomes? (e.g. behavioral risk factors i.e. smoking or opioid use)^{8,10,11}
5. What criteria do you consider before offering cervical fusion surgery?
 - a. What degree of pain or functional disability? How is that measured?
 - b. Do you require radiographic imaging? If so what imaging? What findings are consistent with a surgical candidate?
6. Is there evidence to support the efficacy and safety of cervical fusion surgery compared to non-fusion surgical procedures and/or conservative management for the following patients?^{1,4,5,12-18}
 - A. Unstable Spine/ Cervical Instability
 - a. Cervical Spine Fracture
 - b. Cervical Spine Dislocation
 - c. Trauma/spinal cord injuries
 - d. Traumatic spondylolisthesis
 - B. Cervical Myelopathy^{5,15,19,20}
 - e. Cervical Spondylotic Myelopathy
 - f. Cervical Radiculopathy
 - g. Cervical Myeloradiculopathy (Mixed)

- h. Mild myelopathic symptoms/signs?
- C. Central Spinal Stenosis⁵
 - i. Central Spinal Stenosis (nonmyelopathic patients with evidence of cervical cord compression without signs or symptoms of radiculopathy)
- D. Others
 - j. Ankylosing spondylitis
 - k. Diffuse idiopathic skeletal hyperostosis
 - l. Malignancy/Tumors

Surgical Questions

7. Does anterior cervical decompression with fusion (ACDF) result in better outcomes (clinical or radiographic) than anterior cervical decompression (ACD) alone?²⁰
8. What is the evidence and/or society guidelines concerning the efficacy of cervical total disc arthroplasty (disc replacement) compared to anterior cervical decompression with fusion (ACDF)?²⁰⁻²⁴
9. What are the indications for single- versus multilevel fusion, and what are the limitations for the number levels fused?^{20,25-27}
10. What are the considerations for determining surgical approach (anterior, posterior, or combined)? Does evidence support one surgical approach is superior to others? If so what evidence?^{4,17,19,20,25,28-31}
11. What is the anticipated relief period following a cervical fusion and how often are surgical revisions necessary?²⁰
12. What surgical techniques are best for cervical spondylotic myelopathy?³¹⁻³³
13. Does ACDF with instrumentation result in better outcomes (clinical or radiographic) than ACDF without instrumentation?²⁰
14. Are there materials or methods that are superior to others, such as corpectomy vs discectomy, types of materials, use of plates, etc.? Is there evidence to support a role for artificial disc?

Key Articles

1. Corp N, Mansell G, Stynes S, et al. Evidence-based treatment recommendations for neck and low back pain across Europe: a systematic review of guidelines. *European Journal of Pain*. 2021;25(2):275-295.
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- United States. Journal of the American Academy of Orthopaedic Surgeons. 2023;31(2):64-70.
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 4. Matz PG HL, Groff MW, Vresilovic EJ, Anderson PA, Heary RF, Kaiser MG, Mummaneni PV, Ryken TC, Choudhri TF, Resnick DK. Section on disorders of the spine and peripheral nerves of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons: Guidelines for the management of acute cervical spine and spinal cord injuries. Neurosurgery. 2002.
 5. Fehlings MG, Tetreault LA, Riew KD, et al. A clinical practice guideline for the management of patients with degenerative cervical myelopathy: recommendations for patients with mild, moderate, and severe disease and nonmyelopathic patients with evidence of cord compression. Global spine journal. 2017;7(3_suppl):70S-83S.
 6. Tobert DG, Antoci V, Patel SP, Saadat E, Bono CM. Adjacent Segment Disease in the Cervical and Lumbar Spine. Clin Spine Surg. 2017;30(3):94-101.
 7. Tetreault LA, Rhee J, Prather H, et al. Change in function, pain, and quality of life following structured nonoperative treatment in patients with degenerative cervical myelopathy: a systematic review. Global spine journal. 2017;7(3_suppl):42S-52S.
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 11. Kang K-C, Jang TS, Jung CH. Cervical radiculopathy: Focus on factors for better surgical outcomes and operative techniques. Asian Spine Journal. 2022;16(6):995.
 12. McAnany SJ, Baird EO, Overley SC, Kim JS, Qureshi SA, Anderson PA. A meta-analysis of the clinical and fusion results following treatment of symptomatic cervical pseudarthrosis. Global spine journal. 2015;5(2):148-155.
 13. Broekema AE, Groen RJ, de Souza NFS, et al. Surgical interventions for cervical radiculopathy without myelopathy: a systematic review and meta-analysis. JBJS. 2020;102(24):2182-2196.

14. Gao Q-Y, Wei F-L, Zhu K-L, et al. Clinical Efficacy and Safety of Surgical Treatments in Patients With Pure Cervical Radiculopathy. *Frontiers in Public Health*. 2022;10:892042.
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