

Hours of Operation

Monday–Thursday,
8 a.m.–5 p.m.

Friday,
8 a.m.–4 p.m.

Spinal Fusion

What is spinal fusion?

Spinal fusion is used to stop the motion between two or more vertebrae; to stabilize unstable fractures of the cervical spine; or to straighten or realign the cervical spine.

How will it help me?

The goal of a spinal fusion is to allow two or more vertebrae to grow together or fuse into one solid bone. If you suffer from pain in the moving parts of the spine (mechanical pain), the fusion can stop the excess motion between the vertebrae and reduce your pain.

How is it performed?

Bone tissue, taken from either elsewhere in your body (autograft) or a donor (allograft), is used in conjunction with the body's natural bone growth processes to fuse the vertebrae. The fusion is supported by a process called fixation, the placement of metal screws (often made from titanium), rods, plates or cages, to stabilize the vertebra and help the bone fuse. The fusion process typically takes 6 to 12 months after surgery. During this time, external bracing (orthotics) may be required.

Will it be painful?

Most people return home when their medical condition is stabilized. Limit your activities to avoid doing too much too soon. Also avoid activities that put strain on the healing fusion such as forceful bending or twisting movements of the neck. Delay activities that require heavy or forceful use of your arms, such as lifting, until your doctor determines they are safe to do.

What are the risks and side effects?

Some general surgical risks apply to a spinal fusion, including reaction to anesthesia and infection. Other risks that are specific to the procedure include bleeding, nerve damage and non union, are documented complications. External factors such as smoking, osteoporosis, certain medications, and heavy activity can prolong or even prevent the fusion process. If fusion does not occur, patients may require reoperation.