

Range Animal Hospital**E6116 US Highway 2
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Cervical Disk Disease

- A common cervical spinal lesion mostly in small breed dogs.
- Clinical signs are due to spinal cord compression after rupture of the dorsal annular ligament with a resultant protrusion (or extrusion) of the nucleus pulposus into the spinal canal.
- Clinical signs may vary from slight cervical pain to complete paralysis.
- Sometimes difficult to diagnose, it should be the primary rule-out for cervical pain, paresis, or paralysis in small, older dogs.
- Plain radiographs are generally diagnostic; narrowing of the affected disk space is often present, along with calcification of the remaining disk material as the disk continues to deteriorate. Myelography is sometimes needed, and is helpful in determining extent and location of the lesion.
- If spinal cord compression is minimal and clinical signs are not dramatic, a conservative surgical approach is indicated if medical therapy has failed. A ventral fenestration operation to remove disk material remaining in the disk space is appropriate. A long held belief that the remaining disk material, while not in the spinal canal, is responsible for much of the clinical signs, has now been firmly proven. This is performed on all of the cervical disks, hopefully preventing further disease in the presently unaffected disks.
- With severe paresis or paralysis, a more aggressive surgical approach should be taken. After myelography establishes the exact location of the offending disk, a ventral slot procedure is appropriate to remove the offending disk material from the spinal canal. Additionally, the remaining disks should be fenestrated to prevent their future rupture.
- While this is a potentially life threatening disease, most patients return to normal function.
- We will coordinate postoperative aftercare with your hospital. Typical care includes:
 - A 4-5 day postoperative incision check.
 - A 10-12 day suture removal.
- If acute paresis or paralysis is present, call ASAP with your request for referral. It is appropriate to call Dr. Martinson after-hours to aid in coordinating his schedule.
- Surgery is done daily as needed. If it is indicated for non-emergent disease, surgery will generally be scheduled for Monday, Tuesday, or Thursday. The patient typically has a 1 to 3 night hospitalization.
- Please send any pre-operative laboratory tests and radiographs.
- Uncomplicated cases are \$1200 to \$1400 for cervical fenestration with out myelography, and \$2200-2600 for the ventral slot procedure and fenestration after diagnostically necessary myelography [January 2011]. Difficult cases with protracted post-operative recoveries and in-hospital physical therapy will be representatively more. Ask for an estimate.