



**Case Review:**  
62 year old male with C5/6  
Herniated Disc. Treated  
with a Prestige Artificial Disc

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# Patient History

- 62-year-old male
- Acute disk herniation at C5-6.
- Biceps weakness and hypesthesia, paresthesias into the thumb of the right hand.
- The patient presented with a complete workup. On MRI it was found that he has critical spinal stenosis, C3-4, with multiple level degenerative disk disease.
- Interestingly enough, the proximal and distal segments to the C5-6 disk are very stiff and therefore the concentrated stress at C5-6 has caused this cervical disk herniation and acute symptoms. The patient was told there are multiple options, including an cervical fusion, including the stenotic segments and/or just the removal of C5-6 acute disk herniation causing the acute radiculopathy.

# Pre-op X-rays



# Bending X-rays



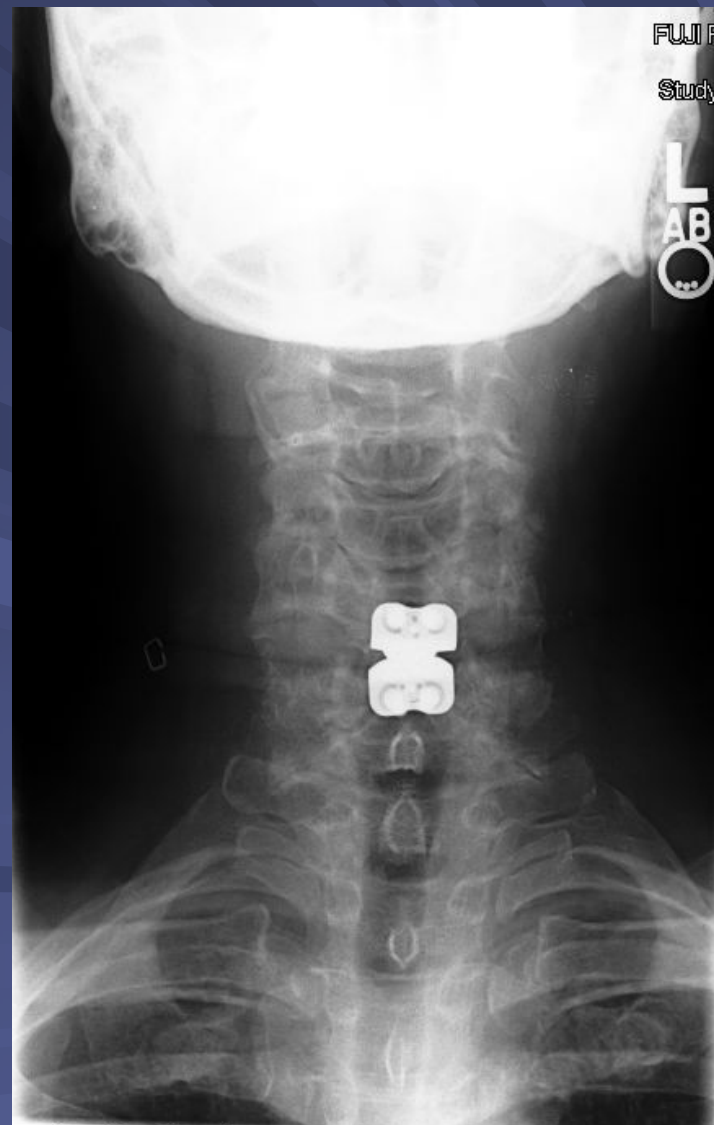
# Indications for Surgery

- Extruded disk herniation, C5-6.
- Motor sensory deficit radiculopathy, right arm, C6 distribution.
- Critical spinal stenosis of C3-4, non-symptomatic.
- Multiple level degenerative disk disease of cervical spine.
- Failed conservative therapy.

# Surgical Strategy

1. Radical diskectomy under the microscope with epidural decompression and removal of soft disk herniation at C5-6.
2. Bilateral neural foraminotomy with osteophylectomy and subtotal vertebrectomy, C5 and C6, for removal of mass of uncovertebral osteophyte and neuroforaminal stenosis.
3. Anterior cervical total disk replacement, C5-6, with paresthesias, 6 x 16, 7 x 16 sizing.
4. Intraoperative SSEP.
5. Intraoperative fluoroscopy.

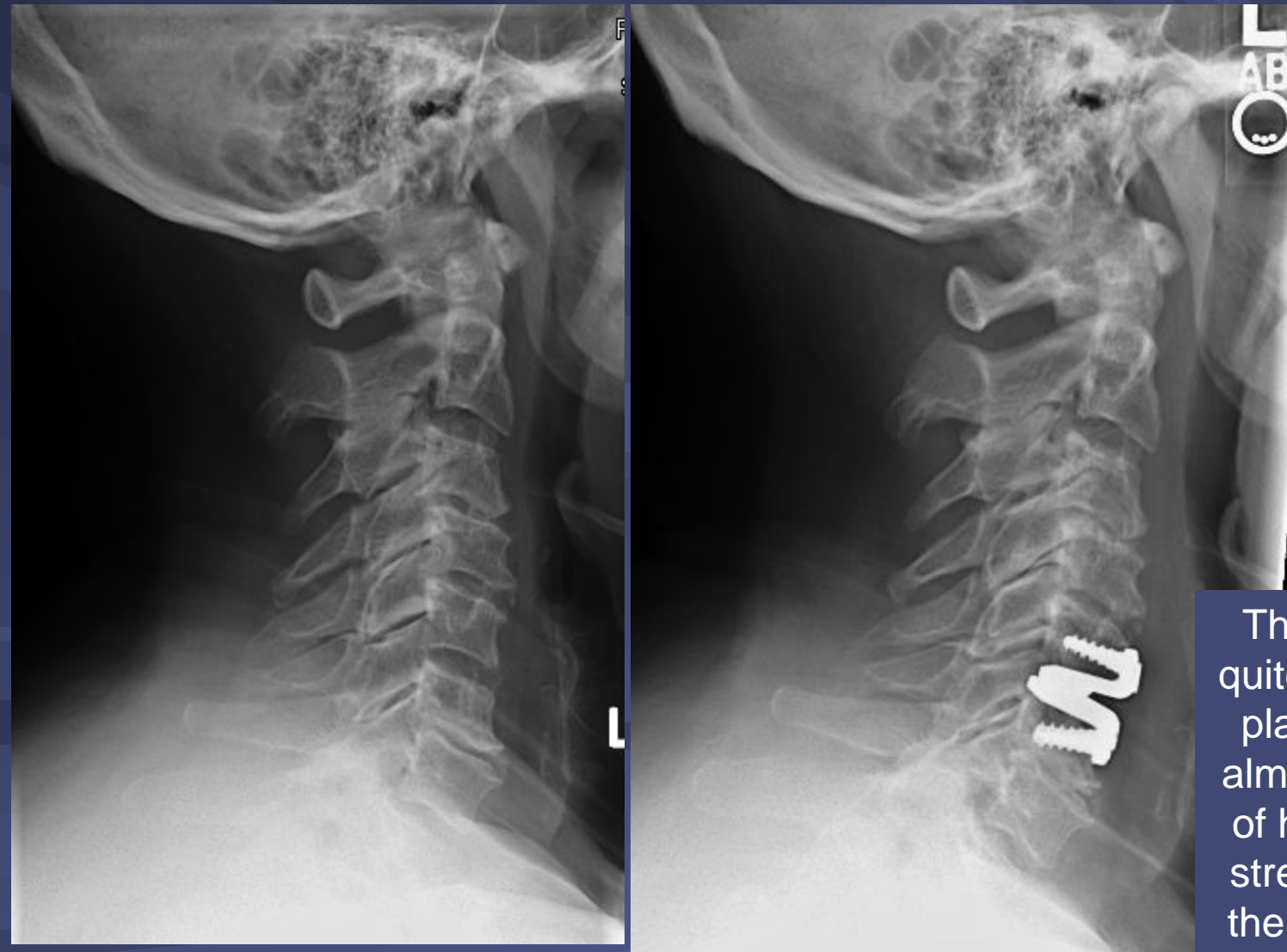
# Post-Op Films



# Inter-operative Findings

- At the time of operation, the disk was severely degenerative. There was mass of uncovertebral osteophyte, right and left. The patient had a massive central disk herniation measuring approximately 10 x 10 mm disk compressing the central dural sleeve and extending into the right neural foramen. The patient had significant neuroforaminal stenosis which was also decompressed.

# Pre-Op/Post-op Comparison



The patient is doing quite well, and back to playing golf. He has almost complete relief of his symptoms. His strength is good, and the X-rays look good.