CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Cervical myelopathy

What you're feeling

Cervical myelopathy is a wear-and-tear condition of the neck that presses on the spinal cord. It mostly affects people over fifty-five. Early signs are often subtle, so many people put them down to getting older.

The most common changes show up in your hands. You might feel clumsy and drop things. Small tasks get harder: picking up coins, fastening buttons, or writing by hand. Your handwriting may look different to how it used to. Some numbness in your arms or hands is common, though it often does not follow a neat pattern down one nerve.

Your walking can change too. You might feel off balance, bump into walls, or need a wider stance to feel steady. Some people fall. Your legs may feel stiff, and your steps may lose their usual ease.

A strange symptom some people notice is an electric shock feeling that shoots down your back and into your arms or legs when you bend your neck forward. This is called Lhermitte's sign.

Headaches can also come with this condition. They are usually felt at the back of the head, worse in the morning, and ease as the day goes on.

Some things you might expect are often missing. Neck pain may be absent, even when the wear-and-tear is advanced. True weakness may come late, or not at all. Bowel and bladder changes also tend to appear late, if they appear at all.

If left untreated, more than 50 percent of people with this condition go on to develop severe disability. Surgery aims to stop that progression, and it works better the earlier it is done. Recovery is more likely when treatment happens early in the course of the disease.

If any of this sounds familiar, it is worth having your neck checked.

What's actually happening

Your neck is a stack of bones with a soft cushion between each pair. The cushions work like shock absorbers. Behind them runs a tunnel that protects the spinal cord, the cable of nerves carrying messages between your brain and your body.

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Over the years, those cushions dry out and lose height. When they flatten, the bones above and below settle closer together, and the body grows extra bone at the edges. The ligaments inside the tunnel also thicken and fold in. All of this narrows the tunnel from the front and the back at once. The cord gets pinched between the bulging cushion in front and the folded ligament behind.

Some people are born with a narrower tunnel than others. That leaves less spare room, so it takes less wear-and-tear before the cord is squeezed. Bending your neck back makes the tunnel even tighter, which is why some symptoms flare when you look up. Bending forward slightly eases the squeeze.

A squeezed cord does not just ache. It stops working properly. The messages travelling down it become slow or scrambled, and that is why your hands turn clumsy, your walking turns unsteady, and electric shocks shoot down your body when you bend your neck forward.

The wear-and-tear itself is common. Most people over fifty-five show it on scans, and most never feel a thing from it. The problem starts when the narrowing crosses a point where the cord no longer has room to spare. Symptoms then tend to move in steps: stretches where nothing changes, followed by a sudden drop.

Left alone, this condition usually gets worse rather than better. More than half of untreated people go on to severe disability. That is why surgery is offered: it takes the pressure off the cord to stop things getting worse, and the earlier it is done, the better the chances of recovery.

What we can do about it

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. We confirm the diagnosis with a history, an examination, and imaging where needed.

For mild wear-and-tear without cord symptoms, we often start with nonsurgical care. This can include a firm neck brace, anti-inflammatory medicine, and isometric exercises, where you tighten your neck muscles without moving the joint. Physiotherapy aims to keep you moving safely and settle symptoms. If we choose this path, careful and frequent follow-up is essential. We watch for any change, because this condition can worsen in sudden steps.

For some people, surgery is considered sooner rather than later. If scans show the cord is squeezed but you have no myelopathy symptoms yet, certain nerve changes on testing point to a higher risk of developing them. In that case, we will discuss surgery with you so you can weigh it up.

Surgery is the usual recommendation when myelopathy symptoms are moderate or severe. The goal is to take pressure off the spinal cord and any pinched nerves, correct any deformity, and hold the neck steady so the correction lasts. Earlier treatment gives a better chance of recovery, especially for people with fewer other health problems. Where the cord is badly compressed, surgery also aims to improve function, not just halt progression.

The operation itself has its own page, so we will not go into technique here. In brief, it can be done from the front of the neck or the back, and the choice depends on where the cord is squeezed, how many levels are

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involved, and the shape of your neck. We will talk you through the option that fits your scan and your symptoms, and decide together.

What to expect

This condition rarely settles on its own. Left alone, it usually gets worse rather than better, and it can do so in sudden steps after quiet stretches. More than half of untreated people go on to severe disability. The longer your symptoms have been present, the lower your chances of a good recovery, which is why early treatment matters.

With surgery, the goal is to stop things getting worse, and for many people it also improves function. Most people improve after surgery, though not every early gain lasts. By ten years after surgery, up to 17.9% of people have some return of symptoms. Looking further out, 89.3% of people keep their neurological function at five years after surgery, and 77.3% at ten years. Some people with milder symptoms are the ones most likely to improve, and people treated earlier in the disease, with fewer other health problems, tend to do better.

Recovery is gradual rather than instant. The benefit of taking pressure off the cord becomes clearer over the months after surgery, not overnight. Some symptoms ease more than others, and no one can promise which of yours will recover. If you have diabetes, are older, or have had symptoms for a long time, recovery can be slower. Surgery is still a reasonable option for older people.

There are risks to weigh up as well. Swallowing can be difficult for a while after surgery from the front of the neck, and a change in your voice can occur; both are usually temporary. New wear-and-tear at the levels next to a fused segment can develop over time, at a rate of about 3% per year. Your surgeon will talk you through the risks that apply to your operation before you decide anything.

When to see someone

See your GP promptly if you notice any of the changes described above: clumsiness or numbness in your hands, trouble with buttons or coins, handwriting that has changed, unsteady walking, stiffness in your legs, or electric shock feelings when you bend your neck forward. These signs can be subtle and easy to blame on ageing, but they deserve a proper check rather than waiting to see if they settle.

Ask for a specialist review if your GP suspects the spinal cord is being squeezed, or if your symptoms are clearly getting worse in steps.

Go to an emergency department if you suddenly lose strength or feeling in your arms or legs, or if you cannot control your bladder or bowels. Sudden changes like these need same-day assessment, because pressure on the cord that comes on quickly can cause lasting damage.

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