Anterior cervical discectomy procedures are usually performed to remove pressure on nerves from disc herniations. A disc herniates when the outer portion of the disc ruptures and some of the softer disc nucleus material squeezes out. The herniated disc pushes against the spinal cord or spinal nerves and tends to cause pain in the neck or arms. Removing the ruptured disc alleviates pressure on the nerves or spinal cord, which usually relieves the pain. A bone graft is usually inserted with instrumentation to keep the disc space at a normal height and fuse the vertebrae above and below the removed disc.
Introduction
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Incision
An incision is made to one side on the front of the neck. Through this incision, exposure is provided to the front of the cervical spine. The herniated disc that is causing pressure on the spinal nerve is located between vertebrae.

Excision
Surgical instruments are used to remove a portion of the herniated disc, which alleviates pressure on the nerve. After disc material is removed, a bone graft is cut to the correct size and placed in between the vertebrae to add stability.
Stabilization
A metal plate is placed over the bone graft, and two holes are drilled in each vertebra. Four screws are placed through the plate to secure the plate to the vertebra. The metal plate provides additional support while the bone graft grows in place, fusing the vertebrae.

Summary
The incision is closed and dressed to complete the surgery. Some patients require a cervical collar for a short period of time after surgery. Most patients notice rapid improvement of their arm pain.