

Surgery for cervical radiculopathy or myelopathy (2010)

Ioannis Nikolaidis, Ioannis P Fouyas, Peter AG Sandercock, Patrick F Statham



COCHRANE BACK REVIEW GROUP
The best evidence in back and neck pain care

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Overview of the study

Objectives

- To determine whether: 1) surgical treatment of cervical radiculopathy or myelopathy is associated with improved outcome, compared with conservative management; 2) timing of surgery (immediate or delayed pending persistence/progression of relevant symptoms and signs) has an impact on outcome.

Methods

- Evidence current up to 25 June 2008
- Participants: Patients with a clinical diagnosis of cervical radiculopathy or myelopathy
- Intervention: Any form of surgical decompression in the cervical spine, with/without fusion, designed to alleviate the symptomatic cord or root compression
- Outcomes measured: Surgical morbidity, pain intensity, functional performance of the arms or legs, mood and quality of life

Results & Conclusion

- Two trials (149 participants) included.

Treatment	Evidence	Quality of evidence
Surgical decompression	- Better than physiotherapy or cervical collar immobilization in the short-term for pain, weakness or sensory loss - No significant difference at one year follow-up	Low
	No significant differences between surgery and conservative treatment in three years follow-up	Very low

⇒ There is no reliable evidence on the effects of surgery for cervical spondylotic radiculopathy or myelopathy.