

Cervical Total Disc Replacement (TDR)

Understanding Your Risks

This document outlines the potential complications associated with **cervical total disc replacement (TDR/CDA)** also known as artificial disc replacement. This is a spine procedure performed through a small incision in the front of the neck in which the cervical disc is removed to relieve pressure on the spinal cord and/or nerve roots. An artificial disc device is then implanted to preserve motion at the treated level while maintaining disc height and spinal alignment. The usual purpose of surgery is to **relieve nerve or spinal cord compression, improve pain and neurologic symptoms, preserve motion at the treated spinal level, and maintain spinal alignment** in patients with conditions such as cervical disc herniation, radiculopathy, myelopathy, or degenerative disc disease who meet appropriate selection criteria.

Risks:

- **Dysphagia** (difficulty swallowing), typically transient but occasionally persistent
- **Hoarseness or voice changes** (due to recurrent laryngeal nerve irritation or injury)
- **Hematoma or neck swelling**
- **Airway compromise**
- **Neurologic complications** (new or worsened numbness, weakness, spinal cord injury, or C5 palsy)
- **Dural tear with cerebrospinal fluid leak**
- **Wound infection** (superficial or deep)
- **Implant-related complications** (malposition, migration, subsidence, wear, mechanical failure, or loosening)
- **Heterotopic ossification**, which may reduce or eliminate motion at the treated level
- **Adjacent segment degeneration or disease** (may still occur, but risk may be reduced compared to fusion)

- **All-cause reoperation or revision surgery**
- **Esophageal or tracheal injury**
- **Vertebral artery or other major vascular injury**
- **Medical complications** (myocardial infarction, stroke, pneumonia, pulmonary embolism, deep vein thrombosis)
- **Death** (extremely rare)

Risk Factors for Increased Complications:

- **Multilevel disease or surgery**
- **Advanced age and higher ASA class**
- **Medical comorbidities** (diabetes, tobacco use, obesity, osteoporosis)

Patient Acknowledgment:

By signing below, the patient acknowledges understanding of the above risks associated with cervical total disc replacement and all questions have been answered to the patient's satisfaction.

Patient Signature: _____ Date: _____

Patient Name: _____ DOB: _____

