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Southport Orthopaedic therapy team: 01704 704 815
Whiston Orthopaedic therapy team: 0151 290 4445

Contact details of specific team/Ward involved In your care:

Name: _____

Contact number: _____

Please ask a member of staff if you would like a chaperone present during your procedure.

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

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Cervical Spine fractures & soft tissue Injuries

Patient information

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید، لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formie, proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil, vă rog să discutați cu un membru al personalului să se ocupe de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

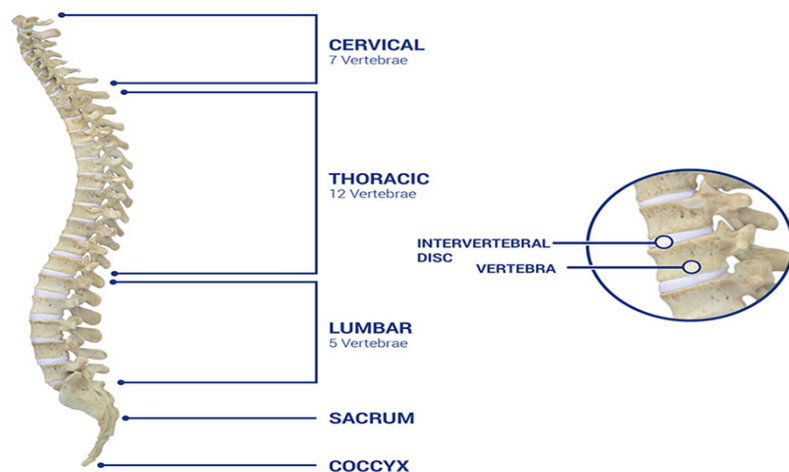
What is a cervical injury?

This is an injury to the bone (a break, also known as a fracture) or soft tissues in your neck. This may have been caused by a traumatic injury causing excessive force to your neck.

A clinician will have explained the cause of your injury. Most are caused by a specific injury and you will be aware of how this happened.

What does my back look like?

Your spine runs from the bottom of your skull to your pelvis. It is made up of bones that are stacked on top of each other and supported by ligaments, with discs (intervertebral discs) in between each of the bones that act as shock absorbers. The bones each form a circle (spinal canal), which the spinal cord and nerves pass through. The bones provide protection for the spinal cord and nerves which are important as they pass information from the brain to your body about movement, pain, touch (sensation) and other important body functions.



Some people require further input; 50% of people may experience pain which lasts longer than six months. If you have been discharged from inpatient and outpatient teams, it is best if this is discussed with your GP to determine if any onward referrals are required.

Working

You are likely to need some time off work initially, though there is no set time for this as it will depend on your occupation.

Check with your clinician and employer before you return to work. You may need to modify your activities at work for a while when you return, especially if your job is active or involves a lot of driving.

Please ask for a fit note if you require one, before you go home.

Follow-up

You will receive a follow-up appointment at either Mersey & West Lancashire Teaching Hospital NHS Trust or The Walton Centre. It is important that you continue to wear your collar until advised otherwise.

Most people do not need routine follow-up Physiotherapy. Once the injury heals and the collar has been removed, many patients regain the movement in their neck through natural recovery and gentle movement throughout the day.

If follow-up therapy is required, this will be identified by the ward or at your follow-up appointment.

When you no longer require the collar, this should gradually be removed as the muscles supporting your neck are likely to have become weak as the collar has been doing the work. Heavy lifting should be avoided initially and return to activity should be gradual.

What will happen with my spinal injury?

Injuries in the spine can be stable or unstable. Stable means that the majority of the spinal structure is still intact so it is unlikely to move. These fractures are usually managed conservatively. Conservatively means there is no need for an operation. You may be managed in an orthosis, a type of brace which either prevents or assists movement of a limb or the spine, such as a collar (neck brace).

Unstable means the spinal structure has been significantly affected, and could have moved, or is at risk of moving, which may cause further complications. An operation may be offered for this type of fracture in order to provide support to the spinal structures. In this case, you would be transferred to a different Hospital Trust that specialises in spinal surgery.

How does a fracture heal?

Fracture healing is a complex process and can be influenced by a number of factors such as how your injury occurred, your general medical condition or any other health conditions. Some factors to take into consideration include age, nicotine intake, long term steroids use, poor diet and also conditions such as osteoporosis, diabetes, hypothyroidism or excessive chronic alcohol use.

Most fractures heal naturally without any intervention such as surgery. Fractures usually take up to 12 weeks to heal.

What should I expect after my injury?

Whilst the doctors are assessing how best to manage your fracture, or whilst you are awaiting investigations such as x-rays or scans, you may be asked to stay flat in bed (bed rest). The clinician overseeing your care may also liaise with The Walton Centre for their opinion and management plan. It is essential that you follow all advice given to you. If bed rest advice is not followed, there is a risk that the injury may worsen and lead to damage to the spinal cord itself. This can have serious consequences that affect strength and sensation in your limbs, breathing, bladder, bowel and sexual function. This could lead to paralysis.

Bed rest can result in joint stiffness or weakness. You may be provided with bed exercises to complete whilst on bed rest. Once the team have decided on a plan of how to manage your fracture/injury you will be allowed to get up, move about and sit out in a chair. Support will be offered, if required, to ensure you are safe.

Cervical Collars

Cervical (neck) collars can be required for a number of reasons, the most common being a cervical spine fracture.

The cervical collar is a neck brace that limits the movement of the bones and soft tissues in your neck, providing support and pain relief which promote and aid healing and reduced the risk of developing further problems.

Mobility

Providing you are not in pain, walking can be a good form of general exercise to help after your injury. Try to gently build up the amount of walking gradually. It is important to change your position regularly and moving around will also help with any pain. Normal day-to-day activity is acceptable, but refrain from physical activity such as sport or gym work.

Avoid

- Lifting of any heavy objects. Make sure any item you need are within easy reach or ask someone to do this for you. A sensible approach needs to be adopted whilst the injury is healing as what is 'heavy' varies from person to person
- Twisting or bending your neck
- Lying on your stomach

Driving

Driving a vehicle is not permitted whilst in the cervical collar.

Your clinician will inform you when you can consider resuming driving, once the collar is no longer needed. You should inform the DVLA and your insurance company about your injury. You must feel comfortable and confident to drive, ensure you are able to perform an emergency stop and have sufficient neck movement in order to drive. It is advisable only to drive short distances initially.

www.gov.uk/spinal-problems-driving

- You may be advised that you can shower whilst wearing the collar, though we advise you not to climb into or lean over a bath. If appropriate, a second collar will be provided to change into following the shower

Sitting

Try to sit in a supportive upright chair and maintain good posture. Avoid soft chairs and sitting for prolonged periods. The collar will only limit movement within your neck, not eliminate it completely. It is important that you monitor your posture to prevent slouching.

Sleeping

Always wear your collar in bed (unless advised otherwise). A firm bed is desirable and a thin pillow can be used for comfort, though this should not cause your neck to bend. You can sleep in whatever position is easiest for you, either on your back or side, however some collars may limit your comfort in certain positions. To get on and off the bed use the side lying method you were shown in the hospital to reduce twisting

Everyday tasks

Continue to complete your day to day activities such as dressing, washing, cooking but try to avoid any tasks that require repeated and heavy lifting initially. In order to support your body to heal you should eat a balanced healthy diet and avoid alcohol and smoking.

The need to wear a collar will be determined by the multi-disciplinary team. The type of collar needed will be determined by the fracture.

The collar will encourage correct spinal alignment and aim to prevent the development of further problems and you will be need to wear the collar to support your neck while it heals.

Types of cervical hard collar that we use:



The hard collar is a two-piece semi-rigid neck brace, held together by Velcro straps. The brace support is provided by plastic on the outside and soft pads on the inside. The soft pads protect your skin from the plastic.

The type of collar will be decided by your team. We mainly use the Aspen Vista Collar (middle image) at our Trust. However, other types are available and may be required depending upon your individual needs.

When to wear the collar?

You will be given individual instructions regarding when, and for how long, the collar should be worn.

If the collar is not worn as advised, there is a risk to the healing of the bone/soft tissues, as well as a risk, although rare, that you may damage your spinal cord as highlighted on page 3

Unless advised otherwise from the healthcare professionals looking after you, the neck collar is to be worn at all times, including when in bed. The only time that it should be undone and removed is at least once daily for washing and checking your skin and changing the pads for clean ones.

How long will I need it for?

The reason why you require the collar will determine the length of time you need to wear it for. This will be determined on an individual basis as healing rates can vary. This is typically 6-12 weeks. It is important that you keep wearing your collar until your consultant has advised otherwise.

Discharge planning

This starts early on following your admission to hospital. The team of health professionals involved in your care will discuss your discharge with you.

Please note that local care agencies, in most cases, are usually unable to provide support for collar care once you have returned home. We encourage you to speak with family and friends to identify any concerns that you may have and determine what support they may be able to offer you once home.

Washing & dressing - Key points

- The collar will need to be removed at least daily, to clean and dry your neck and replace with clean pads. You will be advised on what position this should be completed in
- With your collar on you will be able to wash at a basin, sitting or standing as able.
- Keep your collar on whilst shaving. We recommend using an electric shaver rather than a wet shave to avoid soiling the collar (family/carers will be able to attend to the remaining hair removal under the collar).
- Don't wear clothes under your collar as this may cause rubbing. You may find you require a larger size to go over the collar.
- Dress whilst sitting on a chair/bed. Do not stand as you will be more likely to fall due to restricted vision.
- It is recommended to wear long hair tied up.
- Avoid wearing jewellery around your neck to prevent the collar resting on this and causing irritation/sores

What important symptoms do I need to be aware of?

Please seek medical advice if:

- You experience severe pain which is not relieved by painkillers (though mild to moderate pain is expected)
- The collar becomes damaged
- The skin under the collar has broken down
- The replacement pads are no longer fit for use
- The collar has become poorly fitted and you are unable to achieve a satisfactory fit

If you experience any of the symptoms below then you should seek urgent medical attention for further assessment:

- Numbness or weakness in your arms or legs
- Any new difficulty with swallowing or choking episodes
- Any new disturbed vision

Fitting the collar & collar care

You will be measured and fitted with an appropriately sized cervical collar by an experienced healthcare professional.

The front piece of the collar will sit under your chin and upon your chest. The back panel will sit at the base of your skull and extend to your shoulders. The two pieces are held together by Velcro and together completely encase and cover your neck.

The cervical collar should be tight enough to prevent movement of your neck. For example, restrict 'yes' and 'no' movements, but not completely restrictive so that it affects your breathing or swallowing. You should also be aware of your posture. It is important to wear your cervical collar properly to get the maximum benefit.

You will be given individual instructions regarding fitting/positioning of the collar and this will be specific to you. Depending on the type of injury, you may need assistance from one or two people to fit and position the collar and change the pads. You will be informed how many people are needed to do this. It is essential that you follow this advice. This may mean additional family/carer support in order to do this, though this will be identified and discussed on an individual basis.

Where applicable, we will demonstrate the fitting of the collar to family/carers, who can then practise this to ensure they are able to do this correctly. You will be advised about the specific position in which collar care should be completed.

It is important that you are aware of your posture in lying, sitting and standing to prevent slouching, regularly change your position and ensure that the collar is fitted tightly enough

Pressure care

Wearing a collar can make the skin underneath it become hot and cause sweating. This moisture can lead to skin breakdown. Pressure from the collar itself can also cause skin problems. The collar must be kept free from debris as this can rub and cause pressure sores or skin irritation.

We recommend:

- Checking the skin daily when washing/dressing
- Be vigilant for skin discolouration, redness and/or pain. These are indicators of pressure and could lead to an ulcer. If you experience any of these symptoms then seek medical advice
- Following the collar care plan you have been issued with

Pain management

The healthcare team will work with you to ensure your pain is controlled as effectively as possible. You will be sent home with the appropriate medications but if you require more or further advice about your pain control you should talk to your GP.

Early exercises

It is important to reduce the risk of developing a chest infection or blood clot (DVT or PE) and to limit how much your muscles may weaken. The following exercises will help reduce this risk:

To assist good circulation:

Move both ankles and toes up and down as much as possible for 30 seconds



To maintain muscle strength:

Pull your toes towards you and push the back of your knees into the bed. Hold for 5-10 seconds.

Repeat 5-10 times/day



To keep your chest clear:

Take three deep breaths in and hold for 2-3 seconds before breathing out fully. Follow this with a huff, which is a short, sharp breath out with the mouth wide open and then a cough. Repeat this every hour.

Mobilising

Once you are allowed to get out of bed (usually once the collar has been fitted), you may need to be seen by the therapy team to assess your mobility and determine any equipment needed for discharge. You may feel dizzy and weak when you first get up but this should improve as you become more mobile.

Depending upon your ability to mobilise, the therapist may provide you with a walking aid. They will also assess your ability to complete the stairs if needed. Wearing a collar means stairs may be difficult due to lack of neck movement, impacting on vision and balance. Downstairs living may be advised.