*Smokers may have higher incidence of swallowing issues after Anterior Neck Surgery than non-smokers.*

Cervical fusions typically involve approaching the neck from the front. This approach includes mobilization of the esophagus and trachea which always involves some amount of dysphagia (problems swallowing). Dysphagia can last anywhere from two weeks to sometimes multiple months or years. A general rule of thumb is that the more levels operated on, the more likely the patient is to have dysphagia. Other risk factors for swallowing issues post op include prior surgery, length of surgical procedure and preoperative swallowing complaints

A recent study presented at the Cervical Spine Research Society Annual Meeting by Erik Olsson, MD et al found that smoking can be a risk factor for dysphagia. “Their (Smokers) symptoms when they experienced dysphagia, were more severe when compared to non-smokers or former smokers.” The authors identified prior surgery and smoking as risk factors for long term swallowing problems.

Smoking has always been associated with higher rates of nonunion (inability to grow new bone) in spine surgery. This study by Olsson and associates, sheds light on the increased risk of long term dysphagia in smokers.

Prior to any spine surgery it is important to counsel the patient as to the increased risks associated with smoking and how smoking can affect surgical outcomes. Ultimately, it must be the patient who decides not to smoke.