

HOME INSTRUCTIONS

ANTERIOR CERVICAL DISCECTOMY WITH FUSION

Dr. Holladay

- Call 913-955-3300 main number to make a follow up appointment for 2 weeks.
- Ask for Kellie, RN-ARNP for questions.
- Medication refill for Hydrocodone or muscle relaxants call your pharmacy.
- Surgical procedure information can be viewed at:

www.understandspinesurgery.com

Stenosis can occur in any portion of the spine and is caused by degenerative changes in the disc space, bones, and ligament structures. As the degeneration occurs, the space for the nerve roots becomes compressed. Symptoms are related to the area of compression. In the cervical area the symptoms can range from pain, numbness and tingling in both or one arm as well as difficulty walking distances, difficulty fixing hair, buttoning buttons, and holding objects in your hands.

Anterior cervical discectomy with fusion (ACDF) is performed to remove the degenerative disc and bone spurs from around the compressed nerves and spinal cord. This may be performed at one or more levels depending on the examination. The surgery takes 45 minutes to 1 ½ hours, depending on the levels involved. The incision is placed on the front of the neck typically on the right side along a natural wrinkle crease; it is approximately 2 ½ inches in length. The disc is removed from the front to decompress the nerve roots and spinal cord. Interbody fusion bone is placed into the area of the former disc space to maintain the height between the vertebrae where the

disc was located. The nerve roots are examined to ensure adequate decompression. The muscle and tissue are closed and sutured and the incision is closed. The skin is closed and steri-strips are placed over the incision. A final dressing is placed.

A soft cervical collar may be placed to be worn for 1 week, and then removed. It is ok to remove the collar for showering. The first shower is in 48 hours and the overlying dressing can be removed from the incision and the incision is allowed to get wet. Pat the incision dry and you may leave the incision and steri-strips exposed to air. Replace the collar once skin is dry.

You may notice a mild hoarseness or sore throat after surgery and a feeling of difficulty swallowing more than liquids. This will pass in a couple of days. You are encouraged to drink plenty of fluids. If swallowing is difficult to the point you cannot drink water, then call and let us know; this is extremely rare.

Generally, you will go home from the recovery room or be in the hospital overnight. Rehabilitation may be involved to assist with teaching you post-operative neck education.

Ice packs to the front and back of the neck will help with muscular pain control. You may also apply a topical muscle rub to the back of the neck as needed for relaxation. Ice is used for 45 minutes every 3-4 hours for the first 72 hours, then can be changed to heat to the back of the neck as needed. **No ibuprofen or Aleve products** after a fusion since they suppress the anti-inflammatory response and this is needed for the fusion to heal over time. These can be resumed in about 6 months.

Activity is as you tolerate. Light activity around the house for the first few days; then set about a walking program daily. Start slow and increase the distance on a weekly basis. Be consistent with activity throughout the week. No activity that puts you

into a prolonged head-down position such as reading, computer, or needle-craft work. Lifting, pushing, pulling is restricted to 10 lbs for the first month. You can expect to have some discomfort in the neck and arms as you increase activity. Driving can generally be resumed after 1 week.

Physical Therapy is recommended on a case-by-case evaluation. Participation and resuming sports and exercise programs should be addressed during your follow-up appointments. Returning to work is based on individual evaluation.

You will have a narcotic medication for pain and may also have a muscle relaxant. The medication will be weaned over the following days to weeks as you increase your activity and decreased pain is attained. You should not require long-term narcotic pain relievers. To avoid constipation, please drink plenty of fluids, juices, and add stool softeners and laxatives as needed.

You can expect a variety of post-operative pain, numbness, and tingling as the nerve and muscle heal. Be consistent with your medication, activity, and adjunctive treatment with ice, heat, and rubs. Monitor the incision for signs of redness, swelling, and drainage over the next week and notify us of any concern. Fever more than 101.5° after 3 days should be reported.

Smoking cessation information is available at the hospital. Smoking increases the possibility of fusion failure and increases degenerative disease of the disc. Smoking cessation is strongly advised.