

Anterior Cervical Discectomy and Fusion (ACDF)

Patient post-operative instructions

Typical hospital course

Usually 1 night in the hospital. Some patients go home sooner depending on pain control, swallowing, walking, and drain output.

Key limits / reminders

Hard cervical collar for 3-6 weeks. No lifting more than 10 pounds, no overhead activities, no impact exercise, and avoid NSAIDs for 12 weeks unless your surgeon tells you otherwise.

Before surgery

- Bring a loose-fitting shirt that is easy to put on after surgery.
- If you have a long beard, trim it before surgery so the front neck dressing can seal well.
- You will receive additional medication and arrival instructions at your pre-op visit.

After surgery

- Neck soreness, pain between the shoulder blades, and some temporary swallowing discomfort are common early on.
- A small drain may be present overnight and is usually removed before discharge.
- Dissolvable sutures are commonly used, so stitches usually do not need to be removed.

Incision and showering

- Keep the dressing clean and dry. If it becomes soaked, peels off, or will not stay dry after showering, call the office.
- Showering is allowed if the incision and dressing stay dry. Do not soak in a tub, pool, or hot tub until cleared.
- Do not apply lotions, ointments, or powders to the incision unless specifically instructed.

Brace and activity

- Wear the hard cervical collar as instructed for 3-6 weeks. It may be removed only if your surgeon has specifically allowed that.
- Walking is encouraged right away. Start with short, frequent walks and increase gradually.
- Do not do heavy exercise, running, contact sports, or lifting over 10 pounds during the first 6 weeks.

Medications, diet, driving, and work

- Pain medicine is usually tapered over 1 to 3 weeks. Tylenol is acceptable unless another doctor has told you not to take it.
- Do not take NSAIDs such as ibuprofen, naproxen, or similar medicines for 12 weeks after fusion unless you are told otherwise.
- Soft foods may be easier for the first 24 to 48 hours if swallowing is irritated.
- Do not drive while taking opioid pain medication or muscle relaxers, and do not return to work until it is safe based on your pain control and activity restrictions.

Follow-up

- Typical follow-up is around 2 weeks, 8 weeks, 14 weeks, then again at later intervals for x-rays and healing checks.

Constipation

- Opioid pain medication commonly causes constipation. Start a stool softener and/or gentle laxative if needed, drink fluids, and stop these medicines if you develop loose stools or diarrhea.
- If you go several days without a bowel movement despite over-the-counter treatment, call the office.

Smoking / nicotine

- Do not smoke, vape, or use nicotine after fusion surgery. Nicotine can significantly interfere with bone healing and increase the risk of failed fusion.

Call right away for

- Increasing pain that is not controlled with the prescribed medication plan.
- New or worsening weakness, numbness, tingling, loss of balance, or new trouble using your arms or legs.
- Redness, swelling, warmth, drainage, or a bad smell from the incision.
- Fever of 101 F or higher.
- Inability to urinate, loss of bowel or bladder control, or new saddle numbness.
- New calf pain or swelling, chest pain, coughing up blood, or shortness of breath.

Questions or concerns: call the office. For chest pain, severe shortness of breath, or another emergency, call 911 or go to the nearest emergency department.