

Anterior Cervical Discectomy and Fusion (ACDF)

Pre-Operative:

There are no specific preoperative exercises or preparation. Since the surgical approach is through the front of the neck, I do ask that gentlemen with long beards trim them prior to surgery. Since there will be a bandage in place on the front of the neck after surgery, bring a loose fitting shirt or blouse to wear post-operatively.

Further instructions will be provided during the preoperative appointment.

Hospital Stay:

Most patients are discharged home the same day or first post operative day of their surgical procedure. The surgical procedure should take about 1.5-2 hours for a single-level surgery, longer if multiple levels are treated. Following surgery, there may be a small drainage tube in place, so that any bleeding that occurs overnight will be collected. The following morning, we will remove the drainage tube. Sutures are dissolvable and do not need to be removed.

Post-Operative:

You will be given several different medicines to help control your pain. These medications are weaned over a 1-3 week period.

The bandage that you go home with should be kept on for 2 weeks. It is ok to shower as long as your bandage remains clean and dry. If it gets wet or saturated it may require changing. Please give us a call if this occurs.

You will be given a hard, cervical collar to wear for 4-6 weeks. Non-impact aerobic exercise such as walking can be initiated as soon as you feel comfortable. Heavy exercise, high impact activity, and heavy lifting (more than 20 pounds) should not be performed in the first 6 weeks, until after you see me in clinic for your second post-operative visit. I ask that you refrain from any repetitive impact activity such as using a lawnmower (ride or push), boats, motorcycle, skid steer, or any other activity that can produce repeated jarring motions for 3-4 months after surgery.

You may find it more comfortable to eat soft foods for the first 24 to 48 hours after surgery. Some patients may experience some swallowing difficulty or may have a sore throat post-operatively. You may find that ice applied to the front of the neck can help reduce this irritation. Pain medication should be weaned down after the first week of surgery. Tylenol is okay at any time. I prefer you not take NSAIDs (ibuprofen, naproxen, etc.) for 12 weeks.

Follow Up:

You will be provided an appointment to see me at 2 weeks. At your first follow-up visit in 2 weeks we will examine your incision and we will evaluate your x-rays.

The second follow up appointment is in 6-8 weeks. At this visit you will be instructed in skin massage techniques to minimize scar formation. We will again review your x-rays together to make sure nothing has changed.

The third follow up appointment will be in 12-14 weeks, after this visit you will likely no longer have any activity restrictions. I do ask that future follow-up appointments be kept at 6 months and 1 year following surgery for routine X-rays.

Constipation:

- To prevent constipation you should take the Colace 1 tablet twice a day (stool softener) until you have regular bowel movements, then can take once a day.
- You may also take over-the-counter Sennakot 1-2 tablets twice a day (gentle laxative)
- Take these medications until you have regular daily bowel movements, then decrease to once a day.
- You should hold these medications if you experience loose stool or diarrhea. It is also best to stay well hydrated to avoid constipation.

Smoking, Vaping, E-Cigarettes:

Failure of fusion is as high as 65% in smokers and nicotine users. Therefore, spine patients should not smoke or use nicotine for 6 months after surgery. This is your time to quit.

Do not smoke, as this interferes with bone healing. Smoking can also increase your risk of wound healing complications and infection. If you cannot quit – please refrain from smoking 1-2 months before and 6 months after your surgery.

CALL IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- Pain that is continually increasing or not relieved by pain medicine
- Any new weakness, numbness, tingling in your extremities
- Any signs of infection at the wound site: redness, swelling, tenderness, drainage
- Fever greater than or equal to 101° F
- Any change in your bowel or bladder function including inability to urinate or bowel or bladder accidents.
- New tenderness in your calf, redness or discoloration of the leg, new shortness of breath, coughing up blood, or chest pain. These may be signs of a blood clot.

Report to the local Emergency Department with chest pain, shortness of breath, difficulty breathing, or any other acute events.

You may not drive while taking pain medications and/or muscle relaxants.

Driving will be discussed at your first post operative appointment. Do not drive until cleared by your physician.