

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.

At your preoperative appointment you will be provided a special soap to use on the specific area to be operated on starting 3 days before surgery. Further instructions will be provided during the preoperative appointment.

Hospital Stay:

Most patients are discharged home the day following their surgical procedure. The surgical procedure should take about 90 minutes for a single-level surgery, longer if multiple levels are treated. Following surgery, there will be a small drainage tube in place, so that any bleeding that occurs overnight will be collected. The following morning, I will remove the drainage tube. Sutures are dissolvable and do not need to be removed.

Post-Operative:

You will have a customized **Pain Plan** that will be formulated during your pre-operative clinic visit. Usually, several different medications are used, and are weaned over a 2-3 week period.

The dressing that you are discharged with should remain in place for 1 week. You will be given items to change your dressing after 1 week which you will use for another week. You can shower, but please keep the incision and bandage dry.

You will be given a hard, cervical collar to wear for 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.

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.

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 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 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.

Blood sugars:

Your blood sugars were monitored prior to meals and 2 hours after dinner. Ideally, post surgery your blood sugars should be less than 130 to help reduce the risk of infection. You can simply decrease your blood sugars by reducing the number of carbohydrate or sugars you eat. At your next PCP appointment, you should discuss your blood sugar. You do not need to continue to check them daily or take insulin at home.

Smoking:

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.

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.