



Post-Operative Instructions Anterior Cervical Discectomy and Fusion (ACDF)

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This surgery is occasionally performed on an outpatient basis. The following document is written in the context of you being admitted to the hospital prior to discharge. Variations in instructions may be addressed if your surgery is done as an outpatient.

WOUND CARE:

Your dressing will be changed prior to discharge from the hospital. You may have a drain placed at the surgical site during surgery that will be removed prior to discharge. Your incision will be closed with absorbable sutures that are all under the skin, so sutures need to be removed later on. After surgery, the incision is covered with steri-strips which help protect the skin edges as they are healing. You will leave the hospital with a dressing taped over the incision site. This should be left in place until you are about to take your first shower post-operatively. You should remove the gauze dressing and you will note the steri-strips underneath. It is okay to get the incision wet in the shower and let water run over it, but you should not soak in a bathtub or a pool. The steri-strips should remain in place until they either fall off on their own or they are removed in clinic. In order to keep them in place, you should not scrub the area directly in the shower and you should gently dab the area dry with a towel. It is not abnormal to have some small spotting of blood on the dressing when you remove it for the first time, but if you notice that you are having continued drainage (clear, ongoing bleeding, yellow-green, foul-smelling) then you should call our office to let us know.

BRACING:

You may be prescribed a brace after your cervical spine fusion surgery. You should remove this brace only for taking showers and while eating. You should wear it at all other times (even when sleeping). You will be instructed in clinic when it is okay to stop wearing the brace.

DIET:

- After surgery, some patients experience nausea. This can be related to anesthesia or pain medication. In the hospital you will be started on clear liquids and light food, and you will progress slowly to your normal diet if not nauseated.
- Ideally you will be eating a regular diet without any significant nausea or vomiting prior to discharge.
- Almost all patients will have some amount of swelling in the throat and a sore throat after this surgery. This sometimes makes it painful to swallow food initially. You should take small bites and chew food well to avoid problems with this.
- You should also try to take a high fiber diet and/or fruit juice to aid with constipation that may result from post-operative pain medications. This will supplement stool softeners or laxatives prescribed upon discharge from the hospital.

MEDICATION:

- Pain medication can cause constipation. If you've had problems with constipation related to pain medications previously, then you should take some over-the-counter laxatives or stool-softeners in the couple days leading up to your surgery to help avoid this.
- Vistaril (hydroxyzine) will commonly be prescribed post-operatively for multiple reasons: anxiety, nausea, vomiting, itching. Take this medication as needed per the instructions.
- Most prior home medications may be resumed after surgery unless specifically directed by your surgeon, your primary care doctor or a physician during your hospital stay.
- If you usually take an anticoagulant or blood thinner (Plavix/clopidogrel, Coumadin/warfarin, Aspirin, Xarelto/rivaroxaban, Eliquis/apixaban, heparins, etc.), you should ask your surgeon when it is safe to restart this medication. Baby Aspirin (81mg) and Coumadin can usually be started once the drain has been removed.
- Patients are usually given a prescription for narcotic pain medication upon discharge from the hospital. Please take this medication AS NEEDED, and no more than is prescribed. Note that if you take more medication than is prescribed you will run out sooner than you are supposed to and your insurance company likely will not pay for a refill. If your pain is not adequately controlled with the prescribed medication, then please call our office.
- You can place an ice pack on the surgical site with a cloth between the ice pack and skin several times daily to help with local pain.
- Try to take pain medication with food to help decrease nausea.

- Some prescribed pain medication may already have Tylenol (acetaminophen) mixed with it. Examples are Percocet, Norco, Vicodin, Lortab, etc. Do not take any medications that include Tylenol while taking these pain medications. Taking too much Tylenol can cause liver damage.
- After a fusion surgery I advise my patients not to take NSAIDs for a period of approximately 3 months. This includes medications such Advil, Motrin, ibuprofen, Aleve, etc.
- Taking pain medication prior to bedtime may help with sleeping.
- Do not drink alcohol or drive while taking prescribed narcotic pain medication (hydrocodone, oxycodone, Percocet, Norco, dilaudid, etc.).
- Pain medication typically takes about 30-45 minutes to take effect. Don't wait until pain is severe to take pain medication.
- Pain medication likely will not take away all of your pain. It is okay and expected to have some discomfort.
- Because of the risks of prolonged narcotic use, we will plan to wean off these medications after surgery as soon as tolerated. The duration of need is variable between patients, but in most cases no more than two weeks of narcotic pain medications will be prescribed.

ACTIVITY:

- For the first two weeks after surgery - prior to your first post-operative follow up visit - you should limit your lifting to no more than 10 pounds (roughly what a gallon of milk weighs).
- You should avoid any excessive bending or twisting of the neck beyond what is needed for normal daily activities. If you are prescribed a brace, that will limit your motion accordingly.
- Walking is your main form of initial therapy after this surgery and is encouraged to avoid deconditioning, blood clots and respiratory complications. You should take several short walks on a daily basis, even if it is just within your home. You can increase the frequency and length of walks as tolerated by your pain and comfort level.
- Formal physical therapy is NOT recommended in the immediate post-operative period. Your need for formal physical therapy will be determined in future follow-up visits. You may not need any physical therapy.

REASONS TO CALL THE OFFICE:

- Fever above 101.5°F
- Excess pain or swelling of the calf
- Drainage at surgical site – bloody, clear, yellow-green, malodorous
- Redness and swelling around the surgical site, especially if increasing with time.
- Worsening pain in the operative site that is not controlled with the prescribed medication
- Excess nausea/vomiting that is interfering with food and fluid intake
- Progressive numbness, weakness or pain in the arms legs should be evaluated emergently.
- Progressive difficulty with swallowing or any respiratory distress due to swelling in the neck should be evaluated emergently.
- Inability to empty your bladder.
- Any other questions or concerns that are not addressed above

FOLLOW-UP APPOINTMENT:

- In most cases we will call you in the days following discharge from the hospital to check on you and see how you are doing. At that time we will make a post-operative follow-up appointment that will be for approximately 2 weeks after surgery.
- If you prefer to make this appointment at the time of scheduling your surgery, that is fine as well.
- The typical follow-up intervals for anterior cervical discectomy and fusion surgery are: 2 weeks, 6 weeks, 3 months, 6 months, 1 year and 2 years post-op. Activity restrictions will be progressively lifted during the first several visits, but depending on the extent of your surgery you may have a permanent activity restriction.
- X-rays of the cervical spine will be taken at all follow-up visits to evaluate the status of your fusion.

During normal business hours (Monday-Friday 7:30AM to 5:00PM) you can reach my clinical assistant Lauren at (651) 275-2705 and after hours you can reach the on-call physician at (651) 439-8807. In an emergency you should call 9-1-1.