



Frequently Asked Questions Anterior Cervical Discectomy and Fusion (ACDF)

Kurt J. Duncan, MD
Clinical Assistant: Lauren G., ATC
Office: (651) 275-2705
Fax: (763) 302-2738

WHAT DOES THE SURGERY ENTAIL?

Anterior cervical discectomy and fusion (ACDF) surgery is done for multiple reasons. Commonly to remove pressure on the spinal cord or nerve roots. This surgery is done with the patient under a general anesthetic. A small incision is made in the front of the neck after checking the level with an x-ray. The intervertebral disc(s) is removed with surgical tools from the front. Additional bone spurs may need to be removed. Bone graft material is placed into the space where the disc was. A plate and screws are then secured to the front of the vertebral bones being fused together. Bleeding is stopped and the incision is closed in layers with dissolvable sutures. Sometimes a drain will be placed in the surgical site to allow any residual bleeding to drain out. Patients are usually admitted to the hospital after this surgery.

WILL I NEED TO STAY OVERNIGHT AFTER SURGERY?

Patients are usually admitted to the hospital after this surgery. The length of stay is variable depending on the extent of the surgery and patient co-morbidities. For a single-level fusion, patients are usually observed overnight and go home the following morning. This allows us to make sure that your pain is well-controlled on oral medications prior to discharging home, to make sure that you are able to swallow regular food comfortably and to monitor the drain output which will usually be removed the morning after surgery.

HOW LONG DOES THE SURGERY TAKE?

The length of surgery depends on each individual patient's circumstances and diagnosis. Sometimes patients may need more than one level decompressed and fused.

ARE THERE RISKS INVOLVED IN THIS SURGERY?

There are risks and benefits of every medical or surgical intervention. The risks of anesthesia are largely based on the patient's general physical health and usually investigated further at your pre-operative evaluation with your primary care doctor and by the anesthesia provider prior to your surgery.

The risks of surgery include – but are not limited to – infection, bleeding, blood clots, pain that persists after surgery, potential nerve or spinal cord damage, tear of the sac around the nerves (dural tear). All possible precautions are taken to reduce these risks. Specific to fusion surgeries is the risk of non-healing fusion (pseudoarthrosis). There is also a risk that the level above or below a fused level will have an accelerated rate of degeneration due to the spine being stiffer. If you are undergoing anterior cervical discectomy and fusion surgery, we will discuss these risks in further detail at your pre-operative visit.

WHAT IS THE FOLLOW-UP PROTOCOL?

The typical follow-up protocol is for patients to return to clinic 2 weeks after surgery to make sure the incision is healed. Further follow-up is usually scheduled at 6 weeks, 3 months, 6 months, 1 year and 2 years post-surgery. Additional follow-up visits may be required depending on the patient's specific circumstance.

HOW LONG IS THE RECOVERY AFTER SURGERY?

It depends what one means by "recovery." Patients will be up walking around within the first day after surgery and throughout the early post-operative period. If surgery is being done for arm pain due to nerve root compression, this pain is usually significantly improved shortly after surgery. If weakness or numbness was present prior to surgery these symptoms may take longer to recover. In some cases, it may not fully recover. If surgery is being done for symptoms of spinal cord compression (myelopathy), neurologic function is not always fully recovered and may take several months to improve.

WILL I HAVE ANY RESTRICTIONS AFTER SURGERY?

Patients have restrictions after anterior cervical discectomy fusion surgery to ensure that the soft tissues can heal and so the bone graft fusion eventually heals appropriately as well. Usually, lifting is limited to no more than 10 pounds (roughly what a gallon of milk weighs) for the first two weeks. Neck range of motion will be limited by a brace that is frequently prescribed in the post-operative period from surgery. Patients are encouraged to walk around as tolerated for exercise however. If you are undergoing an anterior cervical discectomy and fusion surgery, details regarding your post-operative restrictions would be discussed in greater detail in clinic.

WILL I NEED A BRACE AFTER SURGERY?

In most cases I prescribe a brace for patients to wear after anterior discectomy and fusion surgery. The style of brace and the length that the patient must wear it depends on the specifics of the surgery and various other factors. Initially the brace should be worn at all times except when showering and when eating meals. This means that it should be worn even during sleep.

HOW MUCH PAIN WILL I HAVE, AND WILL I RECEIVE PAIN MEDICATIONS?

Everyone has a different pain tolerance. Prior to discharge from the hospital the goal is to have your pain controlled on an oral medication only. Some patients take only a few days of prescribed pain medications after surgery. Some patients have a tolerance to these medications and may need them for a longer period of time after surgery. A rough estimate for the length of need would be 2 weeks after surgery.

DO I NEED TO TAKE ANY OTHER MEDICATIONS AFTER SURGERY?

In addition to pain medications, patients receive prophylactic antibiotic medications in the hospital to avoid an infection at the surgical site. Due to side-effects from the pain medications many patients may also need to take stool softeners to prevent constipation, anti-histamine medications to help with itching, and an anti-nausea medication.

WHEN CAN I START TO DRIVE AFTER SURGERY?

Most people can start driving when they are off of narcotic pain medications. It is illegal to drive a car while taking narcotics. You must also be able to comfortably maneuver your foot from the gas pedal to the brake pedal quickly and be able to check your mirrors and blind spots prior to driving. Wearing a brace may preclude safe driving.

HOW DO I CARE FOR MY SURGICAL INCISION?

The incision is closed with absorbable sutures that are under the skin and small Band-Aid like dressings called steri-strips are placed on the skin. A sterile dressing is applied over top of these. If you have a drain placed at the surgical site, the dressing will be changed when the drain is removed. When you get home from the hospital it is okay to get the incision wet in the

shower, but you should not soak in a bathtub. The steri-strips should remain in place until they fall off on their own or they are removed at your first post-op visit. While showering you should not scrub the area directly and you should lightly dab the incision dry with a towel after. There may be small spots of blood on the dressing when you remove it for the first time, but it should remain dry thereafter. If you notice that you are having continued bleeding or if there is drainage from the surgical site then you should call our office to let us know.

DO I NEED TO DO PHYSICAL THERAPY AFTER SURGERY?

Walking is your main form of therapy in the immediate post-operative period 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.

Physical therapy is NOT recommended in the immediate post-operative period. Your need for physical therapy will be determined in future follow-up visits. You may not need any formal physical therapy at all.

Helps us improve our care: What other questions would you like to have answered regarding anterior cervical discectomy and fusion (ACDF) surgery? Please contact my team for further information and we will address your questions.

During normal business hours (Monday-Friday 7:30AM to 5:00PM) you can reach my clinical assistant Lauren at (651) 275-2705