



Nathan Wanderman, MD

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Anterior Discectomy and Fusion

WHAT IS THE SURGERY?

- Dr. Wanderman makes a small horizontal incision on the front of the neck. Whenever possible he will place the incision in one of the natural skin folds of your neck to try to hide the surgical scar. He then gently moves the trachea (windpipe) and esophagus (eating tube) to the side to get to the spine.
- Dr. Wanderman then removes the affected disc(s) and bone spurs to take the pressure off of the spinal cord and/or nerves to the arms.
- After that Dr. Wanderman places a “cage” (medical grade titanium) between the bones to encourage them to grow together.
- Once the cage is in position Dr. Wanderman will place a metal plate with screws into the affected bones to hold them in place while they heal together.

WHY IS THE PROCEDURE PERFORMED?

- This surgery is often done to alleviate pressure on the spinal cord or the nerves that go to the arms. Most of the time the pressure on these nerves has developed due to arthritic changes or from disc herniations. Other reasons for this surgery include trauma which has caused fractures of bones in the neck, or tearing of ligaments in the neck.

WHAT TO EXPECT AFTER SURGERY

- You may wake up with a small drain tube coming from your incision (if one is placed, the drain will be removed the following day).
- Most people have a sore throat and a “lump” sensation in their throat when they wake up, this usually lasts for approximately 2 weeks.
- Frequently, patients feel achiness/pain between their shoulder blades and in their upper back following the surgery. This is a result of stretching the ligaments in the spine back to their original height and is expected - this will resolve gradually over a few weeks.
- For most 3+ level fusions, and some 2 level fusions where bone quality is a concern, Dr. Wanderman will ask you to wear a hard neck collar for around 6 weeks after surgery.
- Immediately following your discharge from the hospital, you may resume light activity, such as walking, and light household chores. Dr. Wanderman asks that you refrain from

more vigorous activities until at least the 3-week mark after surgery, to avoid having sweat get into your healing incision.

- Your first post-op check will be scheduled 2 weeks after your surgery. Your second post-op check will be scheduled 6 weeks after your surgery, and new x-rays will be taken at that time.
- Postoperatively patients typically return to work within 1-2 weeks if they have a sedentary job. For more physical jobs, Dr. Wanderman will work with you to determine the ideal time to return to work, often around the 6-week mark.

WHAT ARE THE LONG-TERM EFFECTS OF SURGERY?

- Most patients wonder about the motion that they will have in their neck after a fusion surgery. The answer is dependent on how many bones need to be fused together. For a smaller fusion (two bones), most people do not notice a large difference in their range of motion after surgery. As more bones need to be included in the fusion, more motion is given up (for each disc removed, around 10 degrees of up-down and side-to-side motion is given up).
- Even with a 5-level fusion, people typically still have around 50% of their motion. This is because most of your motion come from the two bones at the very top of the neck, which are not treated with this type of surgery.
- Most people can resume all normal activities 3 months after surgery.