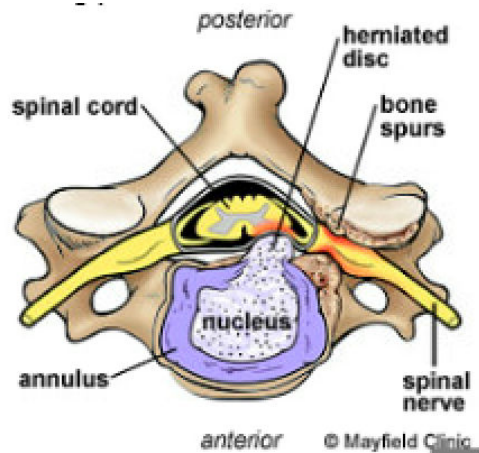


Anterior Cervical Discectomy and Fusion

Anterior cervical discectomy with fusion is a surgical procedure that involves relieving the pressure placed on nerve roots and/or the spinal cord by a herniated disc or bone spurs in the neck - a condition referred to as nerve root compression.

What Is Anterior Cervical Discectomy and Fusion?

Cervical refers to the 7 vertebrae of the neck. Discs are the spongy pads made of cartilage between each vertebra, and *ectomy* means “to take out”. In a cervical discectomy, the surgeon accesses the cervical spine through a small incision in the neck and removes all or part of the disc - and/or in some cases bone material - that’s pressing on the nerves and causing pain.



Spinal fusion involves placing bone graft in place of the disc, between two affected vertebrae, to promote bone growth between the vertebral bodies. The graft material acts as a binding medium and also helps maintain normal disc height. As the body heals, the vertebral bone and bone graft eventually grow together to join the vertebrae and stabilize the spine.

Why Do I Need This Procedure?

If you have a herniated disc, this means that the *nucleus pulposus* – the soft, gel-like center of the disc - has pushed through the *annulus fibrosus*, the disc’s tough, outer ring. Bone spurs, also called *osteophytes*, can form when the joints of the spine calcify.

Pressure placed on nerve roots, ligaments or the spinal cord by a herniated disc or bone spur may cause:

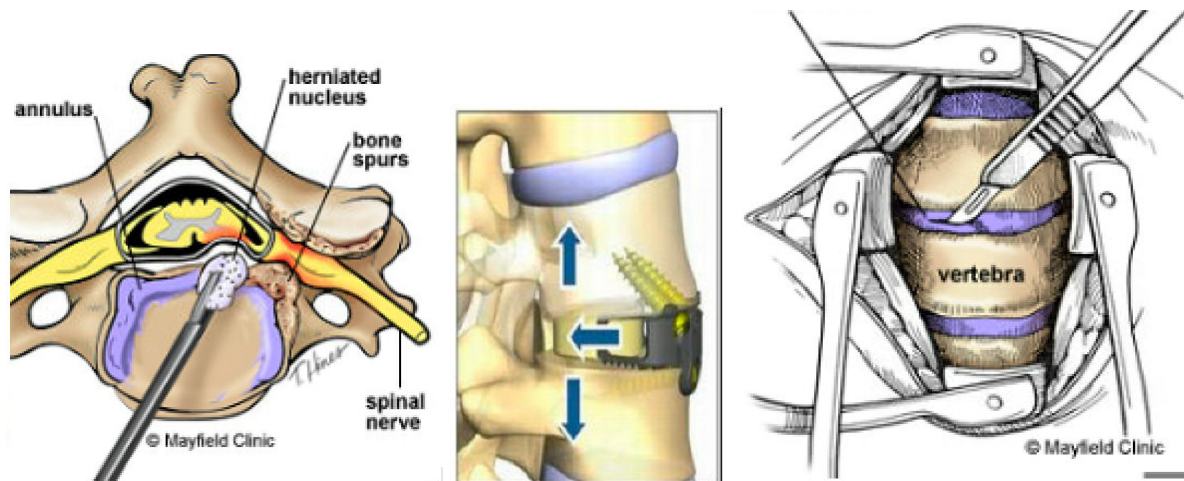
- Pain in the neck and/or arms
- Lack of coordination
- Numbness or weakness in the arms, forearms, or fingers.
- Pressure placed on the spinal cord as it passes through the cervical spine can be serious, since most of the nerves for rest of the body (e.g., arms, chest, abdomen, legs) must pass through the neck from the brain. A cervical discectomy can ease pressure on the nerves, ultimately providing pain relief.
- An anterior cervical discectomy with spinal fusion is typically recommended only after non-surgical treatment methods fail. Your surgeon will take a number of factors into consideration before making this recommendation, including the condition to be treated, your age, health and lifestyle and your anticipated level of activity following surgery. Please discuss this treatment option thoroughly with your spinal care provider.



How Is An Anterior Cervical Discectomy With Fusion Performed?

Through a small incision made near the front of the neck, the surgeon:

- Removes the intervertebral disc to access the compressed neural structures
- Relieves the pressure by removing the source of the compression
- Places a bone graft between the adjacent vertebrae
- In some cases, uses instrumentation – metal plates or pins that will provide extra support and stability to help ensure proper fusion.



How Long Will It Take Me To Recover?

Your surgeon will have a specific post-operative recovery/exercise plan to help you return to your normal activity level as soon as possible. The amount of time that you have to stay in the hospital will depend on this treatment plan. You typically will be up and walking in the hospital by the end of the first day after the surgery. You may return to work in 3-6 weeks, depending on how well your body is healing and the type of work/activity level you plan to return to. Work closely with your spinal surgeon to determine the appropriate recovery protocol for you, and follow his or her instructions to optimize the healing process.

Are There Any Potential Risks Or Complications?

All treatment and outcome results are specific to the individual patient. Results may vary. Complications such as infection, nerve damage, blood clots, blood loss and bowel and bladder problems, along with complications associated with anesthesia, are some of the potential risks of spinal surgery. A potential risk inherent to spinal fusion is failure of the vertebral bone and graft to properly fuse, a condition that may require additional surgery.

Please consult your physician for a complete list of indications, warnings, precautions, adverse effects, clinical results and other important medical information that pertains to the anterior cervical discectomy with fusion procedure.

Postoperative Guidelines for an Anterior Cervical Fusion

Incision care

- Your incision is on the front of your neck.
- Your incision is closed with sutures (also called “stitches”) on the inside of your skin. These are absorbed over time by your body. The outside of your skin is closed with a skin glue. The skin glue will eventually come off in its own time.
- Sometimes patients may need sutures on the outside of their skin. If you have sutures on the outside, these will be removed at your follow up appointment. (must be removed 10-14 days after surgery)
- You may take a shower. Do not scrub your wound, but gently cleanse it and pat dry.
- Do not submerge your neck into water or a tub for 6 weeks.
- Leave the wound open to dry unless otherwise directed. If you choose to apply a dressing on the incision, please change dressing once a day.
- It is normal to have a small amount of brown to reddish colored ooze for a few days.

- Do not apply ointments or creams to the incision.
- Some patients need to wear a cervical collar or brace after surgery. Our office will instruct you on when to wear it.
- Some patients may also need a bone growth stimulator. If so, the company will contact you after your surgery. If you have questions about this, please contact our office.
- If you experience an increase of swelling around the incision that causes difficulty with swallowing call our office. If you have swelling and difficulty breathing, go to the ER.

Pain Expectations

- It is normal to have pain in between your shoulder blades. There are many muscle groups in the back of the neck that are stretching to accommodate the new disk space that was created. This will improve over the next few weeks
- Pain with swallowing is normal after this surgery. This occurs because your trachea (windpipe) and your esophagus (tube connecting your mouth to your stomach) must be gently held aside during surgery. This should improve over the next few weeks. If you are having difficulty with swallowing, eat a soft diet. Avoid foods such as meats and breads as these often may feel “stuck” when swallowing.
- If you cannot swallow food or liquids you should call our office.
- It is normal to have a sore throat after endotracheal intubation, and this will improve over the week after surgery.

Medications

- You will be given prescriptions for a pain medication and a muscle relaxer.
- Do not take pain medication on an empty stomach. This may make you feel nauseated.
- Do not drink alcohol if you are taking pain medication.
- Patients usually require these medicines for at least 4-6 weeks after surgery.
- If you feel that your pain is well tolerated, you may begin to wean yourself off of your pain medication sooner than your post-op visit.
- Because pain medication can cause constipation, it is important to have stool softeners and laxatives at home such as Senna or Colace to prevent constipation
- Take the stool softener daily and use the laxative as needed
- If you still have constipation after using these medicines, you may use an over-the-counter suppository or enema.

Medications to avoid

- No Advil, Aleve, Motrin, Naprosyn, Ibuprofen, Naproxen, Mobic, Meloxicam, Celebrex, Diclofenac, or any other anti-inflammatory medication. These medicines may impair fusion.
- If you normally take these medications for other medical conditions such as arthritis, we ask that you hold these until otherwise discussed at your office visit.
- NO blood thinners such as Aspirin, Coumadin, Warfarin, Xarelto, Plavix, etc. for 5-7 days after your surgery. We will tell you when you may resume your blood thinners.

Therapy

- When you are at home, walk between 30-60 minutes a day, but not all at the same time. Divide your walks into smaller intervals of 10-15 minutes at a time.
- It is important to walk for your overall recovery for a number of reasons. Getting out of bed is good for your lungs, it prevents blood clots from forming in your legs, and speeds your recovery.
- Do not sit for more than an hour at a time. Move around to prevent your muscles from tightening and becoming stiff, which can lead to more discomfort.
- Use your common sense, if your body says that it is tired, listen to it.

Restrictions

- Activities such working above your shoulders and lifting >10 lbs are restricted during your recovery period, which is about 6 weeks.
- This means NO household chores such as vacuuming and laundry, hobbies such as golfing, and yard work and gardening.

- If you have young children or grandchildren, do NOT pick them up.
- You may drive as long as you are not taking narcotic pain medication.
- If you are unable to work due to these restrictions, please let us know if we need to complete any paperwork for your employer.

Diet

- Soft foods for the first week is recommended. These include soups, puddings, oatmeal, liquids, mashed potatoes, vegetables and fruits, etc. Avoid breads and meats such as steak as these may cause discomfort.
- You may advance your diet to more solid food when you feel comfortable swallowing

Smoking

- Smoking constricts your blood vessels which carry oxygen and nutrients to your healing bone and muscles.
- It also slows down the bone healing process and may possibly lead to failure of fusion of the bone graft
- Carefully consider quitting smoking during this time. If you would like help in smoking cessation, please let us know.

Sexual Activity

Back and neck pain can interfere with your sex life, but we want you to resume normal relations with your partner as soon as possible after surgery. We recommend avoiding sex for 6 weeks after surgery. Once you have begun the healing process, use the position that is most comfortable. You may find that lying on your back is the most comfortable if you can support your partner's weight or your partner can support him/herself with arms and knees. Side lying may also be comfortable since neither partner is bearing the burden of the weight. Decide if a small pillow at the waist is helpful in supporting the spine and you will probably want a pillow located under your neck and head. Be sure you communicate your fears and concerns with your partner before you resume sexual relations.

Call our office if you have any of these symptoms:

- Fever > 101 degrees
- Constipation that is not relieved by stool medications
- Redness, warmth, or significant drainage from your incision
- Shortness of breath or Chest Pain
- Pain, swelling, or redness in your calves
- Unexplained incontinence or accidents involving your bladder or bowel, or if you are unable to urinate
- Worsening neck or arm pain
- Inability to tolerate a diet

Follow up appointment

- We have scheduled a follow up appointment for you that is about 4-6 weeks after your surgery
- You will be provided with a card listing the date and time
- If you need this appointment changed, please call our office
- **If you are experiencing any problems or have any questions, please call Morgan at ext. 203**

6 Tips for Recovery from Spine Surgery

1. Put commonly used items within reach.

In the early stages of recovery from spine surgery, patients should avoid bending, lifting, and twisting. It is helpful to place items you use daily on the countertops or shelves where you can easily reach them. Keep toiletry items near the sink. Place dishes on the kitchen counter. You may choose to purchase disposable plates, cups, and cutlery to avoid the need to wash dishes for the first few days after you return home.

2. Arrange for someone to stay with you.

If you live alone, it is a good idea to have a friend or family member stay with you for the first few days after surgery. You may need help with errands or getting around the house. If you require more extensive help after surgery, Dr. Grunch may arrange for home health services.

3. Prepare meals ahead of time.

It can be difficult to prepare healthy meals the first few days you are recovering from back surgery. Prepare your meals ahead of time that you can keep in your freezer. You should also stock your refrigerator and pantry with healthy snacks so you are not tempted to reach for unhealthy convenience foods.

4. Items like slip-on shoes and grabbers can help to avoid bending.

Bending is restricted after surgery. You may want to have shoes that you can easily slip on to avoid bending over to tie your shoes. If you are doing physical therapy exercises or walking for longer periods of time, you may want to have someone help you lace up your shoes instead of wearing slip-on shoes. Grabbers are hand-held devices that are about 2-3 feet long and have a grabber on the end to pick up small items. They can be purchased at large department stores and pharmacies.

5. Take precautions to avoid slipping.

Patients are encouraged to get up and walk around to avoid stiffness. You will want to make sure to avoid any slipping hazards in your walking path. Before surgery, make sure that the areas where you will be walking are clear of tripping hazards. Electrical cords should be secured and out of the way. Rugs should be removed or taped down. A shower mat can help avoid slipping in the shower.

6. Make sure you have extra pillows for support when sitting or lying down.

When lying on your back, a pillow placed under the knees can help to take pressure off your lower back. If you prefer to lay on your side, you can place a pillow between your knees. Reclining chairs and donut pillows can sometimes help to increase a patient's comfort while sitting.

By taking time to prepare yourself and your home before surgery, it will help to ease your mind to know that everything is in place for you when you return home from surgery