



(470) 293-9800
southernneurosurgery.com

YOUR SURGERY PACKET

Anterior Cervical Discectomy and Fusion (ACDF)

Patient name: _____
Surgery date: _____
Surgery location: _____
Follow-up appointment: _____

What's in this packet

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Before you go

- Read Part 1 before surgery so you know what to expect.
- Keep Part 2 handy at home. It covers recovery, medicines and when to call us.
- You will also get a separate Surgery Day Guide for the hospital or surgery center where your operation is scheduled. It has arrival and parking details.
- Have a question after surgery? Our Virtual Assistant answers 24/7 (see Part 3).
- Bring this packet to your appointments and write down your questions.

**Questions? Our Virtual Assistant is available 24/7:
md-aid.com/c/southernneurosurgery · or call (470) 293-9800**

For chest pain or trouble breathing, call 911 or go to the nearest ER.

This packet is for educational purposes only. It is not medical advice and does not replace individualized care from a licensed physician. Always follow the specific instructions Dr. Grunch and her team give you, and contact your provider about your personal symptoms.

ABOUT YOUR SURGERY

Anterior Cervical Discectomy and Fusion (ACDF)

When a damaged disc in the neck is pinching a nerve or pressing on the spinal cord, an ACDF can often correct the problem, relieving arm pain and protecting the spinal cord. It is one of the most successful and well-studied operations in spine surgery.

What Is an ACDF?

ACDF stands for anterior cervical discectomy and fusion. “Anterior” means the surgery is done from the front of the neck, “cervical” refers to the neck, “discectomy” means removing the disc, and “fusion” means joining two vertebrae so they heal into one solid bone.

During an ACDF, the damaged disc and any bone spurs or disc fragments pressing on a nerve or the spinal cord are removed. This creates more space and relieves the source of your symptoms. A spacer filled with bone graft is then placed in the empty disc space to restore its normal height, and a small plate and screws are usually placed on the front of the spine to hold everything steady while the bones heal together over the next several months.

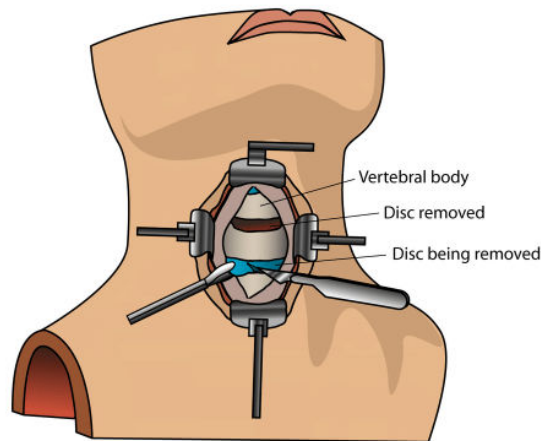


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Who Needs an ACDF?

- Arm pain, numbness, tingling or weakness from a pinched nerve (cervical radiculopathy) that hasn't improved with conservative care
- Spinal cord compression (cervical myelopathy) causing clumsy hands, trouble with buttons or handwriting, or poor balance
- A herniated disc, bone spurs from cervical spondylosis, or disc degeneration at one or more levels
- Instability or arthritis that makes a fusion a better choice than a disc replacement

For some patients with healthy facet joints and good bone quality, a cervical disc replacement may be an option that preserves motion. Dr. Grunch performs both and will help you decide which is best for you.

Call 911 or go to the nearest emergency room if you have sudden weakness in your arms or legs, sudden trouble walking, or new trouble controlling your bladder or bowels.

How an ACDF Is Done

- **Anesthesia and monitoring:** You'll be fully asleep, lying on your back. Nerve monitoring may be used to protect the spinal cord and nerves.
- **A small incision:** Dr. Grunch makes a small horizontal incision in a natural skin crease on the front of the neck.
- **Gentle access:** The windpipe and esophagus are gently moved aside through a natural space between the muscles.
- **Removing the disc:** Using a microscope, the disc is removed along with bone spurs and fragments pressing on the nerves or spinal cord.
- **Placing the spacer:** A spacer filled with bone graft is placed in the disc space to restore its height and open up the nerve passages.
- **Stabilizing:** A small plate and screws are usually placed on the front of the spine.
- **Closing:** The incision is closed with dissolvable stitches and skin glue.

Benefits and Risks

Benefits

- Relief of arm pain for most patients, often soon after surgery
- Removes pressure from the spinal cord and helps prevent further damage
- Restores disc height and opens the nerve passages
- A long track record of reliable results

Risks

- Sore throat, trouble swallowing or hoarseness, which usually improve over several weeks
- Infection or bleeding
- The bones not fusing (nonunion), which is more common in people who smoke
- Extra wear at the levels above or below the fusion over time (adjacent segment disease)
- Nerve or spinal cord injury, which is rare
- Risks related to anesthesia

What to Expect

Before surgery

You'll meet with Dr. Grunch or one of her physician assistants to review your imaging, your exam and your goals, and to decide together whether an ACDF is right for you. Our team will coordinate any pre-operative testing, review your medications (including blood thinners you may need to pause) and walk you through the day of surgery so nothing is a surprise. If you smoke or use nicotine, stopping before surgery lowers the risk of complications.

Procedure day

An ACDF usually takes one to two hours per level. Many patients go home the same day, and some stay one night in the hospital, especially after a multi-level surgery. You'll be up and walking the day of surgery.

Recovery timeline

- **First two weeks:** Arm pain often improves quickly. A sore throat, trouble swallowing and pain between the shoulder blades are common and improve over several weeks. You will wear a cervical collar until your follow-up visit.
- **Three to six weeks:** Many patients return to work, depending on the job. Most patients taper off pain medication within a few weeks; the muscle relaxer may be needed a little longer.
- **Four to six weeks:** Your follow-up visit, with X-rays to check healing.
- **Three to twelve months:** The bones continue to fuse. Most patients are back to normal activities, and numbness and strength can keep improving.

Every patient heals differently. Your exact timeline will depend on your symptoms, your job and your overall health.

Your post-operative guidelines explain how to care for yourself at home, and when to call our office.

Questions after surgery? Our Virtual Assistant answers common questions 24/7 at md-aid.com/c/southernneurosurgery, or call our office at (470) 293-9800. For chest pain or trouble breathing, call 911.

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AFTER YOUR SURGERY

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.
- 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.
- You will need to wear a cervical collar 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.
- Most patients can taper off the pain medication within a few weeks. The muscle relaxer may be needed a little longer.

- 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 one 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 as 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.
- Vaping and other nicotine products also slow healing.
- If you would like help in smoking cessation, please let us know.

Sexual Activity

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 over 101°F.
- Constipation that is not relieved by stool medications.
- Redness, warmth, or significant drainage from your incision.
- 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.

Call 911 or go to the nearest emergency room for chest pain, shortness of breath or trouble breathing.

Follow up appointment

- We have scheduled a follow-up appointment for you that is about 4-6 weeks after your surgery.
- Your cervical collar will remain on until this appointment.
- 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 our office.

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, our office 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.

Questions after surgery? Our Virtual Assistant answers common questions 24/7 at md-aid.com/c/southernneurosurgery, or call our office at (470) 293-9800. For chest pain or trouble breathing, call 911.

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PART 3

Questions After Surgery? We're Here 24/7.

Recovering from surgery often brings up questions between appointments: about your activity restrictions, your collar or brace, incision care, or what's normal and what's not. You don't have to wait for a call back. Our Virtual Assistant answers common post-operative questions 24 hours a day, 7 days a week, using information approved by our clinic.

Fastest way: scan the code

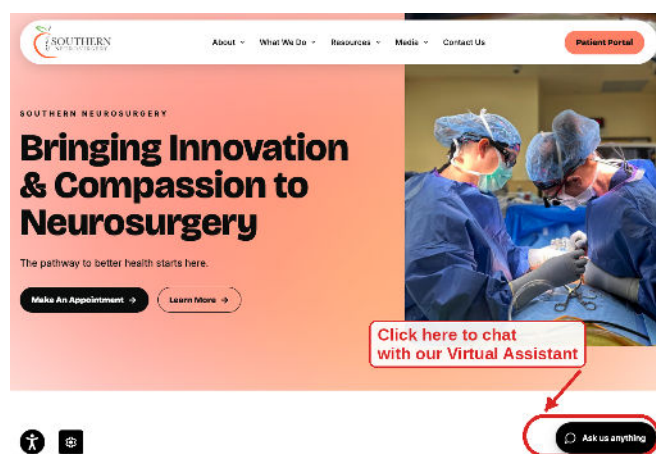
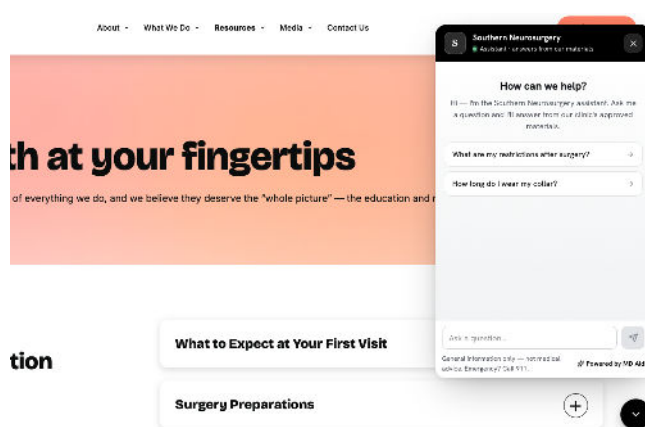
Point your phone's camera at the QR code to open the Virtual Assistant directly, or type this address into your web browser:

md-aid.com/c/southernneurosurgery



Or use our website

1. Go to southernneurosurgery.com and click the black "Ask us anything" bubble in the bottom right corner of the screen (left picture).
2. Type your question, or tap one of the suggested questions to get started (right picture).



Need to talk to a person?

If you don't find your answer or would rather speak with our team, call our office at (470) 293-9800.

Medical emergency? Call 911.

Do not use the Virtual Assistant or wait for a call back in an emergency.

The Virtual Assistant provides general information only. It is not a substitute for medical advice from your physician.