



(470) 293-9800
southernneurosurgery.com

YOUR SURGERY PACKET

Cervical Artificial Disc Replacement

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

Cervical Artificial Disc Replacement

When a damaged disc in the neck is pinching a nerve or pressing on the spinal cord, a cervical disc replacement can often correct the problem while keeping your neck moving naturally at that level.

What Is a Cervical Disc Replacement?

A cervical disc replacement, also called cervical arthroplasty or total disc replacement, removes a damaged disc in the neck and replaces it with an artificial disc designed to move like a healthy one. Like an ACDF, the surgery is done from the front of the neck and removes everything pressing on the nerves or spinal cord. The difference is what goes back in the space: instead of a spacer that lets the bones fuse together, an artificial disc preserves motion.

Dr. Grunch uses the prodisc C family of artificial discs from Centinel Spine, one of the most studied cervical disc replacements in the world. The implant has two smooth metal endplates that attach to the vertebrae above and below, with a medical-grade plastic core that allows the neck to bend and turn. Because the prodisc C portfolio comes in several designs and sizes, Dr. Grunch can match the disc to your anatomy.

Cervical disc replacement is one of Dr. Grunch's signature procedures.



Image: prodisc C, courtesy of Centinel Spine

Who Is This Surgery For?

You may be a candidate for cervical disc replacement if you have:

- Arm pain, numbness or weakness from a pinched nerve (cervical radiculopathy), or spinal cord compression (cervical myelopathy), from one or two damaged discs between C3 and C7
- Symptoms that haven't improved with conservative treatment, or nerve problems that call for earlier treatment
- Good bone strength and a stable neck that still moves well at the affected level

Disc replacement may not be the best choice if you have significant arthritis in the facet joints at the back of the neck, osteoporosis, instability, severe disc collapse, or compression that comes mainly from behind the spinal cord. In those cases, an ACDF or a posterior surgery may be better. Dr. Grunch reviews your symptoms, exam and imaging to decide whether disc replacement is right 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 a Cervical Disc Replacement Is Done

- **Anesthesia:** You'll be fully asleep, lying on your back.
- **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 damaged disc is removed along with any bone spurs or fragments pressing on the nerves or spinal cord.
- **Placing the artificial disc:** Using live X-ray, the space is carefully prepared and sized, and the artificial disc is placed precisely between the vertebrae.
- **Closing:** The incision is closed with dissolvable stitches and skin glue.

Benefits and Risks

Benefits

- Relief of arm pain and protection of the spinal cord, comparable to fusion
- Preserves natural motion at the treated level
- May lower stress on neighboring discs compared with a fusion
- No need for bone to heal, so many patients return to activity sooner

Risks

- Sore throat, trouble swallowing or hoarseness, which usually improve over several weeks
- Infection or bleeding
- Extra bone forming around the implant (heterotopic ossification), which can reduce motion; an anti-inflammatory medication is prescribed after surgery to help prevent it
- Implant movement, wear or the need for another surgery, which is uncommon
- 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 a cervical disc replacement 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

The surgery usually takes one to two hours. Many patients go home the same day, and some stay one night in the hospital. 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. Gentle neck movement is encouraged.
- **Two to six weeks:** Many people return to desk work. Restrictions on lifting and overhead work continue for about six weeks.
- **Four to six weeks:** Your follow-up visit with Dr. Grunch.
- **Six weeks and beyond:** Most patients return to normal activities. Numbness and strength can keep improving for several months.

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 a Cervical Arthroplasty (Disc Replacement)

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.
- 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.
- 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, an anti-inflammatory medicine called Mobic, or Meloxicam, and a muscle relaxer.
- Mobic is given to prevent abnormal bone growth. It is important that you take it for the first 30 days after surgery.
- 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 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 30 minutes 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.
- Vaping and other nicotine products also slow healing.
- Carefully consider quitting smoking during this time. 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 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 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

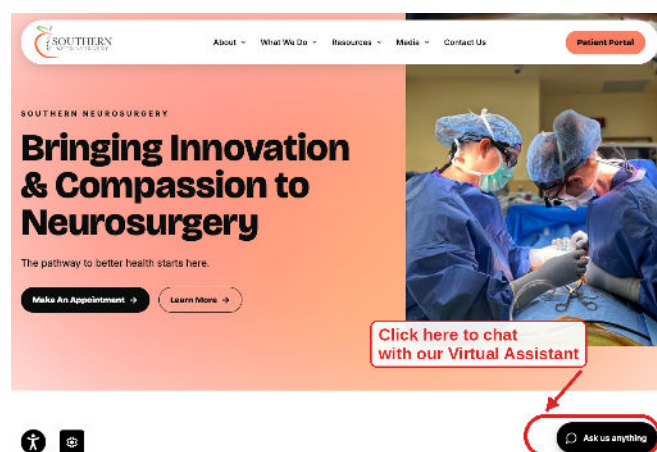
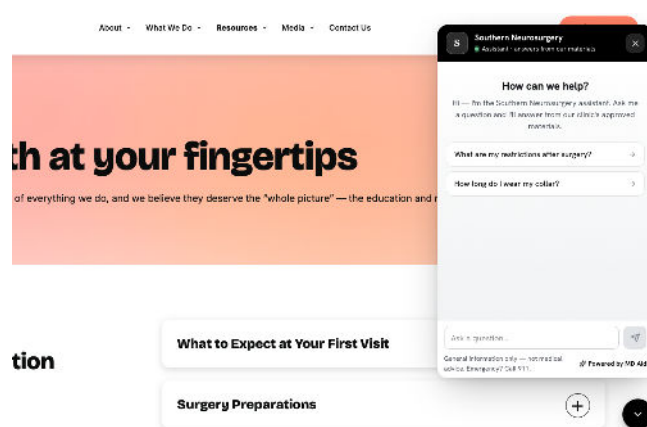
Point your phone's camera at the QR code to open the Virtual Assistant directly, or type this address into your web browser:

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.