

Anterior Cervical Discectomy and Fusion

WHAT DOES SURGERY ENTAIL?

This is a particular surgery where we make a small 2-3 inch incision within one of the skin creases of the front of the neck. With special instruments we can find the disks between the vertebrae. We then remove the disk between the bones completely all the way until we see the spinal cord and nerves. During this, we remove any bone spurs that may be compressing your nerves/spinal cord. This will decompress the spinal cord and allow your body to start healing the spine and nerves.

Now that the disk is removed, we must put something back in its place to keep the space open. A titanium cage or spacer is then placed where the disk previously was and then a small plate is screwed into the bones above and below the disk space to act as an internal brace to hold the bones together while your bones grow into the cage. This is the fusion part of the procedure and generally takes about a year to complete.

WHAT IS THE LIKELIHOOD THIS PROCEDURE WILL HELP MY PROBLEM?

This depends on your symptoms. The more arm/shoulder/hand discomfort you have the more recovery you will have in general. Neck pain is something that is difficult to predict will improve following surgery because there are many different causes of neck pain that are not treated effectively with surgery. The goal of surgery is to take the pressure of the spine and nerves. This very much helps with arm symptoms but because there are many other causes of neck pain that have nothing to do with the degenerative disks or pressure on the spine and nerves, neck pain relief is unpredictable following surgery. I generally advise patients that their arm/shoulder/hand discomfort will improve significantly but any improvements in neck pain is a bonus.

WHAT ARE THE RISKS OF SURGERY?

There are risks to any surgery. Life altering complications such as death, paralysis, and stroke are exceedingly rare. More common things that come up during recovery are trouble swallowing which takes a few weeks to improve but in rare instances can be long-standing. People generally have neck soreness for a few weeks following surgery as well from the stretch of ligaments that are between the bones. Rarely, there can be bleeding in the neck that can cause trouble breathing or new weakness in the arms or legs. If this happens, please call our office immediately. Since you are having a fusion, there is a chance the bones do not heal after 1 year and this may require an additional procedure. This rate is about 8-10%. There is about a 10-20% of needing surgery at a disk above or below your fusion during your lifetime.

HOW LONG DOES THE SURGERY TAKE?

Surgery generally takes about 45 minutes per disk once the procedure starts but it can vary when you add in the time for anesthesia to put you to sleep and wake you back up.

WHAT IS THE FOLLOW-UP PROTOCOL?

We will have your follow-up at 6 weeks, 3 months, 7 months, and 1 year following surgery. If problems arise and you would like to be seen sooner, please contact our office.

HOW LONG IS THE RECOVERY AFTER SURGERY?

The overall recovery following surgery is about 1 year. The reason it is 1 year is that is about how long it takes for nerves/spinal cord to heal themselves to their full potential. Some people have permanent nerve damage from the degree or duration of compression that they have had. This may be a reason why full recovery is not achieved. But in general, how you feel at 1 year is how you will feel long-term. You will feel the initial post-operative soreness for a few weeks after surgery and that is generally how long it can take to return to desk/office type work. More physical work may require up to 6 weeks recovery to feel up to that level of activity.

WHAT ARE MY RESTRICTIONS AFTER SURGERY?

After surgery, you should generally not lift more than 20 lbs until your first post-operative visit. This allows you to do almost all usual household and self-care duties. The first 6 weeks are to allow your body to heal and recover from surgery so lifting more than that is not necessary.

DO I NEED A BRACE?

In almost all cases no. We will specifically speak to you if you do require a brace and give specific instructions on brace wear/care. We sometimes offer a soft collar to wear for comfort only and at nighttime to prevent unwanted motion during sleep. You do not need to wear one during the day unless you feel you want to or unless you have been specifically instructed.

HOW MUCH PAIN WILL I HAVE AFTER SURGERY?

You will be sore in the neck after surgery from positioning and stretching of the ligaments in the back of the neck. You will have a sore throat for a few weeks with some mild trouble swallowing. It is not uncommon to have good days and bad days with your arm(s) following surgery. Some days you may feel great, other days you may feel like you did before surgery. This is part of the normal recovery process of the nerves. In general, pain improves first but other symptoms like numbness or weakness can take much longer to improve if at all.

WHEN CAN I DRIVE?

When you are off prescription pain medication/muscle relaxers during the day.

HOW DO I CARE FOR MY SURGICAL INCISION?

If you are leaving the surgery center, you will have a small drain that will drain fluid into the bandage, and it may start to feel a little heavy and saturated. That is normal. On the first morning after surgery, gently peel away the adhesive around the bandage and pull it off the incision. Your drain will come out with the bandage. There will be some drainage around the small hole where the drain was so applying pressure for a few second to absorb what is remaining. After that, place a new bandage over the incision and change daily for 1 week or if there is more drainage. Drainage is ok, that means the fluid is not collecting in the neck where it can cause breathing problems. You can shower normally on the third morning after surgery.

If you are leaving the hospital, you will have already had your bandage changed. Please keep the bandage that you left the hospital with on for 3 days and then you can remove the bandage and shower normally.

Everyone will have butterfly strips over their incision which was sealed with glue. These strips will fall off as you shower. If they are not off in 1 week after surgery, please pull them off. Once you have showered for the first time, it is up to you if you want to keep it covered with a bandage or not. No baths or pools until you come into clinic for evaluation.

DO I NEED PHYSICAL THERAPY?

For the first 6 weeks after surgery, we want your body recover from surgery. Stick to the lifting restriction and if you would like to be involved in some gentle exercise such as going for a walk that is fine. Formal physical therapy can be discussed at the first post-operative visit but for most patients is not needed.

WHAT WILL I NEED FOR PAIN MEDICATION?

Every patient should take 1000mg of Tylenol (2 extra strength over the counter Tylenols) 3x a day. We will send you home with opioid pain medication that you should take sparingly and only as needed (2-3x/a day maximum). We will also prescribe you a muscle relaxer to also take as needed no more than 3x a day. If you are taking the opioids be sure to take a stool softener to prevent constipation. Unfortunately, you **cannot** take NSAIDs for 6 months following surgery because it decreases fusion rates.