

### **Anterior Cervical Discectomy and Fusion (ACDF) post op instructions**

ACDF involves a small incision in the front of the neck, often hidden in a skin crease. I will remove the disc material and/or bone that is pressing on the spinal cord or nerves and replace it with a graft to help the bones fuse (grow together). I will then apply a plate with screws to the front of the bones to hold it all solid while you heal.

#### Hospital stay

This depends on a few factors such as age, co-morbidities and number of levels. Typically, patients go home the day of surgery, or the following morning. Going home requires your pain to be controlled and an assessment that you are safe on your feet. If required, we can arrange a visiting nurse to check on you.

#### Incision care

You can shower 48 hours after the surgery. Don't aim the water jet directly at the incision, just let the water run over the area. Pat the area dry, don't scrub at the area (this will help keep the scar small). Do not put any lotions or creams on the incision for at least a month.

Avoid submerging the incision (bath or pool) until the incision has been dry, with no drainage for 7 days.

The incision will be covered with Steri-Strips. These will fall off on their own but if they are coming loose and annoying you, feel free to trim them carefully with scissors.

#### Brace

Wearing the collar for two weeks will help with your pain and start the fusion process (the bones growing together and becoming solid). After this you can wear out of it and wear only for comfort. If I have concerns about your bone density (osteoporosis), or we did multiple levels, I may ask you to wear the collar for longer.

#### Activities

Walking is the best rehab and you can do as much of this as you want from day one. After two weeks, if you want to do something more vigorous, you can use a stationary bike, an elliptical trainer, or walk against water in the pool. Avoid running until at least 6 weeks after surgery. Too much stress on the neck before it is fused will delay the fusion process and can lead to a repeat surgery. Once the fusion is complete, you will be able to do any activities you want.

#### Pain medications

Depending on what you required after surgery you will be taking either Tramadol or Oxycodone, and Tylenol for pain. You will also have a muscle relaxant (Flexeril or Diazepam) which will help with pain but is especially good for any pain in the back of the neck (this happens due to the facet joints and muscles being stretched as they return to their normal position).

If you are taking Oxycodone, reduce the dose as you are able by taking one instead of two tablets, and then transferring to Tramadol.

Please avoid non-steroidal anti-inflammatories (such as Motrin or Aleve) as repeated doses can delay the fusion process.

While on Oxycodone or Tramadol it is important to take a stool softener to prevent constipation, which can be severe.

#### Typical problems

Commonly patients report some discomfort with swallowing, much like a sore throat. This typically lasts for a couple of days and can be helped with throat lozenges and avoiding dry/rough foods. Ice cream is always a good option. Some patients will have posterior neck pain, which is related to the muscles/joints in your neck adjusting to a new position. It is short lived and responds well to the muscle relaxant.

#### Post op visits

A typical schedule is listed below, but this is tailored for your individual circumstances:

- First post op visit is around 2 weeks following surgery
- Second visit is 6 weeks following surgery
- Third visit is 3 months following surgery
- Fourth visit is 6 months following surgery
- Then annually following surgery