

**GEORGETOWN ORTHOPAEDIC
SPINE SURGERY**

ANTERIOR CERVICAL DECOMPRESSION AND FUSION

NOTE: PLEASE DO NOT TAKE ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs like Advil, Ibuprofen, Motrin, etc) OR ASPIRIN PRODUCTS FOR 7-10 DAYS BEFORE SURGERY. These medications can increase bleeding during surgery. If you absolutely need to be on these medications until the date of surgery, check with surgeon.

Your problem spine

The cervical spine (“neck”) is made up of seven bones called vertebrae. These vertebrae are separated by discs, which act as “shock absorbers” for the spine. The nerve roots that go into your arms, as well as the spinal cord, are encased within this bony framework of the spine.

Nerve roots and the spinal cord can be “pinched” by herniated discs or by bone spurs which arise from arthritis (“wear and tear”, or “degeneration”) of the spine. Pinching of nerve roots can result in pain, weakness, or numbness/tingling of your neck, shoulder, upper back, arm, or fingers. Pinching of the spinal cord can result in difficulty with walking, coordination, or bowel/ bladder function. You have decided to have surgery to help correct these problems.

Two things will be done during surgery. First, your surgeon will relieve the compression by removing the problematic disc(s) or bone spur(s) using an operating microscope or special magnifying glasses. This is called a “discectomy” or “decompression.” Second, he will fuse the involved bones together so that they become one unit. This is called a “fusion.” Fusion helps to stabilize the spine and prevent further nerve or spinal cord compression at that level. Fusing one level of the cervical spine results in approximately 5-10% less motion. The majority of people, however, do not notice much difference in their neck range of motion. Only those level(s) requiring decompression and fusion will be operated on – the rest of the spine will be left alone.

Incision

An incision will be made in the front of the neck in order to obtain access to the spine. There will be no stitches to remove, because all of the stitches will be placed inside.

**GEORGETOWN ORTHOPAEDIC
SPINE SURGERY**

ANTERIOR CERVICAL DECOMPRESSION AND FUSION

PAGE 2

Bone graft

A bone graft is necessary to perform the fusion. Two different types of graft can be used: 1) bone bank bone, or 2) your own bone taken from a part of the pelvis that does not need it. In most cases, bone bank bone is used. There are pros and cons to each type of bone graft. A number of factors influence whether your own bone, bone bank bone, or some combination of the two is appropriate for you. Based on these factors, you and your surgeon will discuss and decide together the type of bone graft to be used for your surgery.

Plate

A specially engineered titanium metal plate is also necessary to perform the fusion. The plate is held to the spine with precisely manufactured screws. The plate stabilizes the spine to the bone graft so that it can fuse properly.

Brace (Collar)

A neck brace (“collar”) may need to be worn after surgery. The type of collar depends on the exact nature of the surgery. Your surgeon will discuss whether you need one – not everyone does. The collar limits neck motion in order to help fusion occur. How long the collar is worn depends on the nature of the surgery you have and the quality of your bone. Most people need to wear the collar for six weeks. In some cases, they may need to wear it longer.

Hospitalization

After surgery, you will be taken to the anesthesia recovery room. When you are awake after anesthesia (about 2 hours later) you will then go to your hospital room. There, your family and friends will be able to see you.

Activity

You can get out of bed with assistance as early as the evening after surgery if you are able. You will be encouraged to walk during your recovery period.

**GEORGETOWN ORTHOPAEDIC
SPINE SURGERY**

ANTERIOR CERVICAL DECOMPRESSION AND FUSION

PAGE 3

Diet

You will be given liquids at first, then progress to solid food when you tolerate the liquids well. After anterior cervical spine surgery, it is very common to have a temporary sore throat or temporary difficulty swallowing. This occurs because your trachea (“windpipe”) and esophagus (tube connecting your mouth to your stomach) lie in front of the spine and must gently be held aside during surgery. These symptoms gradually subside over a few days to weeks. Sometimes, some trouble with swallowing may persist for longer after surgery, especially when eating dry foods or large pieces of meat that have not been thoroughly chewed.

Pain control

You will be given a PCA (patient controlled anesthesia) pump after surgery. This is a device that allows you to administer your own pain medication when you need it by simply pushing a button. Don’t worry – as long as you are the only one pushing the button, it is very unlikely that you will overdose. As soon as you are ready (usually the day after surgery), you will be switched over from the PCA to oral pain pills. Pills are advantageous in that they provide a more constant level of pain control. You may be given several prescriptions for pain pills to take home after surgery. Instructions on how and when to take these pills are on the following pages.

Drains/ Wound care

There will most likely be a small drain in your wound that is placed during surgery to prevent blood clots from pooling in the wound. Generally, it is removed on the first day or two after surgery, depending on how much comes out of it. Your dressing will be removed at that time. The wound is then left open to air. No bandages are usually necessary.



Georgetown
University
Hospital 

MedStar Health

GEORGETOWN ORTHOPAEDIC
SPINE SURGERY

ANTERIOR CERVICAL DECOMPRESSION AND FUSION – INSTRUCTIONS AFTER SURGERY

Wound care

- Keep your incision dry and clean.
- Leave the incision open to air. No bandages are necessary
- If you have them, let the Steri-strips (tapes on your wound) fall off by themselves. If some remain attached 2 weeks after surgery, you may gently peel them off
- Do NOT put any ointments/lotions/antibiotic solutions on the incision
- If you notice drainage, redness, swelling or increased pain at the incision, call the office
- Staples or external sutures should be removed 10-14 days after your surgery. You should have a scheduled appointment. Please call the office **as soon as possible** if you need to change your appointment. This will help ensure that you can be seen within the correct time frame. A few days more is generally not a problem.

Showering

- You may shower when the wound has been clean and dry for 24 hours. This is typically 3-5 days after your surgery. Do not scrub the incision or soap it. Just let water run over it.
- Make sure you pat the incision completely dry after showering. Be gentle – do not scrub the incision.
- Do not immerse the incision in a pool or bath until 6 weeks after surgery

Collar

- You may or may not need a collar after surgery. *This is often a decision that is made during surgery.*
- If you have been instructed to wear a collar *full time*, you can take the collar off 4-5 times per day for 15 minutes at a time. However, keep your head looking straight ahead during these times as much as possible.
- If you need a collar to wear while showering, it will be provided to you before you leave the hospital. If you have not been given a shower collar, you may shower without any collar.

GEORGETOWN ORTHOPAEDIC SPINE SURGERY

ANTERIOR CERVICAL DECOMPRESSION AND FUSION – INSTRUCTIONS AFTER SURGERY

- You can remove the collar to shave, but try not to flex or extend your neck while doing so. Keep looking straight ahead as you do these activities.
- If you have been instructed to wear a collar for *comfort only*, you may wear the collar at your discretion if you feel that it provides you comfort. If you do not want to wear it, you do not have to.
- Some patients will be instructed *not to wear a collar at all*.

Skin abrasion from the collar

- If you have skin abrasions from the collar, you can lightly apply talc powder between the skin and brace
- Do not apply talc to open sores or the incision itself
- Alternatively, you can place a scarf, handkerchief, or tee-shirt between the area of skin abrasion and the collar to reduce skin irritation.

Activities

- No lifting, prolonged overhead reaching, prolonged outstretched arms or twisting activities
- You may resume sexual intercourse when you are ready. When sex is resumed, positions which place the least amount of stress on the operated neck should be assumed.

Driving

- Do not drive a car unless your surgeon has specifically allowed you to do so, or until you have seen your surgeon at follow up 2-4 weeks after surgery.
- Riding home in a car after you are discharged from the hospital is permitted. Limit the amount of time you spend riding in a car especially after surgery. After about 6 weeks, longer drives are allowed—stop occasionally to get out of the car and stretch. *Please follow any prescription warnings regarding driving, etc...*

GEORGETOWN ORTHOPAEDIC SPINE SURGERY

ANTERIOR CERVICAL DECOMPRESSION AND FUSION – INSTRUCTIONS AFTER SURGERY

Exercise

- Walk as much as you like. Walking is good for you. Start slowly and try to add one mile each 2-4 weeks, increasing up to 3-5 miles or more per day as pain and fatigue permit.
- Use your common sense: no strenuous or sports activities until okayed by your surgeon (i.e. jogging, contact sports, weightlifting, etc...)
- However, you may exercise your arms and legs with light weights (5-10 pounds) if desired as soon as you feel like it -- as long as those activities do not cause you to put stress on your neck.

Medications/Pain control

- You can expect to have pain after surgery and medications will be prescribed to help relieve your pain. **PLEASE NOTE: Certain pain medications cannot be refilled by phone (i.e. duragesic, Morphine, Oxycontin, Percocet, Roxicet).** If you need a refill prescription, someone must come to Georgetown to pick up a prescription or it can be mailed to you. Mailed prescriptions may take several days to reach you. **If you call a day or two before you run out of your prescription, it will not reach you in time.**
- You could be switched to something else less intense than in the first few days after surgery and most of these meds can be phoned into your pharmacy.
- Pain medications are helpful around the time of surgery, but they can cause problems if taken for too long. The goal is to try to get you off of the medications by 3-4 weeks or earlier, if possible. Some people may need medications for longer than 3-4 weeks, and that's ok. But try to wean yourself off of them if you can.
- When you find that your pain is really mild, try taking plain **extra strength Tylenol** instead.
- **PLEASE DO NOT TAKE ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs like Advil, Aleve, Ibuprofen, Motrin, etc) FOR 3 MONTHS AFTER SURGERY.** These medications can adversely affect fusion.
- **If you were on a baby aspirin prior to surgery, you may generally resume that 2 weeks after surgery.**

**GEORGETOWN ORTHOPAEDIC
SPINE SURGERY**

**ANTERIOR CERVICAL DECOMPRESSION AND FUSION –
INSTRUCTIONS AFTER SURGERY**

- **If you were on a blood thinner (like Coumadin/ Lovenox/ Heparin products/ Plavix), check with your surgeon as to when that may be resumed after surgery.**

Constipation

- The pain medicines may tend to make you somewhat constipated. Feel free to take any over the counter laxatives if you need to.
- High fiber foods and sufficient water/fluid intake are necessary.
- Please call the office if you are having difficulties even with these measures.

Diet

- Eat whatever you like. You may not feel like eating too much for a few days, and that's ok. Foods high in fiber (fruits, vegetables) are good in that they can help reduce constipation.
- Drink plenty of fluids.

Follow up

- If you have not already been given a postop follow up appointment, call your surgeon's secretary within the first few days after you get home. Tell her that you had surgery and need a follow up appointment.

Questions

- Feel free to call your surgeon's office with any questions
- If you are having an emergency, call the Spine Center at 202-444-8766 or go to the emergency room.