



Anterior Cervical Discectomy and Fusion (ACDF) Discharge Instructions

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Anterior Cervical Discectomy & Fusion (ACDF) removes disc or bone spurs that are putting pressure on the spinal cord and/or nerve roots. Screws and plates in your neck hold your spine in place while the body heals and creates bone fusion

Post-op pain: Usually mild to moderate (not severe).

Goals of Surgery:

1. Decrease neck and arm pain.
2. Stop symptoms of spinal cord compression from getting worse.

Top 6 things your surgeon wants you to know:

1. A moderate amount of increased neck pain is expected after your surgery, this will get better over the next 4-6 weeks.
2. Arm pain is usually better, but not always completely gone after surgery. Numbness, tingling, and weakness take longer to get better after surgery. This is normal.
3. Pain in the back of the neck and between the shoulder blades is common after an ACDF. It is also normal to have some swallowing difficulty. This usually gets better over the next few weeks. If you have trouble breathing after surgery, call 911 or go to the Emergency Room immediately. Ice the front of the neck for swelling and the back of the neck for pain over the first 48 hours.
4. You should avoid Nicotine before and after your spinal fusion for **AT LEAST 6 WEEKS**. Nicotine interferes with bone growth and the bone adhesion to the hardware placed. This prevents a proper fusion and can lead to future complications. It is important to avoid ALL nicotine products. (Ex: cigarettes, smokeless tobacco, e- cigarettes, nicotine patches or gum).

5. **You should also avoid anti-inflammatories (NSAIDs) for at least 2 months after your surgery**, or until your surgeon gives you the ok to start taking them again. **(NSAIDs: Ibuprofen (Motrin, Advil), Naproxen, Naprosyn (Aleve), Meloxicam (Mobic), Celebrex (Celecoxib), Diclofenac, Ketorolac (Toradol), etc...)**
6. In some cases, after an ACDF, you do not need a collar. If your surgeon did give you one based on your condition, you should wear your collar as directed by your surgeon until your first post-operative appointment. You should also avoid excessive bending and twisting of your neck after surgery. Your surgeon will decide when your collar can come off.

Answers to Frequently Asked Questions

Airway/Breathing/Throat Pain

- If food sticks when you eat, it is called “dysphagia.” This is due to swelling around your surgery site and will most likely resolve in a few weeks. It is normal to feel “tight” for up to 6 weeks, but you should be able to advance your diet slowly and this does improve with time.
- Stick with soft foods that are easy to swallow. Take small bites and chew your food well. Advance your diet to normal as tolerated.
- Having a sore throat is normal, this gets better over the next few weeks after surgery.
- Ice and popsicles help with sore throat.
- Have protein drinks on hand to ensure proper nutrition to heal.
- If you have **any trouble breathing or have excessive swelling in your neck**, call 911 or go to the emergency room immediately.

Dressing/Shower

- You can take your dressing off 1 day after surgery. **You can take a shower 2-3 days after surgery, once the incision is sealed and not open or leaking fluid.**
- Ok for gentle soap and water to run over the incision, do not scrub, pat dry with a towel. Please avoid tub baths, swimming pools and hot tubs until the incision is completely healed (4-6 weeks). Your surgeon will clear you to soak the incision.
- **Occasionally your incision may bleed and your dressing may get saturated with blood, this is okay.** The dressing can be changed to a new, clean dressing.

Incision care

- You will remove your dressing the day after surgery. A small rubber drain will come out when you remove the bandage. This is normal.
- The incision may drain for a few days after surgery from a small hole where the drain was removed. This is not a complication.

- If there is no drainage, your incision can be left open to air without a dressing after 3 days. If there is drainage, cover with a clean and dry dressing. If it does not slow down or stop after a few days, you may need to call the office to have your wound checked.
- If you have skin glue or steri strips, try to leave it intact for the first 1-2 weeks.
- A small knot may form under the incision; this should resolve on its own in the following days/weeks.
- Notify our office if you have a fever of 101.5F or if you notice redness at your incision site and the area around incision is warm or hot to your touch.
- The incision area should always be kept clean and dry.

Pain/Weakness

- **Surgical neck pain and muscle spasms are normal after a spine surgery.** This usually gets better over the next few weeks. Icing the back of the neck and in between shoulders is very helpful.
- Numbness, tingling and weakness that you had before surgery may take time to improve.
- If you develop significant new weakness after you get home, you should call the office: (423)-624-2696 or GO to the Emergency Room.

Nicotine/smoking

- You should avoid Nicotine before and after your spinal fusion for **AT LEAST 6 WEEKS**. Nicotine interferes with bone growth and the bone adhesion to the hardware placed. This prevents a proper fusion and can lead to future complications. It is important to avoid ALL nicotine products. (Ex: cigarettes, smokeless tobacco, e- cigarettes, nicotine patches or gum).

Anti-inflammatories (NSAIDS)

- **You should also avoid anti-inflammatories (NSAIDS) for at least 2 months after your surgery,** or until your surgeon gives you the ok to start taking them again. **(NSAIDs: Ibuprofen (Motrin, Advil), Naproxen, Naprosyn (Aleve), Meloxicam (Mobic), Celebrex (Celecoxib), Diclofenac, Ketorolac (Toradol), etc...)**

Pain Medication/Refills

- Pain management typically involves a combination of opioid medications, neuropathic pain relievers and muscle relaxants, with the goal of gradually transitioning to over-the-counter pain medication as tolerated and/or as needed and appropriate for the patient's pain level.
- If you need refills on your prescriptions, please contact CSMO 2-3 days before you are out of medications so we have sufficient time to process your request. **Refill requests on Friday afternoons/holidays will likely be addressed on the next business day.**

- **Opioids are an addictive medication, therefore, you should start weaning off opioid pain medications on your own as soon as you are able to (Ex: Hydrocodone/Oxycodone).**
- Gradual Tapering: As pain subsides, the dosage of opioid medication should be gradually reduced to minimize dependence and a regimen to wean down medication will be instructed.

Other Medications

- Tylenol (Acetaminophen): Your pain medication likely has acetaminophen in it. Taking additional Tylenol/acetaminophen can put you over the daily recommended 3,000mg, which can harm your liver. Do not exceed this amount.
- Muscle Relaxers: One of the side effects of your muscle relaxer is drowsiness. If you begin to feel too drowsy and you are not able to get up safely to ambulate, decrease the frequency of your muscle relaxer.

Collars

- **Not everyone gets/needs a collar after surgery.**
- If you have been given a collar following surgery, the goal of the collar is to keep your chin up and away from the chest and stabilize your fusion.
- **You should wear your collar until your first post-op appointment.**
- **You should wear it as ordered by your surgeon.**
- **It is ok to take the collar off while showering/eating,** however keep your chin up and head still.
- It is OK to wear a soft cervical collar at night time to help facilitate sleep. Call the office for an order for one if you did not get one at the initial visit when surgery was scheduled.

Activity

- When you go home you may get up and walk... **we want you to be active!!**
- You may go up and down stairs, but make sure to hold on to the rail and have someone with you.
- **You should avoid excessive bending and twisting of your neck/back and may not lift anything over 15 pounds until cleared by your surgeon - typically 4 weeks post- op.**

Driving

- You must not be in a collar. If you are placed in a hard cervical collar after surgery you are not allowed to drive for 4-6 weeks until this is removed by your surgeon.
- No driving until you are off of all narcotic/sedative medications AND can move well enough to be safe behind the wheel.

Constipation/Bloating:

- **A common side effect of narcotic pain medication is constipation.**
- Taking over the counter stool softeners/laxatives may help. Please follow package instructions.
- Stool softeners/Laxatives include:
 - Milk of Magnesia, Miralax, Dulcolax suppository, fleets enema, Magnesium Citrate.Drinking fluid, activity, and diets high in fiber are also helpful in relieving constipation.

Follow up with Primary Care Provider

- If you have any of the below problems, **we suggest you see your Primary Care Provider within 1 week after your surgery** to make sure your other medical issues are doing ok.
- **See your primary care provider if you have a history of:** Heart problems, lung problems, stroke, diabetes, are over the age of 65, are taking a blood thinner, or have several medical problems, or take greater than 10 prescription medications.

Emergency Room Use

You have trouble breathing, chest pain, or significant NEW weakness after your surgery, please go to a CHI Memorial Emergency Room immediately.

Contact our office during office hours : 8:00 am - 4:30 pm at (423) 624-2696.

(800) 757-2696 (outside Chattanooga)

After office hours phone calls go to on call surgeon/PA. Please only call after hours in urgent situations.

If you have any other problems related to your surgery, PLEASE CALL OUR OFFICE BEFORE GOING TO THE EMERGENCY ROOM, as we can likely address your problem or get you an appointment scheduled and save you a trip to the ER.

Thank you for choosing Center for Sports Medicine and Orthopedics.