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Brain and Spine Surgery

PATIENT GUIDE

Anterior cervical discectomy and fusion (ACDF): my guide for patients

What to expect before, during, and after ACDF, from preparation through recovery.

AT A GLANCE

Anesthesia	Asleep (general anesthesia)
Hospital stay	Most patients go home the same day, and overnight observation may be recommended in some cases
Neck brace	I will give you a specific recommendation for how long to wear it
Wound check	In my office about 2 weeks after surgery
Heavy lifting and exercise	Wait 4-6 weeks, then begin gradually

This information is intended as a general guide for my patients, and if you are seeing a different surgeon, it should not substitute for advice, guidance, or instructions from that surgeon.

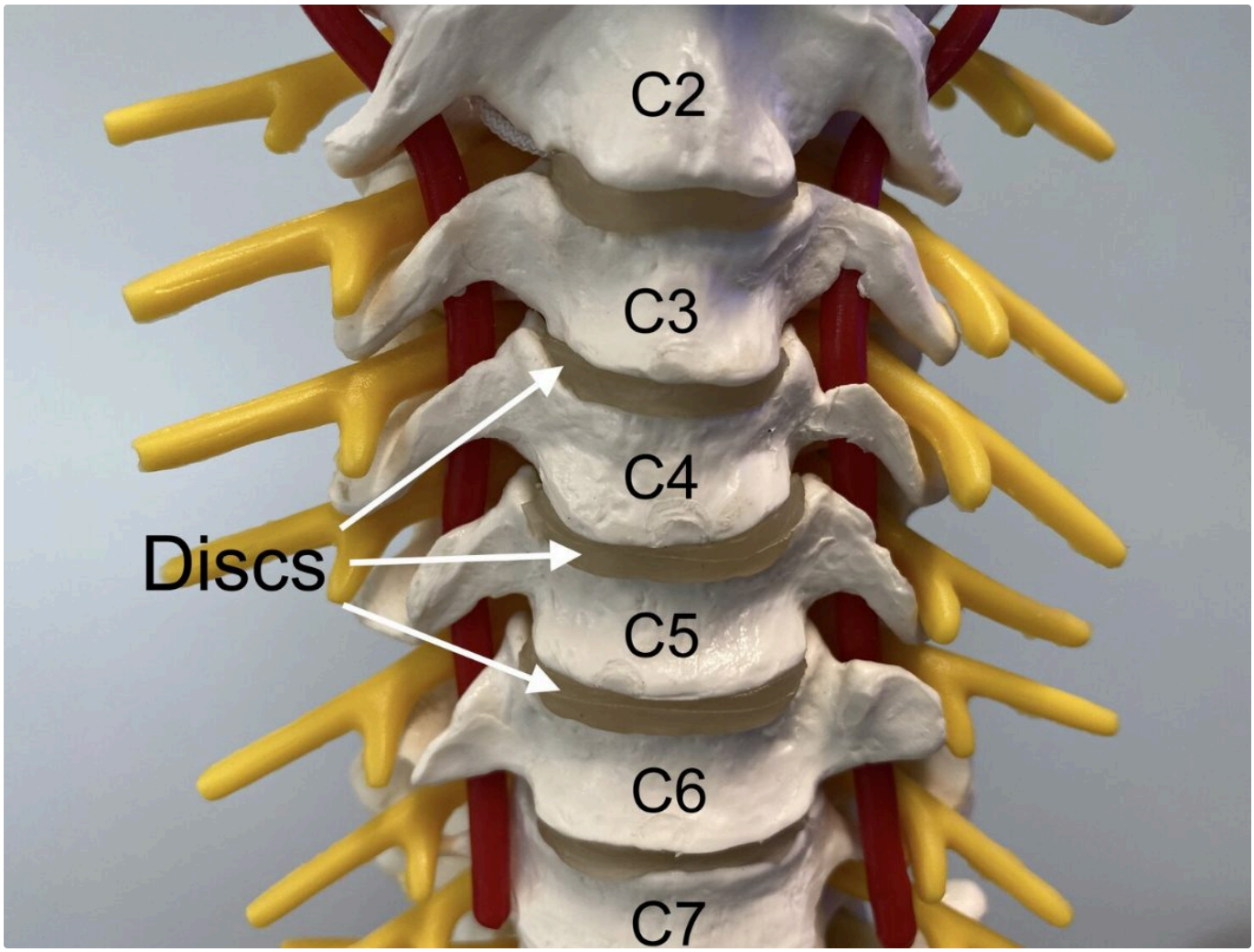
Introduction

Anterior cervical discectomy and fusion (ACDF) is a common form of spinal fusion used in the cervical spine (neck) for treating neck pain, cervical radiculopathy or myelopathy, spinal fractures, and other disorders.

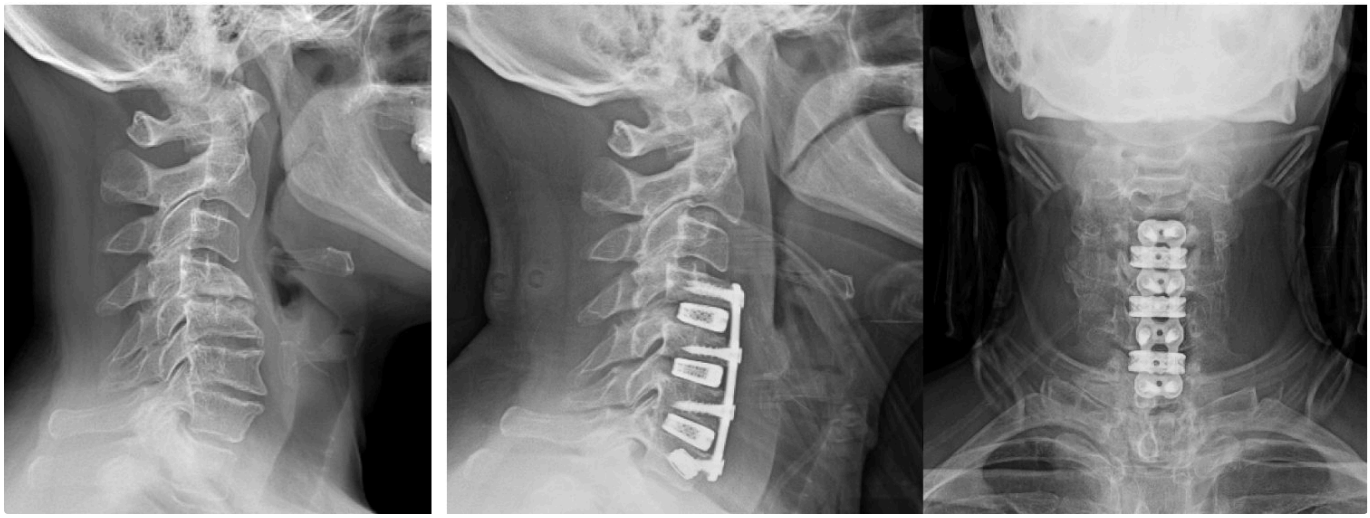
ACDF is performed from the front of the neck, and it is one of the most common spinal operations in the United States. It has the advantage of less pain and a quicker recovery than similar operations performed from the back (posterior) side of the neck. Alternatives to ACDF may include cervical arthroplasty (disc replacement), cervical laminectomy and/or posterior fusion, and cervical laminoplasty, among others.

The procedure begins with a short incision off to one side of the neck. I dissect down to the front of the spine and then access the disc between two neighboring cervical vertebrae. The disc is removed, and a metal implant and bone graft are introduced between the vertebrae to encourage bone to grow between them. One or several levels of the spine can be treated at a time through a single incision. On occasion, I may recommend adding additional hardware in the back of the neck.

Below is a view of the cervical spine from the front showing the vertebrae and the discs between them. One or more of these discs is removed in an ACDF.



Below are X-rays of a patient before and after a three-level ACDF.



What to expect from surgery

- ACDF is performed under general anesthesia (i.e. asleep).
- Most ACDF surgeries are performed as an *outpatient*, meaning no overnight hospital stay is required. For older patients, those with complex medical histories, those being treated at three or more spinal levels, or those living far away, overnight observation in the hospital may be recommended. We will generally discuss this before your surgery.
- If you have risk factors for a pseudoarthrosis/non-fusion after ACDF (examples: smoking, osteoporosis, diabetes, three or more levels being treated, etc.), I may recommend supplementing your ACDF with a CORUS cervical fusion.
- Many symptoms begin improving immediately after ACDF, but some may take longer than others. Symptoms generally respond on a time scale proportional to how long they were present *before surgery*.
- Some neck pain - especially between the shoulder blades - is very common immediately after surgery and improves over time. Sore throat is another common temporary symptom after surgery.
- Some patients - particularly older patients - notice difficulty swallowing for a few days. Stick with foods that are easy to swallow when you first go home.
- I often provide patients a rigid neck collar/brace to wear after surgery. The duration of the brace is determined by factors related to the reason for surgery, your bone health and spinal anatomy, your age and medical history, and the number of spinal levels treated. I will discuss with you a specific recommendation for how long you should wear your brace. I recommend wearing this when you are up and about (e.g. walking or when there is potential to fall). Unless I specify otherwise, you do not need to wear it when sleeping or showering.

Instructions before surgery

- If you take a blood thinner such as aspirin, Plavix, warfarin (Coumadin), Eliquis, Xarelto, Lovenox, or fish oil supplements, make sure you have confirmed with me when to stop the medication before surgery.
- Do not have anything to eat or drink after midnight on the night before your surgery. Do not have breakfast on the day of surgery. Small sips of water with your pills are OK.
- Be prepared to go home after surgery.
- Please call my office with any questions.

Post-op care

Wound care

- I use dissolvable sutures, so your stitches do not need to be removed. I cover the skin with a thin layer of glue that will flake off over two weeks or so.
- You may shower the day after your surgery. Normal shampoo and soap are fine to use. Do not scrub or rub the incision too hard. Instead, let the soapy water run over it, and then pat it dry. While showers are OK, please do not take baths or go swimming until after your wound check appointment.
- Please do not apply any ointments or creams to your incision. The best way for the incision to heal is to leave it clean, dry, and open to the air.
- You will have a wound check in my office roughly 2 weeks after surgery. If you live far away and the incision is healing well, a video visit is an option.

Medications

- If you take blood thinners such as aspirin, Plavix, warfarin (Coumadin), Eliquis, and so on, please remember to discuss with my team how soon you should restart them after surgery. Most of these drugs are safe to start 1 week after surgery.
- You will be discharged with a short course of prescription medication for pain control. You do not have to take this medication unless you need it. Over-the-counter alternatives like Tylenol and Motrin are fine to use, too (though please avoid aspirin, initially). Most patients do not need prescription medication for more than a week or so.

Activity

- I often provide patients a rigid neck collar/brace to wear after surgery. The duration of the brace is determined by factors related to the reason for surgery, your bone health and spinal anatomy, your age and medical history, and the number of spinal levels treated. I will discuss with you a specific recommendation for how long you should wear your brace. I recommend wearing this when you are up and about (e.g. walking or when there is potential to fall). Unless I specify otherwise, you do not need to wear it when sleeping or showering.
- You can resume most of your day-to-day activities immediately after surgery. The exception is activities that involve straining - things like lifting heavy objects (anything much heavier than a gallon of milk) and exercise. You should wait 4-6 weeks before these activities, and begin them gradually.
- You can return to work whenever you feel ready. For desk jobs, I recommend waiting 5-7 days and then resuming work at your own pace. For physical jobs that require heavy lifting, you may need to take off at least 4-6 weeks.
- You can drive when you and your family agree you are ready. At a minimum, you will need to be off any prescription opioid medications. I recommend driving with a family member in the neighborhood at first before venturing out by yourself.

When to call my office

Please be vigilant in the first few weeks after surgery. Notify my office if you develop any of the following:

- Fever higher than 101.5°F.
- Drainage from your incision or any other concerning incision issues. A little redness and tenderness is normal immediately after surgery, but it should get gradually better, not worse.
- Inability to keep down liquids and maintain hydration.
- New neurologic symptoms that were not present before surgery: weakness, numbness, etc.

If you develop difficulty breathing, do not call my office. Please call 911.

For questions or concerns that are not a medical emergency, you can reach my medical assistant directly at (720) 599-3075 or MDMian@carepointhc.com. You can also call the CarePoint Neurosurgery main line at (303) 515-2320.

If you or a family member is considering ACDF and has not yet met with me, please consider meeting me in consultation to learn more about your treatment options.