Matthew **Mian, MD**
Brain and Spine Surgery

PATIENT GUIDE

Cervical disc replacement (arthroplasty): my guide for patients

What to expect before, during, and after cervical disc replacement, from preparation through recovery.

AT A GLANCE

Anesthesia	Asleep (general anesthesia)
Hospital stay	Most patients go home the same day, and overnight observation is an option
Neck collar	Usually about 2 weeks, when you are up and about
Wound check	In my office about 2 weeks after surgery
Heavy lifting and exercise	Wait 4 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

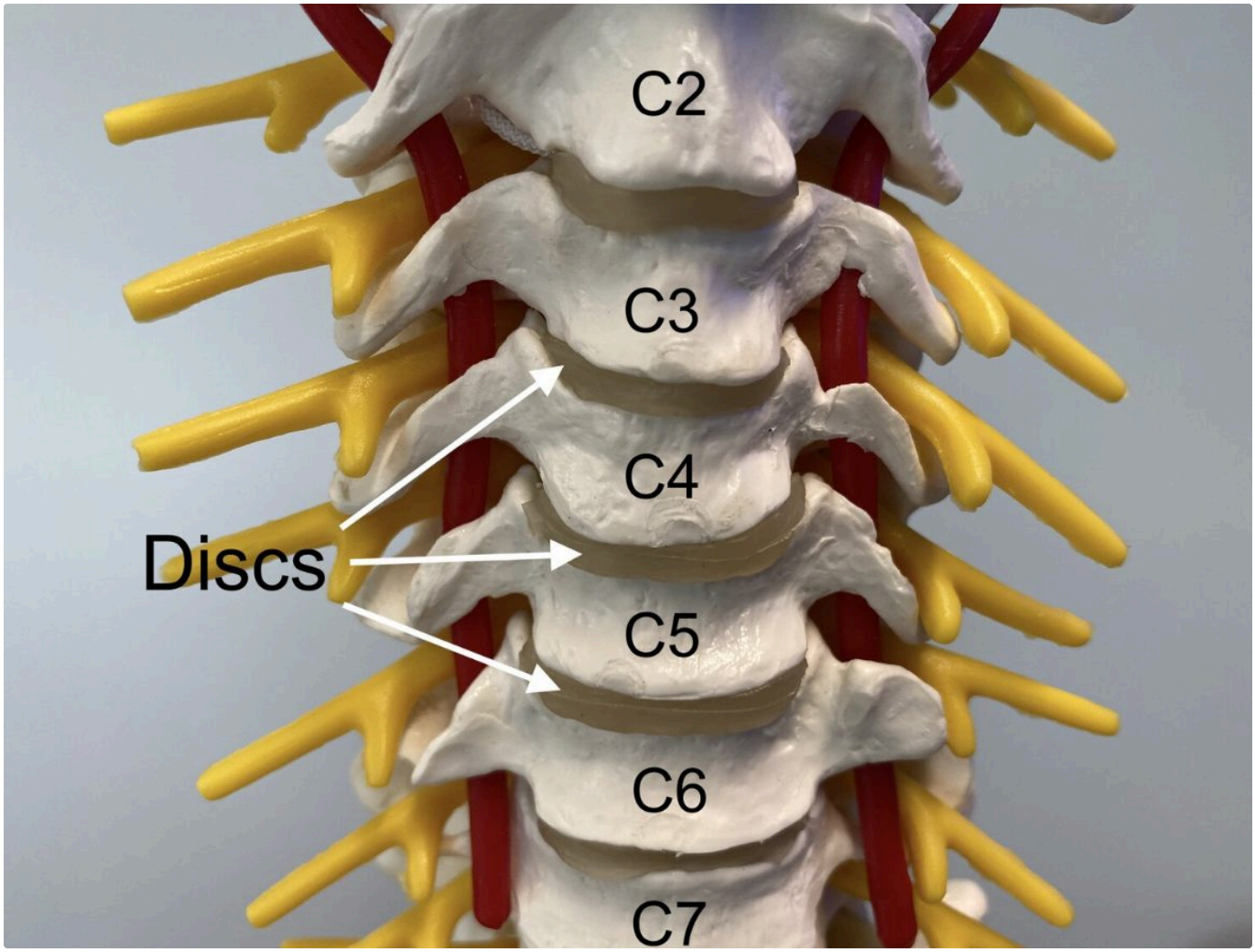
Cervical disc replacement (arthroplasty) is a procedure in which a diseased disc between two vertebrae in the neck is removed and replaced with an artificial disc implant. The implant allows motion between the vertebrae, unlike in a spinal fusion, such as an ACDF.

Cervical disc replacement is used to treat degenerative disc disease in the neck causing neck pain, cervical radiculopathy (a pinched spinal nerve causing pain, weakness, or numbness radiating from the neck into one or both arms or shoulder blades), and/or *cervical myelopathy* (compression of the spinal cord in the neck causing symptoms like hand numbness, loss of dexterity, and balance problems, among others).

Disc replacement has the advantage of preserving movement in the neck, unlike in a fusion. Because a fusion limits motion between spinal vertebrae, it may place additional stress on the joints above and below it, accelerating the development of arthritis. Studies have suggested that disc replacement reduces the risk of arthritis progression compared to a fusion.

The procedure is performed by making a short incision on one side of the front of the neck. I dissect down to the front of the spine and then access the disc between two neighboring vertebrae. The disc is removed, and then an artificial disc is inserted in its place. This can be performed at one or two levels in the spine (for example, C4-5 or C4-5 and C5-6).

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 a cervical disc replacement.



Below is an X-ray view from after a two-level disc replacement.


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What to expect from surgery

- Cervical disc replacement is performed under general anesthesia (i.e. asleep).
- Disc replacement can be used to treat either one or two spinal levels at a time (for example, C4-5 or C4-5 and C5-6).
- Most disc replacement surgery is performed as an *outpatient*, meaning no overnight hospital stay is required. For older patients, those with complex medical histories, or those living far away, overnight observation in the hospital is an option.
- Many symptoms begin improving immediately after a disc replacement, 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 provide patients a rigid neck collar to wear after surgery, usually for about 2 weeks. I recommend wearing this when you are up and about (e.g. walking or when there is potential to fall). You do not need to wear it when resting, 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 be discharged home on the day of 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 provide patients a rigid neck collar to wear after surgery, usually for about 2 weeks. I recommend wearing this when you are up and about (e.g. walking or when there is potential to fall). You do not need to wear it when resting, 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 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 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 cervical disc replacement and has not yet met with me, please consider meeting me in consultation to learn more about your treatment options.