

Jeffrey M. Spivak MD
Director, NYU Hospital for Joint Diseases Spine Center

Postoperative Patient Instructions: Anterior Cervical Discectomy and Fusion

What to Expect

Following surgery in the anterior (front) aspect of the neck, patients are routinely observed overnight in a special monitored bed, even in standard uncomplicated cases. The average hospital stay is 1 day for one-disc surgery, 1-2 days for 2-disc cases, and 2 days for 3-disc cases. Generally, the discharge time is by 11 AM on the day of discharge.

When no metal plate has been used, a hard neck brace is applied in the operating room, to be worn at all times for a minimum of 6 weeks following the operation. More commonly, a metal plate is used at surgery, and a soft foam cervical collar is used postoperatively only until the first postoperative office visit for single disc cases. You can expect some soreness in your neck immediately following surgery. This will improve day-to-day over the first 2-4 postoperative weeks. There may be some difficulty with swallowing shortly after the operation from swelling of the esophagus (swallowing tube), but this should also improve in time over the first few weeks. Your voice may sound hoarse postoperatively. If this occurs it is almost always temporary, and should improve over the first 6 weeks after the operation.

Preoperative arm pain may be immediately improved or be completely gone, or you may continue to experience some arm pain for a number of days to weeks. Even if your arm pain is completely gone after surgery, you can expect some intermittent recurrent pain in the affected arm over the first six weeks after surgery, as the surrounding tissues heal and inflammation subsides. Do not worry if this happens; it is normal. Severe persistent arm pain should not recur, and should be reported to Dr. Spivak. Any new weakness in the arm or shoulder, which can occur even days after the operation, should also be reported.

During the first few days home, contact Dr. Spivak's office to schedule your first postoperative office visit, generally at 2-3 weeks from the time of surgery. The second

visit will usually be 6-8 weeks after surgery, and the third visit 3 months postoperatively. X-rays are performed just prior to seeing Dr. Spivak at the six and 12 week visits, and often at the two week visit as well if a metal plate has been used.

Caring for the Surgical Wound

At the time of hospital discharge, your wound is being covered by an outer gauze dressing held on by clear plastic or white tape, and an inner dressing of white tape strips applied directly to the skin. You should not shower with the outer dressings on, but instead should sponge bathe around the collar.

The outer dressing should be removed on the morning of the third day after surgery. Carefully remove the outer tape and gauze from the pelvic and neck wounds, leaving the tape strips applied to the skin intact. If the gauze dressing is dry (including dried blood), this dressing should be left off. If there is any fluid draining from the wound, a new sterile gauze dressing should be applied and changed each day. Persistent drainage after two days should be reported to Dr. Spivak.

The tape strips on the skin should be left in place. They may get wet in the shower, but should not be rubbed with a washcloth or a drying towel or they may come off. Carefully dry this area by patting rather than rubbing. Eventually, the tape strips will fall off on their own; if they are still in place they will be removed at the time of the first postoperative office visit. Do not bathe or soak the wound site until after the first postoperative visit.

If you have had a metal plate used at surgery and are using a soft foam brace, it can be removed for the shower and reapplied afterwards. When a hard neck brace is used, it should be kept on the neck at all times, including the shower. You may have been given a second brace to be used for showering which can get wet, unless instructed otherwise by Dr. Spivak. If you only have one brace, do not get it wet; wash around it. You may contact Dr. Spivak's office to fax or mail a prescription for a second brace. One hint for comfort while wearing the hard brace, especially in warm weather: a silk scarf placed between the front half of the collar and the skin can be a very effective wick, absorbing moisture and keeping the neck dry and comfortable despite perspiration.

The wound stitches (sutures) are absorbable. The ends of the suture may be protruding from the skin at the ends of the wound. These should be left alone, or covered with a gauze if they are irritating under the brace. These ends will be removed at the first postoperative visit if they have not fallen off on their own.

Medications

Discharge medications generally include only pain relievers. These include medications such as Tylenol with Codeine, Vicodin (hydrocodone/apap), and Percoset (oxycodone/apap). These should be used only as needed, usually diminishing in need over the first few days after surgery. When you are comfortable enough, only extra-strength Tylenol (acetaminophen) should be needed. Nonsteroidal anti-inflammatory medications such as Motrin (Advil, ibuprofen), Naprosyn (Aleve), and aspirins should **not** be used for the first 6-12 weeks after surgery, as they may adversely affect the healing of the bone fusion.

Activity

All patients should be up and walking, including going to the bathroom, the morning after surgery. In general, walking is strongly encouraged, including up and down steps and on a treadmill. Lifting should be avoided - nothing heavier than a filled coffee cup, for six weeks as well.

Postoperative physical therapy is not needed for most patients, but may be prescribed at the first postoperative office visit in patients with significant weakness in arm muscles or difficulty walking prior to surgery. Even if prescribed, therapy should not include any neck exercises until the brace is no longer needed, as determined by Dr. Spivak. Most patients, however, can exercise at home on their own and do not need prescribed physical therapy.

In general, most patients will be cleared for driving after the brace is discontinued. Return to desk-type work can be allowed within a few weeks, depending on postoperative symptoms and expected commute. Return to physical labor is usually at 6-12 weeks after the operation. Resumption of previous recreational physical activities is generally begun at 6-8 weeks postoperatively.