



What to Expect During Your

# Posterior Cervical Fusion

Your Pathway to Healing

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**PRINCETON  
BRAIN & SPINE**

*The art and science of care.™*



## *Your Role in Recovery...*

You have a very important role in preparing for and recovering from your surgery. Your physician has requested that this process be coordinated by a specialized team of healthcare professionals who take care of people having neck surgery. This posterior cervical fusion pathway was written for you by that team.

The pathway is a map of activities before and after your surgery. We want you to know what to expect from day to day and actively participate in your recovery. The posterior cervical fusion pathway is divided into three phases:

- 1) Before surgery
- 2) Day of surgery
- 3) After surgery

The length of time it takes to complete each phase is different for every patient. Your path may be tailored to your special needs at any point. Please feel free to talk with staff and your doctor about your concerns.

For questions regarding your Posterior Cervical Fusion pathway or more information on the spine services of Princeton Brain & Spine call 888-741-7272

# WHAT TO EXPECT DURING YOUR **Posterior Cervical Fusion**

## **Phase I: Before Surgery**

### **Preparation for Surgery**

- Discuss current medications with your surgeon.
- Stop aspirin, anti-inflammatory medications, supplements or any blood thinners, as directed by your surgeon.
- Quit use of all tobacco and nicotine products.
- Eat healthy and increase your protein intake.
- Review online and written educational material regarding your condition as directed by your surgeon.
- Attend the Preoperative Spine Education Class to learn about your hospital stay and correct body mechanics.
- Arrange for a family member or friend to drive you home from the hospital when you are discharged. You will not be able to leave the hospital unless you have a driver.
- Arrange for a family member or friend to stay with you when you go home from the hospital. You will need help cooking, walking, and caring for yourself for at least a few days.

### **Surgeon's Office for Preoperative Visit**

- Discuss the surgical procedure and ask questions regarding the surgery.
- Review and sign the consent for surgery.
- Discuss postoperative care such as pain management techniques and activity level.

**Date/Time:** \_\_\_\_\_

### **Night Before Surgery**

- **DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT**, unless directed by surgeon or anesthesiologist.

### **Day of Surgery**

- Arrive at hospital at requested time.
- Intravenous lines will be started in the preoperative holding area.
- Medication may be given to help you relax and become sleepy prior to surgery.
- Your family may wait in the main lobby. A patient representative will keep them informed about the progress of your surgery.

# WHAT TO EXPECT DURING YOUR **Posterior Cervical Fusion**

## **Phase II: Day of Surgery – Postoperative**

- Tests**
- Vital signs (blood pressure, pulse and temperature).
  - Neuro Vascular Checks (arm strength, movement, numbness, tingling).

- Treatments**
- Deep-breathing exercises every two hours while awake. You may use a incentive breathing exerciser (IBE).
  - Ankle pump exercises every two hours while awake.

- Possible Equipment/Tubes**
- Surgical drain at incision site.
  - Dressing over incision on back of neck.
  - Hard or soft cervical collar or brace.
  - IV (intravenous) pump for fluids and medications.
  - Finger probe to monitor oxygen levels.
  - Patient-Controlled Anesthesia (PCA) pump for pain medicine.
  - Bladder catheter.
  - Sequential compression device (SCD) or tight hose to prevent blood clots in legs.

- Medicine**
- IV fluids for hydration.
  - Antibiotics to prevent infection.
  - Pain medicine may be given by an injection in the muscle, through your IV or orally.
  - Pain medicine may also be given via a Patient-Controlled Anesthesia (PCA) pump in which you control the delivery of your pain medicine, if ordered by your surgeon.
  - Medication for nausea and muscle spasm available as ordered by your surgeon.
  - Stool softener to prevent constipation provided as ordered by your surgeon.
  - Your routine home medications will be restarted as directed by your surgeon. (The nurses will administer these. Do not take your own medications without first discussing it with the nurse.)

- Food**
- After surgery – ice, clear or full liquids as tolerated; advance diet as tolerated.
  - Increase protein and fiber in your diet to promote healing and prevent constipation.

- Activity**
- Out of bed as tolerated per surgeon's order. It is best for your recovery to sit at the side of bed or in a chair and/or walk to bathroom and in the hallway as tolerated.
  - May elevate the head of bed to comfort level.
  - Keep the neck in neutral position. Minimize flexing, extending or rotating your neck.

- Need to Know**
- How to call the nurse.
  - Tell the nurse if you need medications for pain or nausea.
  - Tell the nurse what you drink and when you urinate so it can be measured.
  - How to log roll to get in and out of bed.
  - How to order food.

- Feeling and Sensation**
- Uncomfortable, but pain should be tolerable with medications.
  - Stiffness and muscle spasms in back of neck and between shoulder blades.

# WHAT TO EXPECT DURING YOUR **Posterior Cervical Fusion**

## **Phase III: After Surgery – Postoperative Day 1**

- Tests**
- Vital signs, Neurovascular Checks
  - X-rays of neck if not already completed.
  - Routine morning blood tests.
  - Evaluations by physical therapy and/or occupational therapy.

- Treatments**
- Continue deep-breathing and ankle pump exercises.

- Possible Equipment/Tubes**
- Surgical drain will be removed.
  - Hard or soft cervical collar is to be worn as directed by your surgeon.
  - IV pump will be discontinued.
  - PCA pain pump will be discontinued if used.
  - Bladder catheter will be removed.
  - Sequential compression device (SCD) or tight hose will remain until walking regularly in the hallway.

- Medicine**
- Continue IV fluids until eating and drinking well.
  - Complete antibiotics.
  - Pain medicine may be given by an injection in the muscle, through your IV or orally. Pain medicine given in the muscle or through the IV will be converted to oral pain medicine.
  - Medication for nausea and muscle spasm available as ordered by your surgeon.
  - Stool softener to prevent constipation provided as ordered by your surgeon.

- Food**
- Advance to regular diet as tolerated. Increase protein and fiber in your diet to promote healing and prevent constipation.
  - Drink liquids to avoid dehydration and constipation.

- Activity**
- Continue walking in hospital room and hallway with clinical partner, nursing staff, physical therapy or family member if allowed.
  - Keep neck in neutral position. Minimize flexing, extending or rotating your neck.
  - Obtain rehabilitation therapy consultation if recommended by physical therapy and surgeon.

- Need to Know**
- Tell the nurse if you need medications for pain, nausea, constipation or muscle spasm.
  - Review neck precautions, proper body mechanics, mobility and any questions or concerns with your physical therapist.
  - Getting in and out of bed without difficulty.

- Feeling and Sensation**
- Comfortable when lying still. Pain with movement.
  - Stiffness and muscle spasms in back of neck and between shoulder blades.
  - Moving better and progresses to moving with minimal help.

# WHAT TO EXPECT DURING YOUR **Posterior Cervical Fusion**

## **Phase III: After Surgery – Postoperative Day 2 and 3**

- Tests**
- Vital signs, neurovascular checks.
  - Routine morning blood tests.
  - Evaluations with physical therapy and/or occupational therapy.

- Treatments**
- Continue deep-breathing and ankle pump exercises.

- Possible Equipment/Tubes**
- IV may be capped if eating well.
  - Hard or soft cervical collar is to be worn as directed by your surgeon.
  - Sequential compression device (SCD) or tight hose will remain until walking regularly in the hallway.

- Medicine**
- Pain medicine may be given by an injection in the muscle, through your IV or orally. Pain medicine given in the muscle or through the IV will be converted to oral pain medicine.
  - Medication for nausea and muscle spasm available as ordered by your surgeon.
  - Stool softener to prevent constipation provided as ordered by your surgeon.

- Food**
- Advance to regular diet as tolerated. Increase fiber and protein in your diet to prevent constipation.
  - Drink liquids to avoid dehydration and constipation.

- Activity**
- Continue walking in hospital room and hallway with clinical partner, nursing staff, physical therapy or family member if allowed.
  - Increase activity as ordered in preparation for discharge.
  - Keep neck in neutral position. Minimize flexing, extending or rotating your neck.
  - Obtain rehabilitation therapy consultation if recommended by physical therapy and surgeon.

- Need to Know**
- Tell the nurse if you need medications for pain, muscle spasm, constipation or nausea.
  - Discharge instructions regarding medicines, activity, exercise.
  - Review neck precautions, proper body mechanics, mobility and any questions or concerns with your physical therapist.

- Feeling and Sensation**
- Comfortable when lying still. Painful with movement.
  - Moving better and progresses to moving with minimal help.
  - You are ready to go home.

# Discharge Instructions CONTINUED

## ACTIVITY

1. Walking is the best activity you can do for your recovery. It is the only exercise that you may do until the follow-up appointment with your surgeon. Do not lift weights!
  - a. You should begin walking at a pace and distance that is comfortable for you.
  - b. Gradually increase the amount of walking based on how you feel until you are able to walk 45 minutes per day, five days per week. Let your comfort level be your guide.
  - c. You also may use a treadmill to walk if your surgeon allows, but no running on the treadmill. You may also use an exercise (recumbent) bike.
2. You may go up and down stairs if needed, but please try to limit the amount of times each day that you go up and down the stairs.
3. When sleeping, use at most one pillow to maintain your neck in neutral position.
4. Remember to keep your neck in neutral position – minimize flexing, extending or rotating your neck.

## NUTRITION

1. Maximize your nutrition to allow your incision to heal and your bones to fuse.
  - a. Eat healthy.
  - b. Maximize protein intake.
2. Many pain medicines cause constipation as a side effect. To prevent constipation:
  - a. Increase the amount of fluids you drink.
  - b. Eat fruits and vegetables.
  - c. Increase fiber in your diet. Add prunes and bran to your diet.
  - d. Take an over-the-counter stool softener such as Colace or Metamucil.
3. You may have a sore throat and some trouble swallowing for up to two weeks. Continue eating soft foods until swallowing is easier for you.

## CALL YOUR SURGEON IF THESE SIGNS AND SYMPTOMS DEVELOP:

### A. INFECTION

- Swelling and/or drainage from the incision site. Often yellow or green in color with a foul odor.
- Temperature higher than 101 degrees.
- Redness around the incision.
- Incision is hot to touch.
- Chills or night sweats.
- Opening of the incision.
- Uncontrolled pain not relieved by pain medication.

### B. BLOOD CLOT

- Calf is painful or feels warm to the touch and tender on pressure.
- Persistent swelling of the foot, ankle or calf that does not go away with elevation of the leg.
- Chest pain or shortness of breath.

### C. OTHER

- Bad headache.
- Difficulty swallowing or shortness of breath.
- Any changes in your condition, concerns and/or questions.

RECUPERATION IS AN INDIVIDUAL EXPERIENCE AND MAY VARY DEPENDING ON PATIENT'S TYPE OF SURGERY.

# Discharge Instructions CONTINUED

## SHOWER

1. Wait to shower and get your neck wet until your surgeon allows it.
2. Keep the incision dry with a plastic covering for 24 hours after any sutures/staples are removed. If there are no sutures/staples, keep the incision dry for seven days. Plastic covering should be removed after showering.

## BRACE

If a cervical collar is fitted per the surgeon's order, please wear the brace as directed.

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