



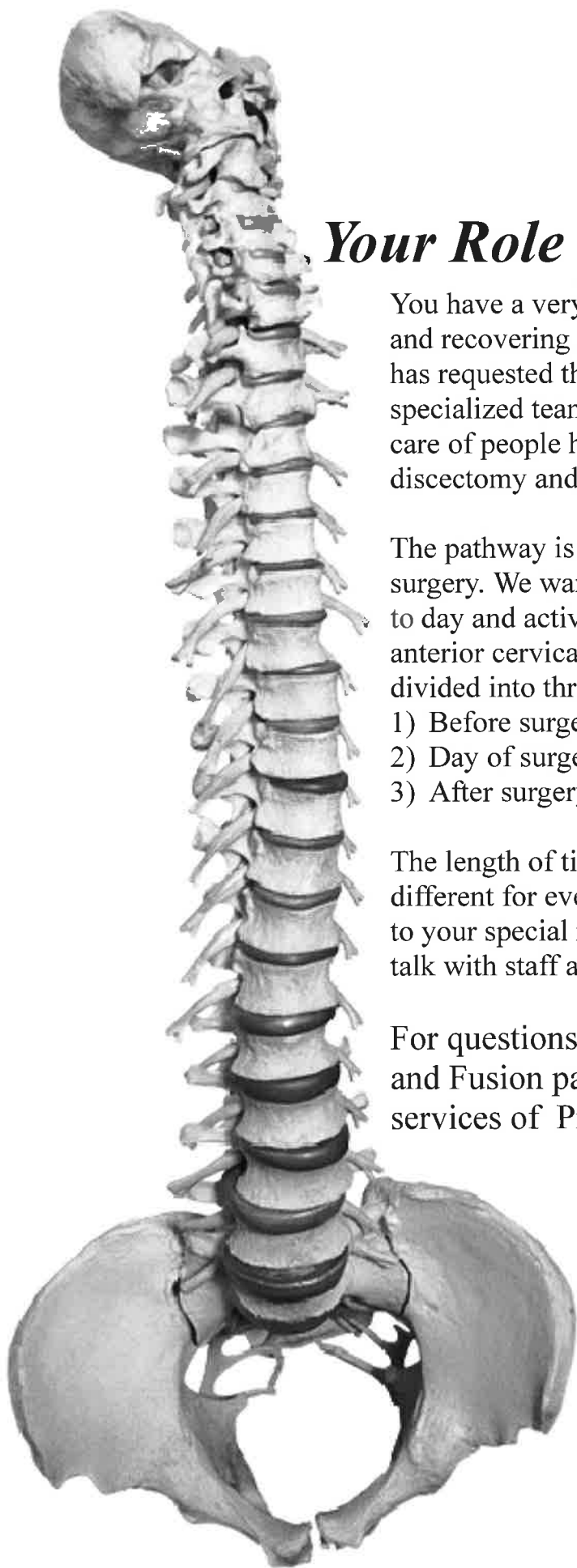
What to Expect During Your

Anterior Cervical Discectomy and 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 spine surgery. This anterior cervical discectomy and 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 anterior cervical discectomy and 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 Anterior Cervical Discectomy and Fusion pathway or more information on the spine services of Princeton Brain & Spine call 888-741-7272.

WHAT TO EXPECT DURING YOUR Anterior Cervical Discectomy and 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 instructed 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.
 - 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 require help cooking, walking and caring for yourself for at least a few days if not more.

Surgeon's Office for Preoperative Visit

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

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 Anterior Cervical Discectomy and Fusion

Phase II: Day of Surgery – Postoperative

Tests	<ul style="list-style-type: none">• Vital signs (blood pressure, pulse and temperature).• Neurovascular Checks (arm strength, movement, numbness, tingling).
Treatments	<ul style="list-style-type: none">• Deep-breathing exercises every two hours while awake with an incentive breathing exerciser (IBE).
Possible Equipment/Tubes	<ul style="list-style-type: none">• Surgical drain at incision site.• Dressing over incision on front of neck.• Hard or soft neck collar or brace.• IV (intravenous) pump for fluid and medications.• Finger probe to monitor oxygen levels.• Patient-Controlled Anesthesia pump for pain medicine.• Bladder catheter.• Sequential compression device (SCD) or tight hose to prevent blood clots in legs.
Medicine	<ul style="list-style-type: none">• 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 also may 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, sore throat and muscle spasm will be available as ordered by your surgeon.• Stool softener to prevent constipation provided, as ordered by your surgeon.• Medication such as steroids may be given to help decrease the amount of swelling around your spine if 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	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.• Keep the neck in neutral position. Minimize flexing, extending or rotating your neck.
Need to Know	<ul style="list-style-type: none">• How to call the nurse.• Tell the nurse if you have difficulty swallowing or need medications for pain, nausea, sore throat or muscle spasm.• 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	<ul style="list-style-type: none">• Uncomfortable, but pain should be bearable with medications.• Sore throat. Throat lozenges available if needed.• May have residual numbness and tingling.

WHAT TO EXPECT DURING YOUR Anterior Cervical Discectomy and 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 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 hallway.

- Medicine**
- Continue IV fluids until eating and drinking well.
 - Complete antibiotics.
 - Pain medicine given in the muscle or through the IV will be converted to oral pain medicine.
 - Medication for nausea, sore throat and muscle spasm available, as ordered by your surgeon.
 - Medication such as steroids may be given to help decrease the amount of swelling around your spine if 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 your hospital room and hallway with clinical partner, nursing staff, physical therapy or family member if allowed.
 - Keep the neck in neutral position. Minimize flexing, extending or rotating your neck.
 - Sit in chair for meals.

- Need to Know**
- Tell the nurse if you need medications for pain, nausea, constipation, muscle spasm or sore throat.
 - Getting in and out of bed without difficulty.
 - Putting on your collar and removing your collar without difficulty.
 - Spine Center nurse available to answer questions, if needed.
 - Review neck precautions, proper body mechanics, mobility and any questions or concerns with your physical therapist.
 - Review discharge instructions with your nurse and surgeon.

- Feeling and Sensation**
- Moving better and progresses to moving with minimal help.
 - Throat may still be sore.
 - You are ready to go home.

Discharge Instructions

SURGEON SPECIFIC INSTRUCTIONS

- Do not lift more than 10 Pounds until seen by your doctor. Do not lift anything over your head.
- Do not drive until seen by your doctor. You may not drive, if you are taking narcotic medication.
- You may remove the dressing over the incision on post operative day 5.
- You may get the incision wet on post operative day 7.
- If there is no drainage, you may leave the incision open to air. This facilitates healing.
- Post-operative follow-up appointment with _____, Phone number _____.

GENERAL INFORMATION

1. Recuperation may take from a few weeks to a few months, depending on the extent of your surgery. Some recovery may take place even up to two years.
2. You may ride in a car, bus or airplane as long as you are comfortable. Please be sure that the head rest is adjusted to the correct level for you.
3. Do not smoke – smoking slows healing.
4. Do not drink alcohol while taking prescription pain medication.

FOLLOW-UP APPOINTMENTS

1. Upon discharge, if you do not already have a postoperative follow up appointment scheduled, please call your surgeon's office to schedule an appointment.
2. Your surgeon may order X-rays prior to the appointment.

PAIN

1. You will be sent home with a prescription for pain medicine if you do not already have pain medication at home. Please call your surgeon if the medicine is not relieving your pain so adjustments can be made.
2. Take the pain medicine as directed and only if you are experiencing pain, not in anticipation of pain.

MEDICATION

1. Review medication instruction sheet provided by your nurse.
2. Do NOT take anti-inflammatory medications (Advil, Aleve, Aspirin, Bextra, Celebrex, Ibuprofen, Motrin, Mobic or Naprosyn) until cleared by surgeon.

3. Resume all medications you were taking before surgery unless specifically discontinued by your surgeon.
4. Taking a multivitamin each morning for three months is encouraged.

INCISION

1. Remove the dressing on your incision as directed by your surgeon. If you have steri-strips, these will generally fall off by themselves within 10 to 14 days. If the steri-strips have not fallen off in that time, you may remove them.
2. Keep the incision as clean and dry as possible. Ointments are not needed.
3. It is normal to experience some numbness around your incision.

SHOWER

1. Wait to shower and get your neck wet until your surgeon allows it.
2. If instructed to keep the incision dry, apply a plastic covering over the incision during your shower. Plastic covering should be removed after showering.

BRACE

If a cervical collar is fitted per the surgeon's order, please wear the collar as directed. Cervical collars are generally recommended for the first four to six weeks. The actual length of use will be determined by the extent of your surgery and your surgeon's orders.

(continued on next page)

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.

