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ACDF with PCF Post-Op Instructions

Description of Procedure:

The anterior cervical decompression and fusion (ACDF) is a minimally invasive surgery that involves one small incision. Screws are inserted into the vertebrae along with a metal plate to provide stabilization. A cage is placed between the vertebrae in the disc space after the disc is removed. Bone growth is encouraged by a specialized material in the cage. Bone will grow to connect the vertebrae, fusing them together. It will take several months for the bone growth to occur, so following the post-op restrictions are very important during this time.

Posterior cervical discectomy and fusion (PCF) is a spinal fusion surgery in the cervical spine. Dr. Kim will make an incision in the middle in the back of the neck and gently move the muscle over allowing the spine to be seen. Screws and rods are used to hold the spinal column in place while fusion occurs or to provide stability. The screws are inserted into the left and right sides of the vertebrae to be fused. A rod connects the screws to stabilize the spine on each side. Caps secure each screw to the rod. A fusion graft is inserted and a surgical plate is then screwed in place over the fusion level to stabilize the area.

The following guidelines are recommended after surgery to ensure a good recovery. You may be given additional instructions by your surgeon when discharged. For questions or concerns, please contact Dr. Kim at 612-850-2545.

After your surgery:

- You may resume your regular diet as tolerated; avoiding spicy or greasy foods at first.
- Resume all previous medications. Pain medication and antibiotics may cause constipation. Increase your water and fiber intake. Also, over the counter stool softeners may be helpful (Senna, Colace, Milk of Magnesia).
- **NO ALCOHOL** for the next 24 hours or while taking pain medication(s).
- It is normal to feel sleepy, dizzy and/or slightly nauseous for 24 hours after anesthesia.
- **NO** driving or operating heavy machinery or make any important or legal decisions or sign legal documents while taking narcotics.
- Wear C-Collar brace when out of bed/ambulating until your provider lifts these restrictions

Restrictions:

Following surgery, you will be asked to wear your brace with activity and in the car for the first 3 months. During this period, remember the acronym "BLT." That is, you should not **b**end, **l**ift over 8 pounds, or **t**wist. You should try to keep your neck in a neutral position. Avoid Overhead Motion.

Incision Care:

You may have staples, sutures, steri-strips, or likely a combination of these to help keep your incision closed post-operatively. Steri-strips are small stickers placed over the wound; please allow these to remain in place until they fall off on their own, typically about 7 days. Staples should be taken out within 10-14 days after surgery by your primary care provider. Often a bandage is placed over the incision site. Please keep this bandage on for 48 hours after surgery, as it is a sterile dressing. After 48 hours, the dressing should be changed daily until there is no longer drainage around 5-7 days post-op. After this, gauze or bandages are usually not necessary. We ask that you leave the incision site open to air. Please remember that dark and moist areas promote bacterial growth.

Signs of Infection:

You or a significant other should monitor your incision for signs of infection. Signs of infection include: redness, swelling, increased warmth to touch, discharge from the wound, and a body temperature over 100.5 F. If any signs of infection do appear, please contact our office.

Can I bathe?

It is safe for the incision to get wet while taking a shower, but avoid any direct pressure from the shower head and do not scrub the area. Lightly pat the site dry with a clean towel when finished. Avoid submerging your wound by soaking in the bathtub, as this will increase your risk of infection at the incision site. Please wait at least 3 weeks for the incision wound to heal before submerging the area while taking baths.

When can I go back to work?

Most patients go back to work with restrictions 4-8 weeks after surgery. If your job is more physically demanding, this may need to be extended. In general, your capability to return to work will be discussed at your one-month visit.

When can I drive?

Once you are off all narcotic pain medications, and you have regained full control of your extremities you should be able to safely operate your vehicle.

Appointments:

Please see your primary care provider 10-14 days after surgery to have the incision examined. We would like to see you at Inspired Spine one month after surgery. This is the first of a series of post-op appointments. You will have a CT scan prior to your appointment to confirm the position of the hardware. You can reach Inspired Spine to set up an appointment, if it is not yet scheduled.

Things to Remember:

Fluctuation in the amount of pain you may experience is normal. This is especially common 1-2 weeks after surgery related to increased swelling at the surgical site.

Headaches, neck pain, pain near and around your shoulder blades and into your arms are common post-operative pain/symptoms after a neck surgery. These symptoms are temporary almost always, but can take quite some time to resolve.

It is not uncommon to experience a temporary increase or the same level of intensity of pain down one or both of your arms or shoulders. This can be due to us "cleaning off" your nerves, swelling, or just remnants of nerve irritation from prior surgery. Please inform us however, if your pain gradually worsens.

Certain things can delay your healing, hinder your surgery from being successful, and/or increase your risk of requiring another surgery. These include smoking and/or tobacco use, diabetes, poor general health, advanced age, and/or obesity. Although some risks cannot be avoided, it is important to control what you can for the best possible outcome.

To reach Inspired Spine providers after-hours with **URGENT** Post-Operative concerns: 218-789-1317 (this number is not monitored during normal business hours).

In Emergency Situations, Call 911:

- Sudden onset of leg weakness and spasms
- Loss of bladder control and/or bowel functions
- Signs or symptoms of a pulmonary embolism (PE) - sudden coughing, sharp chest pain, rapid breathing, or shortness of breath, and/or severe lightheadedness.
- Signs or symptoms of a deep vein thrombosis (DVT) - Swelling in the leg(s), pain and/or tenderness