



# Anterior Cervical Discectomy and Fusion

## DISCHARGE INSTRUCTIONS

### ACTIVITY

1. Do not lift more than five pounds for six weeks. After that (starting six weeks after surgery) you may increase lifting to twenty pounds. Remember to use good body mechanics and avoid exaggerated or fast movements of the neck. Be aware of maintaining a straight body posture.
2. You may resume sexual activity after two weeks if you avoid positions that strain the back or cause pain.
3. You may not dive, bowl, play tennis, golf, horseback ride, vacuum, mow, rake, or shovel. Do not push or pull loads heavier than your weight restrictions.
4. Wear your soft cervical collar at all times for the first two weeks following surgery unless you are in a sitting or resting position, at which time the collar may be removed. Wear the collar if you are around small children, climbing stairs, or in a large crowd. The soft collar must be worn at all times, for up to six weeks, whenever you are in a car.
5. Patients with poor bone quality from osteoporosis or recent/current smokers may be instructed to wear a hard collar for up to 3 months after surgery to help bone healing.
6. Avoid bending your neck forward and backward.
7. You may shower the day after surgery. Use mild soap and water on the incision. The outer dressing should be removed prior to showering. Do not pull off any tape or adhesive directly covering the incision. This will fall off on its own after 5–10 days.
8. Avoid soaking in a bathtub until incision is fully healed, this will be at least 4 weeks. DO NOT sit in a hot tub for at least six weeks after surgery.

### INCISION

1. A small to medium amount of clear, bloody drainage is normal.
2. Bruising, scabbing, and itching may also occur.
3. Cover incision with light gauze dressing until drainage has stopped. Use papertape to secure gauze so air can get to incision.
4. Allow steri-strips, dermabond, or dermabond adhesive tape that you may see directly on the skin to fall off on its own. Avoid pulling at these.



5. Avoid touching the incision. Always wash your hands before and after handling dressing material or incision. Avoid scratching the incision.
6. Your sutures are buried and will dissolve. They DO NOT have to be removed.

## **SLEEP**

1. To promote healing, you should take several short rest periods during the day.
2. You may sleep in any position you find comfortable. The best position for resting is on the side with one leg bent up and a pillow between your knees.
3. Waking up feeling stiff is not uncommon.

## **DIET**

1. Resume diet slowly over 1-2 days after surgery. Due to anesthesia medications, nausea and vomiting may occur up to 48 hours after surgery. Call if this persists.
2. You may find some mild discomfort with swallowing after this type of surgery which is normal. Soft foods like eggs, cottage cheese, yogurt and ice cream may be easier to eat the first couple days after surgery.

## **CONSTIPATION**

1. Constipation, or not having a bowel movement, is common after surgery due to anesthesia and pain meds.
2. Use over the counter stool softeners when taking pain medications as the pain medications will cause constipation.
3. Once tolerating diet, increase fiber and fruit intake. Drink plenty of water.
4. Walking and mild activity is encouraged
5. If constipation associated with nausea, vomiting, or abdominal pain occurs, notify your family doctor or call the office.

## **PAIN**

1. Any numbness or weakness present prior to surgery is likely to persist to some degree after surgery, as the nerve recovers as much as possible.

2. Some postoperative aching or throbbing in the arms and shoulders is not uncommon and usually resolves in a few weeks.
3. Walking and a daily exercise routine are keys in reducing pain and regaining muscle strength.
4. Attempt to use other forms of distraction to reduce pain such as music, reading, television, etc.
5. You will be given discharge prescriptions, which will include pain medication. The pain medication contains Tylenol. Do not take more than 3000mg of Tylenol per 24-hour period!
6. Please report any excessive pain.

## **PAIN MEDICATIONS**

1. Pain medication should only be taken as prescribed.
2. The goal of the surgery is to reduce the need for the pain medication by removing the cause.
3. Ice applied to painful areas for 3-5 minutes can also reduce pain. This is okay to do 3 times a day. Make sure to keep incision dry if using ice.
4. Refills on pain medications are at the full discretion of the doctor and will not be called in more frequently than prescribed. You are encouraged to begin tapering pain medications as pain allows following surgery.
5. Please have your pharmacy call and request the refill.
6. Do not drink alcohol while taking pain medications.
7. Do not drive or operate machinery while taking pain medications.

## **OTHER MEDICATIONS**

1. Resume taking your home medications following surgery except for blood thinners.
2. If you are taking blood thinners, please ask your surgeon when to resume them. This is usually 5–7 days after surgery but each patient must have specific plan with treating surgeon and physician prescribing the blood thinner.
3. Take all medications as prescribed only.
4. One of these medications may be a tapering dose of steroids. Take as directed and then discontinue. There may only be a few tablets and these do not require a refill.



## **DRIVING**

1. You may resume driving (automatic vehicles only) two weeks after surgery for short distances. Three weeks after surgery you may drive for up to one hour at a time. You may be a passenger in a car, restrained, but for no more than one hour of riding without getting out to walk a few minutes.
2. Do not drive or ride a motorcycle.
3. If you were ordered a neck brace to wear, use at all times while in vehicle.
4. Always wear your seatbelt.
5. You cannot drive if you are taking any pain medications or muscle relaxers.

## **RETURNING TO WORK**

1. Unless otherwise discussed with your doctor, you should not return to work until seen back in the office following surgery.
2. The usual time off work is 2–6 weeks depending on the individual, surgery and type of work you will be returning to.
3. Off work statements can be provided for you. Please provide us with whom it needs to be sent and to what address and fax number.

## **WHEN TO CALL THE DOCTOR**

1. Any signs of wound infection such as: significant redness, swelling, foul smelling or thick drainage, usually yellow-greenish in color, fever above 101.5° unrelieved by Tylenol, increased or unrelieved incisional pain, open areas that do not appear to be healing. (It is normal to have intermittent fevers up to 102°F for three to four days after surgery as the body is healing.)
2. Any increasing swelling at the incision site or neck area.
3. Difficulty breathing.
4. Excessive or unrelieved pain.
5. Progressive weakness, numbness, or tingling.
6. Loss of bowel or bladder control.
7. Warmth, redness, pain or swelling in the calves.
8. If accident or injury occurs following surgery.
9. Some hoarseness and swallowing difficulty is normal.