

# NEUROSURGICAL CONSULTANTS, INC.

[www.neurosurgical-consult.com](http://www.neurosurgical-consult.com)

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SPINAL SURGERY  
CRANIAL SURGERY  
MICRONEUROSURGERY  
SPINAL INSTRUMENTATION

## Welcome

The doctors of Neurosurgical Consultants want to keep you informed about your hospital stay and discharge. Please review the information and talk with your doctor(s) or the hospital staff about your progress.

### **Anterior Cervical Discectomy and Fusion**

#### **What is an anterior cervical discectomy and fusion?**

Anterior Cervical Discectomy and Fusion is a procedure that uses an operating microscope to remove a herniated disc that is causing pressure on a cervical nerve root or the spinal cord. The magnification provided by the microscope enables the neurosurgeon to make a small incision in the skin of the neck to perform the discectomy.

#### **Description of the surgery:**

Before surgery, intravenous antibiotics are administered to decrease the risk of infection. You will be anesthetized (put to sleep) while lying on your back and then placed onto a special head-holder for the surgery. The surgery is performed through a small incision on either the right or left side of the neck over the diseased disc. The surgical dissection continues down to the cervical spine by gently retracting the large artery in the neck (carotid artery) to one side, while retracting the swallowing tube (esophagus) and breathing tube (trachea) to the other side. The diseased disc level is confirmed with an x-ray. The microscope is then used for the rest of the operation. Careful micro-dissection allows the disc to be removed down to the spinal cord. In the process, bone spurs pressing on the nerve or spinal cord are also removed. The area is then inspected to confirm that there are no other disc fragments pressing on the nerve or spinal cord. The wound is irrigated with antibiotic solution to decrease the likelihood of infection. A bone graft (usually from the bone bank) or PEEK Spacer and Autograft Bone, is then placed in the discectomy site. Often, a titanium cervical plate will be positioned in front of the spine using screws into the vertebral bodies above and below the discectomy to maintain spinal alignment. Absorbable stitches are used under the skin to close the incision. Stitches or a special skin glue, are used on the skin layer. A sterile dressing is placed over the incision. A hard cervical collar or a soft cervical collar may need to be worn after surgery. If needed, it will be placed on you at the end of the operation. The breathing tube is removed (extubated) and then you will be taken to the recovery room.

### **How will your family know when the surgery is completed?**

Your neurosurgeon will speak with your family members in the family waiting area or call them at home when the surgery has been completed.

## **What to Expect After Surgery**

### **Day of Surgery**

Following the surgery, you will spend one to two hours in the Recovery Room (PACU). From there you will be taken to a regular hospital room or to the Day Surgery area where nurses who specialize in caring for surgical patients will monitor you. Visitors are not allowed in the Recovery Room, but family and friends can visit when you are sent to a regular hospital room or the Day Surgery Area. Most patients go home on the day of surgery.

- The nurses will monitor your temperature, blood pressure, pulse and respiration level.
- The nurses will give pain medicine initially by vein and then by mouth, as you need it.
- You can begin to eat, as you like. It is not uncommon to feel nauseous after surgery. This is often due to the anesthesia. Medicine is available to help relieve the nausea and any vomiting.
- Some people have difficulty urinating after surgery. If this occurs, a small catheter will be temporarily placed into the bladder.
- Activity: You will be encouraged to walk as soon as you are comfortable. Walking helps to prevent blood clots from forming in the legs after surgery. You should avoid bending over, sitting for more than 1 hour, or lifting anything heavier than five pounds.
- Constipation often occurs from the use of narcotic pain medications. Stool softeners and other medications may be needed to help prevent constipation.
- After surgery, it is important to do deep breathing exercises. This prevents pneumonia from developing. You may be given a device called an incentive spirometer to help you deep breathe.

Discharge: You can plan on going home the day of surgery. Occasionally patients need to stay overnight and go home the next day.

### **Cervical Collar**

If you were discharged with a hard collar (prescribed by the neurosurgeon) it must be worn at all times until instructed to remove it, typically in 12 or more weeks. If a cervical plate was placed during surgery, you may not need a collar or you may be issued a soft collar to be worn for comfort.

## **Once You Are Home**

### **When to call your doctor?**

One of the three neurosurgeons from Neurosurgical Consultants Inc. is on call each day. That means that 24 hours a day either your neurosurgeon or his covering associate can be reached, if needed. Call the office at (781) 769-4640 if there is drainage from the wound, a fever greater than 101 degrees Fahrenheit, new weakness, numbness, or worsening pain. Patients may experience some pain or tingling radiating down their arm for several days after surgery. This is caused by nerve swelling which should subside. You should call your doctor if the pain in your arm is the same or worse than before surgery.

### **Pain medication:**

You should only be taking narcotic medication such as Percocet or Vicodin for the first few days after surgery for incisional pain. Extra Strength Tylenol should be sufficient to control any pain after the first few days and certainly by the end of the week. You should **not** use any anti-inflammatory medications, such as aspirin, Motrin, ibuprofen, etc., until told by your neurosurgeon that it is safe.

### **How to care for your surgical incision?**

There will be a gauze dressing secured with silk or clear plastic tape. This should be removed two to three days after surgery, if it was not removed in the hospital. Under the dressing will be either Steri-Strips, or skin glue. Steri-Strips are small pieces of special tape that will fall off on their own once they start getting wet, typically 7-10 days after surgery. The skin glue is a clear synthetic glue that holds the skin edges together and acts as an impermeable barrier to water. It will start to flake off 7-10 days after surgery. Patients may shower but should not bathe or swim for at least 3 weeks. Your incision should not be immersed in water. If you have Steri-Strips, the skin should be covered with clear plastic wrap while showering during the first week.

### **Weeks 1-2**

Unlimited walking is allowed. You may walk up stairs. You should not lift any object greater than 2 pounds. You should not drive, but you may ride as a passenger. You may have sexual relations when you feel that you are ready. During sexual relations, you should avoid positions that cause discomfort, as this may cause re-injury.

### **Week 3**

Unlimited walking is allowed. You may walk up stairs. Do not lift any object greater than 10 pounds. If you are required to wear a hard collar, you may **not** drive. If you had a cervical plate placed at surgery and feel that you have full function of your arms and full range of motion of your neck with no impairment, you may begin driving. If there is any weakness or sensory deficit, such as numbness, you should not drive. When you initially start to drive, stay close to home and avoid heavy traffic. Slowly work your way up to more extensive driving. During sexual relations, you should avoid positions that cause discomfort, as this may cause re-injury.

### **Week 4**

At this point you should have your post-operative visit. Make sure to discuss issues such as physical therapy and returning to work. Many people can return to work sooner, if no lifting or bending is involved. This should be discussed pre-operatively if you want to return to work sooner. In general, let your body “tell” you what to do. If you do something that is uncomfortable or makes you ache later, you know you have done too much.

### **Weeks 5-12**

You will have regular appointments with your neurosurgeon with periodic x-rays to evaluate the progress of your cervical fusion.

### **Week 12**

A solid fusion may occur at this point enabling the discontinuation of your hard collar. You should wear your hard collar until instructed otherwise by your neurosurgeon.

### **Your Future**

Remember once you have had neck surgery you are more susceptible to future neck strain. However, with regular neck strengthening exercises, a healthy diet, smoking cessation and avoiding potentially harmful activities, you can live an active, comfortable, and productive life.

These instructions are meant to be a guide to recovery from Anterior Cervical Spine Surgery for patients in our practice. We hope that you find them helpful. They are not a substitute for medical care by a professional. Also, other spine surgeons may have different routines. For more information, visit our Web Site, [www.neurosurgical-consult.com](http://www.neurosurgical-consult.com) .

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