



PATIENT INFORMATION SHEET
ANTERIOR CERVICAL DISCECTOMY AND FUSION
NICHOLAS SHEPARD, MD

Before Surgery

- Stop Aspirin, ibuprofen, or other type anti-inflammatory medications 1-2 weeks before surgery.
- Stop smoking as it slows healing, delays and/or prevents fusion, and increase the risk of infection.
- Depending on the location of your surgery, you could stay overnight. Please make appropriate arrangements for work absence, transportation home after surgery, and assistance at home.
- You should not eat or drink anything after midnight before surgery. If you do not follow this rule, your surgery will likely be cancelled.
- You should bring a list of your regular medications with you to the hospital so they can be put in your chart.
- You might consider taking a laxative 2 days before surgery to help prevent problems with constipation after surgery.

Surgery

You will be put to sleep for surgery. The procedure takes approximately 1-2 hours. You will then be in the recovery room for approximately 2 hours. You will notice incisional pain in your neck. You will be allowed to get up and move around as soon as you are recovered from anesthesia.

This surgical procedure involves making an incision in the front of the neck and removing bone and disc material which is pressing on nerve root(s). A metal spacer is placed in the disc space and a plate is applied to the front of the spine with screws to hold it in place.

After Surgery

You may notice soreness in your throat from the breathing tube. You will have discomfort in your neck and possibly your arms as well. There will be a tube coming from your dressing to allow drainage from the wound. You will be allowed some ice chips and clear liquids and then a regular diet later that day.

Three days after the surgery if you feel able, you may shower and have the water run over the wound. **DO NOT IMMERSE YOURSELF IN A BATH OR LET THE WOUND SOAK IN WATER.** After you shower, you should pat the incision dry and apply a new, clean dry bandage. You may discontinue applying the bandage once there is no drainage on the bandage when it is removed. A glue-type substance will be placed over the wound and all the stitches under the skin. There are no stitches or staples to remove. You will be provided with a soft collar for comfort. You only have to wear it when you are up and around. You ordinarily do not need this when in bed or just getting up to go to the bathroom.

You should not bend your neck excessively, drive or lift anything that weighs more than 10 pounds. Walking is the best therapy, gradually increase your walking distance and time each day. In general, you may resume driving 2-4 weeks after surgery when you are off narcotic medication, feel comfortable, and are able to move your neck with minimal discomfort.

You should contact us if you have a temperature of 101.5 degrees, redness around the incision, unusual drainage, increasing pain, either in the back or legs, unusual swelling around the incision, headaches, increasing weakness, bladder difficulties, or any other concerns.

A prescription for pain medication will be provided to you prior to discharge. This may include narcotic medication and you should take appropriate precautions when using this type of medication. **DO NOT LOSE THIS PRESCRIPTION.** It will not be refilled until an appropriate amount of time has transpired between refills.

You may call the office between 8AM and 4PM, Monday through Friday to refill your prescription. Please allow 24-48 hours for refills to be approved. IT IS YOUR RESPONSIBILITY TO ENSURE THAT YOU HAVE ADEQUATE PAIN MEDICATION.

If you feel as though you may need a refill, please call when you have about 10 tablets remaining so that there is **ample time to supply a refill. Do not call for refills after 5PM. Your prescription will not be refilled.** Dr. Shepard's partners have been instructed to not refill narcotic medication when they are on call.

When your surgery is scheduled, please make sure a 2 week and 6 week post op appointment is scheduled. If you do not have an appointment, please call our office to schedule one at 615-267-6800.

If you have ANY questions, or problems, please do not hesitate to contact the office. We are ALWAYS available for any concerns you may have and want you to have the best surgical result possible.

DISCHARGE INSTRUCTIONS
ANTERIOR CERVICAL DISCECTOMY AND FUSION

What to expect post-operatively:

1. It is not uncommon for people to still have some residual arm numbness or pain after surgery. Neck pain and muscular pain in the back of the neck is also common.
2. You will have limits of your energy level, endurance, etc. for some time after surgery. Your body is using a lot of energy to heal after surgery. Get plenty of rest and eat well.
3. **DO NOTE SMOKE** as it delays healing and increases the risk of infection.

Activities:

1. You are encouraged to get out and walk. Gradually increase your walking distance each day. Allow comfort to be your guide.
2. Do not do excessive neck movement after surgery until follow up with the surgeon.
3. You may ride in a car, but you should not drive until you are off pain medications during the day, and feel safe to do so.
4. Avoid lifting more than 10lbs (about the weight of a gallon of milk). Do not do any overhead lifting.
5. We will discuss increasing your activities at your follow-up visit.
6. If you have been given a cervical brace it should be snug and worn at all times until you are seen in the office. You may remove the brace for showering but must place it back after.

Hygiene:

1. You may shower and allow the water to run over your wound three days after surgery. There is a glue-like substance that seals the wound. **DO NOT TAKE A BATH/SWIM** or soak the wound in water.
2. Pat the wound dry and apply a new, clean dry bandage if there is still drainage from the wound. You can discontinue the bandage if there is no drainage.
3. Avoid scrubbing across the wound when you shower. The surgical glue will fall off in time.

Diet and Medications:

1. You may return to your regular diet as soon as you feel comfortable. It is normal to have a sore throat and some difficulty swallowing after surgery which may persist for several weeks.
2. Pain medications and anesthesia may make you constipated. Consider using a stool softener and/or laxative if needed
3. Resume your regular medications unless otherwise advised. **DO NOTE TAKE ANTI-INFLAMMATORY/NSAIDS** (e.g. Mobic, Aleve, Motrin, Ibuprofen, etc.) medications as they may prevent fusion of the spine.

Pain Control:

1. You will be provided with appropriate pain medications. Please follow the prescription instructions.
2. **After 2-3 days out, you can start taking Tylenol and a muscle relaxer three times a day instead of a pain pill.**

Call the office at ANY time at 615-267-6800 if you have problems such as:

1. Fever over 101.5 degrees that persists over 6 hours.
2. A substantial increase in your neck or arm pain.
3. Sudden weakness in your arms or legs.
4. Redness or swelling from the wound.
5. If you develop a severe headache when you sit/stand up.
6. Any loss of control of your bowel or bladder function.
7. Persistent or increasing drainage from the wound.

Any other questions, call my medical assistant at 615-267-6800 ext 1082
If you are in severe distress, go to the Emergency Room.