

Anterior Cervical Discectomy and Fusion Post Operative/ Discharge Instructions

- Wound Care:
 - Please keep your surgical dressings clean dry and intact. After 24 hours you can remove the superficial layer, typically this looks like a clear tape with a gauze like material underneath. There is generally a small white strip underneath that is glued to the skin. Leave this layer and let it fall off overtime.
 - In patients who had a surgical drain, the site where the drain was pulled will have some light drainage for 24-36 hrs. It is ok to apply a light dressing to this area with gauze and tape or a bandaid if there is light drainage. This should close and be watertight 2-3 days after surgery.
 - It's ok to shower normally and pat it dry the day after surgery. Do not soak your wound or apply shaving crèmes, lotions, or other wet products to it.
- Collar Usage:
 - Collar usage depends on the number of levels you had fused, bone quality, age, and other factors. Your surgeon will give you verbal recommendations on how much to use the collar specific to your scenario.
 - I advise most patients to wear the collar when in the car or if out of the house, when sleeping in a recliner or upright position, or for their own comfort. The hardware is very strong and has good stability, the collar is more for your comfort than immobilization.
 - Most multilevel patients use the collar for about 4 weeks after surgery. Single level patients over self mobilize and use the collar for < 2 weeks.
- Appointment:
 - Typically, we see our spine patient's back at 2 weeks after surgery. Most patients already have an appointment that was booked by the office when the surgery was scheduled. If you are unsure of the date, location or time please call the office to confirm. 574-247-9441
- Driving:
 - There are no specific rules about driving other than:
 - You cannot drive while still taking narcotic pain medication

- You cannot drive until you feel your neck is moving well enough that you can safely see the cars and objects around you.
 - When you have weaned from pain medication, test your skills in a mall parking lot or unpopulated area. If you feel safe driving it is ok to begin slowly. Make sure you feel comfortable braking hard in a panic situation.
- Diet:
 - As you may have noticed, the most common complaint of anterior neck surgery is dysphagia or trouble swallowing. Typically, my patients must eat soft things for the first few days after surgery. Jello, broths, soups, eggs, and other foods typically work well. As you feel more comfortable and have less resistance to swallowing these foods you can advance your diet back to regular food. Initially stay away from hard dry foods like peanuts, crackers, and potato chips.
- Warning Signs:
 - If you have more than scant wound drainage after the first 4 days post op, please call the office.
 - Fevers can be common after general anesthesia for the first 48 hours. Persistent fevers greater than 101 are concerning. If you experience this, please call our offices.
 - If you have any trouble breathing, or progressive difficulty speaking call our offices OR present to your local ER if it continues to get worse. Post operative bleeding after anterior neck surgery in the first 48 hours after surgery, although rare should be managed aggressively.
- Medications:
 - Generally, Patients are sent home on 3 categories of medications:
 - Pain Medications (Norco, Percocet, Ultram etc.)
 - Take your pain medication as directed. For the first 24-36 hours after surgery try to take it on schedule as this is the most uncomfortable time. After 36 hours, wean from these medications. Most of my patients are no longer taking pain medication by the time they see me at their first post op appointment (2 weeks

after surgery). Norco and Percocet have Tylenol built into them. Do not concurrently take Norco or Percocet with Tylenol.

- Pain medication has common side effects of delirium, fatigue, sleepiness, constipation, itching, and hives among others. For this reason, we ask our patients to wean from these medications as able.
- *Pain medications can be sent electronically if Dr. Reddy is in the office that day however often times he spends long hours in the OR; please give us 48 business hours for pain medication refill.*
- Muscle Relaxants (Flexeril, Valium, Baclofen etc.)
 - These medications can help with muscle tightness and spasm. Generally, my patients find them most helpful to take when trying to sleep at night or if they have an acute episode of muscle tightness that causes pain.
- Stool Softener (Colace, Senna, MiraLAX, etc.)
 - Narcotic medications cause constipation. So long as you are taking narcotic pain medication, please take your stool softener as prescribed. Bowel movements can be slowed down by general anesthesia. If post operatively you have trouble having a bowel movement for more than 48 hours, it is ok to augment the stool softener with things from your local pharmacy counter such as enemas or suppository. If you become nauseous, bloated, and have not had a bowel movement call our offices.
- Medications NOT TO TAKE:
 - Anticoagulants (Plavix, Warfarin, Coumadin etc.) Post-operative bleeding is a serious issue and can be made worse by taking medications that increase bleeding.
 - Please do not take these medications for 7 days after surgery.
 - Anti-inflammatories (Naproxen, Aleve, Ibuprofen, Motrin, Mobic, Celebrex, Aspirin etc.)
 - These medications can affect your platelets and cause bleeding. In addition, the anti-inflammatory effect can slow down fusions and these medications should not be taken until cleared by Dr. Reddy.
 - Baby aspirin or full-strength aspirin recommended by your cardiologist should be resumed after the 2 week post op appointment.
- Physical Therapy/Activity:
 - ACDF operations success is dependent on your body's ability to fuse.



- Initially after surgery you should not pull, push, or lift greater than 10 lbs.
- ACDFs continue this restriction for about 4-6 weeks, and we will advise you further in clinic.
- It is always ok to walk as far as you want. Walking is great cardiovascular exercise and has many benefits like preventing blood clots. Slowly increase your walking distance over time as you feel comfortable.
- Your surgeon will give you recommendations as to whether you might benefit from organized physical therapy post operatively

If you have questions, please call our offices:

Angela is Dr. Reddy's Medical Assistant and does a wonderful job of helping patients get answers to their questions. She has direct access to Dr. Reddy and can easily find him for urgent issues.

Angela B.
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