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## Anterior Cervical Discectomy (ACDF) Discharge Instructions

**Patient:** \_\_\_\_\_

**Procedure:** \_\_\_\_\_

**First Follow-up Appointment:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Time:** \_\_\_\_ : \_\_\_\_ a.m. p.m.

**Appointment Location:** \_\_\_\_\_

An ACDF is performed to relieve the pressure placed on nerve roots and/or the spinal cord. A discectomy involves removing all or part of an intervertebral disc. The term discectomy is derived from the Latin words -discu (flat, circular object or plate) and -ectomy (removal). Spinal fusion involves placing bone graft between the vertebrae where the disc was to promote a solid column in that area, thereby helping to keep pressure off the nerve roots and spinal cord.

If your surgery involved more than one vertebral level of your cervical spine, you may need to wear a cervical collar for two to six weeks. The collar will be placed on you following surgery. It is to be worn at all times, even while sleeping and may be removed long enough to bathe.

### Pain and Pain Medications:

- You will be provided a prescription for the oral pain medication that works for you, which may be obtained on the way home from the hospital.
- Your pain medication may contain an ingredient called acetaminophen or APAP. That is the generic name for Tylenol. Do not exceed 4,000 mg of acetaminophen in a 24-hour period. Excessive use of Tylenol can cause liver damage.
- After your surgery, **do not take non-steroidal medications**, such as, Motrin, Aleve, ibuprofen, Relafen, Indocin and Naprosyn for three to six months, unless approved by your physician. These medications inhibit bone fusion healing.

### Wound Care:

- Your dressings and drain will be removed prior to you leaving the hospital on post-op day one.
- You will likely have two sutures, one at each side of the incision; those will be removed at your first post-op visit.
- Skin glue is used in addition to sutures. This will dissolve on its own over two to three weeks.
- Do not apply any ointments, peroxide or betadine to the incision. Keep incision dry and clean.
  - If provided with a cervical collar you may wear a bandage over the incision to prevent collar from rubbing and irritating the incision.
- **Call the office if your incision becomes red, begins to drain, becomes more painful or if you develop a fever that is greater than 101.5° Fahrenheit.**

### Bathing:

- You may shower 48 hours after surgery. Keeping incision away from the full force of the stream, pat the incision dry and then let it air dry.
- No tub bathing or swimming for six weeks.

**Nutrition:**

- It is common to have a sore throat for the first couple days after the procedure; thereafter, have soft foods available at home, such as macaroni and cheese, cottage cheese, yogurt, mashed potatoes, etc. If needed, lozenges may provide relief.
- Proteins are the building blocks of healing. I encourage drinking a can of Boost or Ensure nutritional supplement at each meal until you are back to eating three regular, nutritious meals per day.

**Constipation:** This can occur with the use of Narcotics. Using over the counter Miralax, Milk of Magnesia or Dulcolax may be used to help this. Also, increasing your activity (walking) and fluid intake will help.

**Exercise:**

- Walking is the most important type of exercise for you. Walk short amounts each day and gradually increase the distance. Take frequent breaks as needed. Physical therapy may be prescribed for later in your recovery.
- **Do not lift anything greater than five pounds or do any repetitive bending or twisting of the neck. Use good body mechanics (always bend with your knees to lift or to pick something up from the floor).**
- **No driving while on Narcotics or if provided a cervical collar.**

**Follow-up:** Your first post-op appointment will be about two weeks after surgery; however, if you have concerns prior to this date, please call the office. The tiny suture knots at each end of your incision will be painlessly removed and X-rays will be taken. Subsequent follow-up appointment intervals will be based on how you are progressing.

**Return-to-Work:** Status is determined on each individual's progress, depending on the type of work you do and depending on the baseline of your health and activity level prior to the surgery. In general, you may expect to be off work for the first two weeks following your surgery. You may then qualify for light duty sit-down work depending on your progress. **You should not drive a car, operate heavy machinery or make important decisions while you are still taking narcotic medications.**

**What you can do to increase your chances of a successful outcome:**

- Smoking cessation
- Weight loss
- Aerobic exercises

**Call our office at 317.802.2000 if you develop any of the following:**

- Leg swelling or calf pain.
- Fever, chills, redness around or drainage from your incision.
- Increasing back pain or numbness and tingling not relieved by rest and pain medication.