
Single Level Anterior Cervical Discectomy and Fusion Pre-operative Information

What is an Anterior Cervical Fusion?

An anterior cervical discectomy and fusion is a procedure performed to remove disc material or bone spurs that may be pinching the spinal cord or nerves and to fuse the affected areas of the spine.

The surgery is performed through an incision in the front of the neck. The esophagus and windpipe are gently held out of the way and a disc between the bones of the neck is removed. This allows us to clean away any material that is pressing on the spinal cord or nerves. We then need to place bone graft into the empty space where the disc once was to facilitate healing. This small amount of bone is taken from the front of the hip through a second small incision. Current techniques allow for us to use less bone, the once painful hip grafting surgeries are now a thing of the past. The bone is packed into a spacer or cage and placed into the disc space. We then stabilize the spine with a plate. This holds the spine still to allow it to fuse. We close the skin with dissolvable sutures and glue.

We utilize neuromonitoring to keep you safe during surgery. Neuromonitoring is a procedure where we monitor the function of your spinal cord throughout surgery. It gives us feedback while you are asleep to know that we have not done anything that compromises the function of your spinal cord.

What to Expect

We have you spend one night in hospital with most patients going home the next day. Some discomfort immediately after surgery is common. It is normal to have some neck and shoulder pain and muscle spasms. This pain will be temporary and usually resolves in a few days or weeks. Most patients do not need pain medication after 10 to 14 days. Nerve pain in the arm(s) is usually immediately improved, but may "flare up" for a few days after surgery as a result of manipulation of the nerve during surgery. Nerve pain that is significantly worse is uncommon, and if occurs, should be brought to our attention immediately. Most of the time, any remaining nerve pain in the arm(s) after surgery will improve over the course of four to six weeks as inflammation of the nerve and surrounding tissues resolves. Pain in the neck will ease as the muscles and tissues adapt.

Difficulties swallowing after neck surgery are normal, as well. This is usually at its worst three to five days after surgery. Eating and drinking anything cold will help with this. We encourage consuming ice water, ice chips, ice cream, popsicles or whatever is cold. If swallowing food or medications becomes problematic, please notify us at once. If breathing difficulties are encountered, please call 911 or head immediately to the nearest emergency department.

Preparing for Surgery

Once you have selected a date for surgery, the first task we may ask of you is to obtain a medical clearance for surgery. This is an important visit with a primary care physician to ensure that any pre-existing medical concerns have been addressed and have been optimized for surgery. Your anesthesiologist will need this information to care for you safely as we do not want to have any surprises in the operating room. This will need to be done prior to your pre-operative appointment with us.

You will have a pre-operative appointment with Mike Skonieczka, PA-C. The purpose of this visit is to answer your questions, and complete paperwork. This visit is very important. It is our chance to make sure that everything is ready for surgery and to answer your questions prior to surgery.

You will get a call from us the business day before surgery. You will be notified when you need to be at the hospital and when you need to stop eating and drinking before surgery. In general, if you have nothing to eat or drink after midnight, it will have you ready for surgery the next day. Small sips of water are okay to take with any medications.

- Shower the morning of surgery with the antibiotic soap we prescribe.
- It is okay to wash hair the morning of surgery. Do not use mousse, gel or hairspray.
- No makeup or jewelry.
- Wear comfortable, loose fitting clothing.
- You will need to arrange for a ride home.
- Do not bring valuables to the hospital.

Do I Need To Stop Smoking?

Smoking has a large and negative impact on spine fusions. The chance of obtaining a successful fusion while smoking drops to 50 percent. If you are smoking, it is likely better to delay surgery until you can stop smoking for at least two weeks prior to surgery and 12 weeks afterwards.

When Do I Stop Taking Anti-Inflammatory Medications?

All of the non steroidal anti-inflammatory pain medications (ie. Motrin, ibuprofen, Aleve) you can buy over the counter, with the exception of Tylenol, act as blood thinners. They need to be out of your system. Stop taking these medications one week prior to surgery. Stop taking aspirin two weeks prior to surgery. We can provide prescription pain medication in this period if you need these medicines for pain relief. These same medications inhibit the healing of a fusion and should not be taken for six weeks following surgery.

Do I Need to Stop Taking Blood Thinners?

Yes. These medicines include Aspirin, Aggrenox, Eliquis, Xarelto, Plavix, Coumadin, Warfarin and Heparin. At the time of surgery it is important that you are able to clot normally. If you take blood thinners, we will need guidance from your primary care physician or cardiologist for the safest way to undertake the transition off of these medications around the time of surgery.

Should I Stop Taking Medication for Osteoporosis?

Fosamax and Boniva are two common medications taken to reduce bone loss. They may reduce your ability to heal a fusion. We ask that you do not take these for one month prior to surgery until two months after surgery. If you have taken medication more recently than one month with an upcoming surgery, do not take additional doses of your medication until two months after surgery. Other newer drugs are coming on the market. If you take these, such as Forteo, mention it to us at your pre-operative visit.

Medications

You will be prescribed medications to ease the pain and muscle spasms after surgery. We ask that you refrain from taking **any** anti-inflammatory medications (Advil, Motrin, Aleve, ibuprofen, naproxen, indomethacin, etc.) for six to eight weeks post-operatively. These medications will adversely affect your fusion by inhibiting bone growth at the fusion site. Regular strength Tylenol, or anything we prescribe, may only be used for pain.

The following are common medications prescribed. They are to be taken on an “as needed” basis. If you have no pain or discomfort, you should not take them.

- **Norco/Dilaudid/Oxycodone** – These are narcotic pain medications. Do not drive while taking these medications. In addition to drowsiness, they commonly cause nausea and itching. If these side effects are bothersome, over the counter antihistamines (Benadryl, Claritin, Allegra, etc.) typically ease the nausea and itching. Constipation is also common with these medications, so we recommend over the counter Colace to be taken per the package directions.
- **Zanaflex/Flexeril** – These medications are for muscle spasms. They will not be prescribed in every case. These medications can also be sedating. Do not drive while taking these medications.

Wound Care, Dressings and Post-operative Stockings (TED Hose)

In most cases, your surgical wounds will be closed with sutures that dissolve below the skin and does not require removal. There will also be a layer of “glue” over the incision to make it waterproof. The dressing that is placed at the time of discharge from the hospital is also waterproof and you may shower, but not bathe, with that dressing. This dressing should be removed 24 to 48 hours after surgery. Showering without a dressing is allowed, but no soaking the incision in a bath tub/hot tub/pool until you are given the okay. A Band-Aid or gauze with tape may be used to cover the incisions once the hospital dressing is removed. The white stockings should be worn for at least two weeks. After that time and once you have returned to normal walking, they may be removed.

Cervical Collar (Neck Brace)

For single level fusions, a cervical collar is not necessary.

Research

We ask many of our fusion patients to participate in our Spine Clinical Research Registry. This research trial looks at the outcomes for our spine techniques. The information provided by this type of study is critical for us to learn from and improve spine care. If asked, we hope you will participate.

Activity Recommendations

We have developed specific physical therapy protocols with our local physical therapists. This is a summation of our clinical experience and the latest research. If you will be having therapy away from Indianapolis, we can make our protocols available to your therapist.

- You may drive once you are no longer taking prescription pain medications.
- **Two to four weeks after surgery** – Please limit lifting to less than 15 pounds. Walking is encouraged. No vigorous activities or sports are recommended.
- **Six to 12 weeks after surgery** – Physical therapy may be prescribed to help strengthen the muscles in and around the neck.
- **Eight to 12 weeks after Surgery** – Usual release to full activities without restrictions.

Follow-up Appointments

- **Two weeks after surgery** – Please call **317.802.2000** to schedule this appointment if it was not made at the time you scheduled your surgery. This visit with Dr. Poulter will be used to answer all the questions that come up once you are home from surgery. At each visit we will check an X-ray and review your progress.
- **Six weeks after surgery** – This visit will be with Mike Skonieczka, PA-C. It is to ensure that you are progressing. We may discontinue your brace at this visit if you are healing well.
- **Twelve weeks after surgery** – This visit will be with Dr. Poulter. This is the visit when we are likely to free you from most of your activity restriction and discuss physical therapy.
- **Six months after surgery** – This visit will be with Mike Skonieczka, PA-C. This is to check that your fusion is maturing.
- **One year after surgery** – This visit will be with Dr. Poulter. Often this is your final scheduled appointment. We often refer to it as your “graduation.”