

For more information go to:

www.AllAboutBackandNeckPain.com

As your doctor, I look forward to answering any questions you have about your back and neck.



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SS-ACDF-01

Q What happens after surgery?

A Right after surgery and for the next 2 to 4 weeks, your pain will be managed with medication. You can expect:

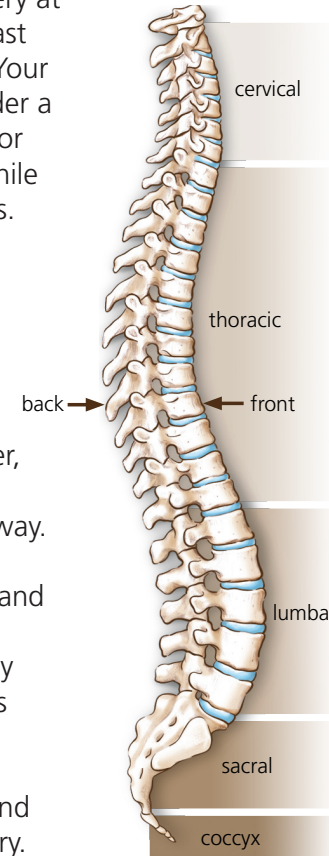
- To be up and walking in the hospital by the end of the day after surgery
- To be sent home the day following surgery
- Your doctor will give you specific recovery instructions

RECOVERY INSTRUCTIONS MAY INCLUDE

- No smoking
- No NSAIDs (aspirin, ibuprofen, naproxen sodium, etc.) for 3 to 6 months
- No driving for 2 to 4 weeks
- Avoid prolonged sitting
- Avoid bending your neck forward or backward
- Don't lift anything weighing more than 5 lbs.
- No house or yard work until your follow-up visit

Q What can I expect n recovery?

A Your recovery at home should last 2 to 4 weeks. Your doctor may order a cervical collar for you to wear while your neck heals. While the pain usually goes away fairly quickly, the numbness and weakness may take longer, but it should gradually go away. You will have a follow-up visit and probably begin physical therapy at 4 to 6 weeks after surgery. Your return to work will depend on your recovery. You will likely be out of work for 4 to 6 weeks. After this, you may need to be on "light duty" for several weeks.



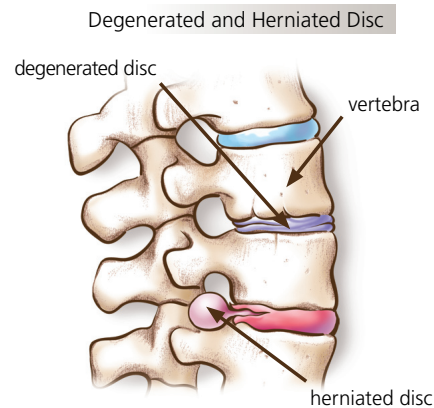
Spine

Understanding Anterior Cervical Discectomy and Fusion



Q What do I need to know?

A Anterior cervical discectomy and fusion, known as **ACDF**, is a surgical procedure used to treat damaged discs in the neck or cervical spine. Wear and tear or a trauma can cause the shock-absorbing discs between the vertebral bones in the neck to bulge or rupture. This is called a **herniated disc**. Bones and joints can get bigger and bone surfaces may develop rough edges called **bone spurs**. Herniated discs and bone spurs can damage the spinal cord or the nerves traveling to your muscles. This can cause pain, weakness or numbness in the neck, arms or hands. ACDF can also treat neck instability caused by injuries, a tumor or infections.



REMEMBER

- **"A"** is for **"Anterior."** The doctor reaches your damaged disc(s) through the front of your neck
- **"C"** is for **"Cervical"** or the neck
- **"D"** is for **"Discectomy."** All or part of a disc is removed to relieve pressure on the nerves or spinal cord
- **"F"** is for **"Fusion."** Two or more vertebral bones are joined together to stop painful movement and provide stability

Q Am I a candidate for ACDF?

A You may have tried treatments such as pain medication and physical therapy to relieve your pain and other symptoms. Your doctor has recommended ACDF because these have not helped, your symptoms are getting worse, or you are having problems with balance and movement.

ACDF can:

- Relieve pressure on the nerves and/or spinal cord
- Stop painful motion at the affected disc
- Maintain adequate space for the nerves and spinal cord
- Help prevent spinal deformity, such as **kyphosis**, which is a rounded or humped back

Q What happens before surgery?

A A neurosurgeon or orthopedic surgeon who is trained in complex spine surgery will perform your procedure. To prepare you for surgery, your surgeon will:

- Request you stop smoking since smoking can delay or prevent healing
- Order presurgical tests like blood tests, electrocardiogram and chest X-rays
- Ask you to stop drinking alcohol; stop taking anti-inflammatory medications, such as aspirin, ibuprofen, naproxen sodium, etc. and stop taking blood thinners, such as aspirin, warfarin, etc. one week before your surgery
- Discuss the risks of surgery, which though rare, can include pain, infection or nerve damage

TERMS TO KNOW

- **Discectomy** — surgery to remove all or part of a degenerated disc.
- **Herniation** — when the shock-absorbing disc between the vertebral bones ruptures or tears open.
- **Spinal fusion** — surgery that joins together two or more vertebral bones to stabilize the spine.

Q What happens during surgery?

A ACDF surgery normally takes 1 to 3 hours. You will fall asleep on your back in the operating room with the help of a general anesthesia.

Incision

The surgeon makes a small incision in the front of the neck in the natural skin crease (for a less noticeable scar). If more extensive surgery is needed, the incision may be larger.

Disc exposed

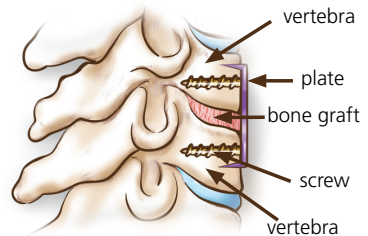
Soft tissues and structures are moved aside, creating a small tunnel to the spine to expose the damaged disc(s).

Disc removed

Damaged disc(s) and any bone spurs pressing on nerves are removed.

Fusion

To preserve the disc space and increase your neck's stability, the surgeon then inserts a bone graft from your hip or a bone bank or a tiny plastic or bioreabsorbable cage into the space between the vertebral bones. The surgeon may reinforce the graft with metal plating or screws.



Cervical Fusion

Closure

The surgeon closes and dresses the incision. Over time, the bone and vertebral bones, bone graft and cage become one solid structure.