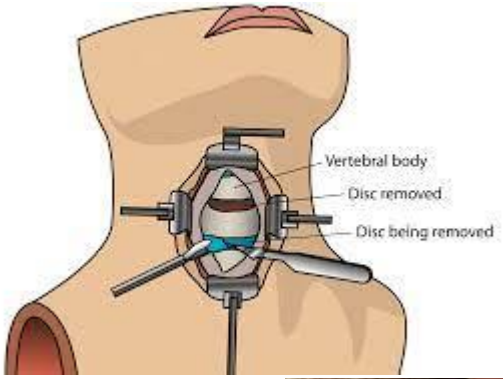
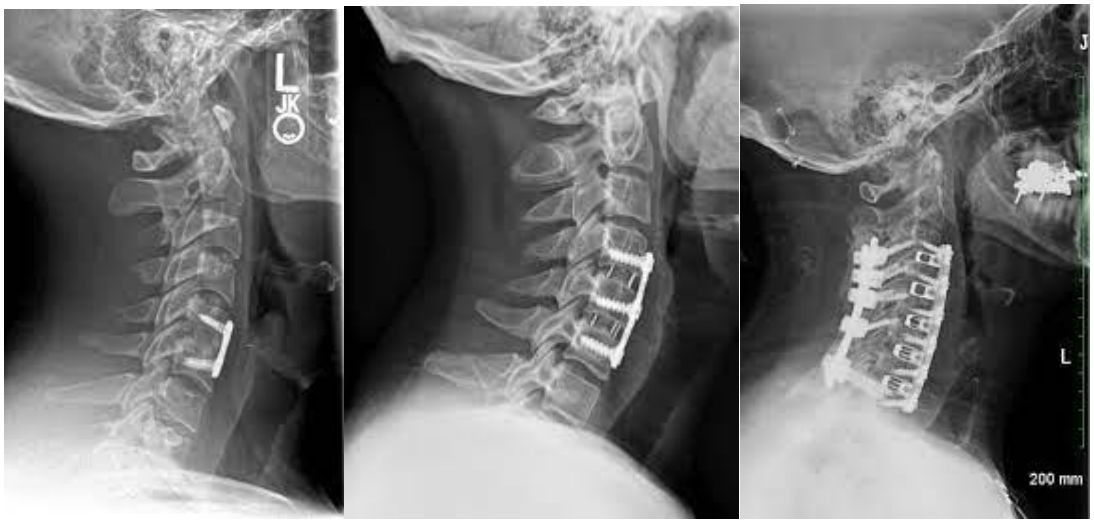
Anterior Cervical Discectomy and Fusion

(ACDF)

The ACDF procedure is a very common procedure done by spine surgeons. This procedure can be done to treat a variety of conditions in the spine. Most often, it is done to treat symptoms of pinched nerves or compressed spinal cord, but it can also be used to treat traumatic injuries, tumors, infections, deformity, or degenerative conditions.

This procedure involves a small incision on the front of the neck. The important structures in the neck are carefully pulled to the sides, exposing the spine. Using a microscope, damaged disks and bone spurs are removed in order to un-pinch nerves and the spinal cord. Special wedge-shaped implants or "cages" filled with bone graft are placed in between the vertebra where the disk used to be. After that, a small metal plate and screws are used to connect the vertebrae together.





ACDF is a very common procedure, which has been used for decades to treat the spine. In its modern form, it is relatively not painful and highly successful. It can often be done on an outpatient basis or with a very short stay in the hospital. Recovery is relatively simple, and it has no affect on your legs, and minimal affect on use of your arms.

Success rates relate to the number of levels being fused. A one level fusion has nearly 100% chance of successfully fusing, but a 3-level fusion has a 45% chance of one of the levels not fusing (unless you utilize some other techniques). For this reason, 4-level fusions and some 3-level fusions may require additional implants placed through the back of the neck to provide further support and strength in order to ensure fusion.

Although other risks are low, there are some risks associated with this procedure. As with any surgery, infection, significant bleeding, and even death are possible but extremely unlikely.

The risk of nerve damage or spinal cord damage is extremely low, <1%.

One of the more common problems associated with fusion is a transient dysphagia (difficulty swallowing) that can persist for up to few weeks following the operation. However, with modern surgical techniques it is rare to see this become a long-term problem.

There is the potential for needing further spine surgery later in life. The possibility of failing to fuse is related to the number of levels being operated on, as indicated above. Failing to fuse can require a second surgery at the same spot to complete the fusion. Additionally, fusing any levels in the spine does increase the risk of needing surgery at the adjacent levels. This risk occurs at about 3% chance per year after a fusion.

Post-op instructions

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-Depending on patient factors and number of levels being fused, you may go home the day of surgery, or the following day. These instructions may vary slightly depending on the length of your stay.

WOUND CARE

-You may have a small drain placed in the wound to prevent the accumulation of blood. This will be removed before you leave the hospital.

-You can shower normally, just pat the wound dry and make sure water doesn't accumulate under the bandage. No bathing or swimming (don't submerge the incision) until after your first follow up.

-If water DOES accumulate, simply remove the bandage. No further bandaging is needed. There may be steri-strips over the incision. Just leave these alone; they will either fall off on their own or will be removed at your first post-op visit. You can continue to shower normally, just let water run over the incision, but do not scrub.

-Either way, the bandage can be removed after 5 days. No further bandaging is needed.

BRACING

-You may require a neck brace, depending on number of levels fused and patient factors. The brace should be worn at all times when you are up moving around. It can be removed when you are safely seated for short periods. You can also remove it to eat, and to shower.

DIET

-Swallowing will feel "different" or slightly painful at first, but this will slowly improve over time as swelling goes down.

-Some mild difficulty swallowing is normal, but SEVERE difficulty or trouble breathing is NOT normal. If this occurs, proceed directly to the emergency department and contact our office.

-Eat or drink whatever you want, as long as it's comfortable. Imagine what you would eat with a sore throat, and start with that. Add on harder to swallow foods as your comfort allows.

-It is not abnormal to experience some nausea after surgery. If you feel some nausea, eat/drink like you would with a stomach bug, and progress your diet as your nausea allows.

-If you have severe or consistent nausea, medications can be prescribed to help. Call us if you are having that problem! If you have had problems with nausea in the past, either related to prior surgeries or pain meds, or if you just feel like you have an easily upset stomach, let us know beforehand. We can prescribe you anti-nausea medications just in case.

MEDICATIONS

-Pain medications will be prescribed. Take these as written on the bottle, do not take more than the prescribed amount unless if you have been instructed by your doctor. You may take less if your pain is not bad, but do not take over the prescribed amount.

-Pain medications can cause constipation. If this is a problem, take over the counter laxatives or stool softeners. They can also cause nausea, as addressed above. Taking them at meal times can help limit nausea.

-Restart all home medications after surgery, unless you are directed to do otherwise.

-If you take an anticoagulant or blood-thinner, discuss this with your doctor prior to restarting this medication. This includes Plavix/clopidogrel, Coumadin/warfarin, Aspirin, Xarelto-rivaroxaban, Eliquis/apixaban, heparin, and others.

-An anti-inflammatory like Celebrex may be prescribed to limit swelling and inflammation. Take this as prescribed.

-Sometimes a nerve pain medication like Gabapentin or Lyrica can be prescribed. Also take these as directed. The medications can sometimes cause side effects (drowsiness, confusion) that can make them difficult to tolerate. Let us know if you have had a problem with either of these medications in the past.

ACTIVITY

-Try to avoid any sudden or extreme neck motions, but otherwise move normally; don't worry about the normal motions of day-to-day life.

-That being said, motion is OK (and even encouraged), but avoid strenuous activity. Avoid heavy lifting and overhead activities.

-Make sure that you are getting up and taking walks frequently. We want you moving! Remember, this is surgery on your neck. Not your arms, and not your legs.

-Physical therapy may be considered later in your recovery, depending on a variety of factors, but not initially. At first, walking is your therapy, as you recover and heal.

-Do not drive while taking pain meds.

REASONS TO CALL US

-Fever over 101.5 degrees F.

-Excessive pain despite appropriate use of pain medications and other pain medications.

-Excessive drainage at the surgical site: mild bleeding is common, but significant bleeding requiring multiple bandage changes, or fluid that doesn't look like blood, is a good reason to call. Really, call us if anything is coming out of the wound other than a few spots of blood.

-Nausea/vomiting that you can't control.

-Progressive difficulty swallowing or breathing. Mild difficulty swallowing is normal, but severe difficulty swallowing or difficulty breathing is a reason to call us immediately.

FOLLOW-UP

-Your first follow up should be scheduled prior to your surgery, about 2 weeks after the surgery. If it hasn't been scheduled yet, call our office and we will make sure you are seen at around the 2-week point.

-There will be several follow ups after this initial appointment. Usual follow-up appointments are around 2-weeks, 6-8 weeks, 3-4 months, and 1 year. At many of these appointments, x-rays will be taken to monitor bone healing. Sometimes more or less follow-ups are required, depending on your surgery and your progress.

Don't hesitate to call us at 415-750-5570 if you have any questions.