

ANTERIOR/POSTERIOR CERVICAL FUSION

SURGICAL EXPLANATION:

This surgery combines the ACDF and the posterior cervical fusion. The patient will have two incisions, one on the front of the neck and one on the back of the neck. The patient will be placed on their stomach to complete the posterior cervical fusion first, and then gently flipped over to complete the ACDF.

An incision is made on the back of the neck to expose the spine. Titanium rods and screws are placed to stabilize the spine. An incision is also made on the front of the neck, usually on the left side and in a crease. Once the incision is made, the soft tissue is gently retracted to expose the spine. Disc material, bone spurs and/or arthritis are removed, and the nerves unpinched. The disc space is replaced with a titanium cage and bone graft and secured with a titanium plate and screws. In time, the fusion will take place, and the two or more bones will grow together to form one bone. It is normal for the patient to have increased soreness in the back of their neck and shoulders.

HOSPITALIZATION:

This surgery is done as inpatient. The patient can expect to stay one night in the hospital.

For more information, please visit www.orthoillinois.com and click the following: Resources, Patient Education, scroll down to Spine Procedures and click on your surgery procedure.

Anterior/Posterior Cervical Fusion Postoperative Instructions

Wound Care

- Keep incision area dry and clean. Do not put any ointments or antibiotic solutions on the incision. Steri-strips or staples are used to close the skin. Let the steri-strips fall off by themselves or you should remove them after two weeks. If you have staples, you will receive a staple removal appointment 3 weeks after surgery. If you notice **any drainage**, redness, swelling or increased pain at the incision site, call the office immediately. You may use ice to your incisions for pain/discomfort.
- Under anesthesia, the hair on the back of your head and neck will be trimmed to expose the surgical site.
- You will likely go home from the hospital with a drain. Please refer to the postoperative drain instruction sheet provided to you for any additional showering, incision, and drain care instructions.
- Your anterior (front) surgical incision will be covered with a white dressing that should be removed 3 days after surgery. Your posterior (back) incision will be covered with a white waterproof Silverlon dressing which should be removed 7 days after surgery. You may shower 4 days after your surgery (Wait 24 hours after drain removal as long as the Silverlon dressing on the back of the neck is sealed and intact. Do not take a bath or get into a pool until 6 weeks and seen by your doctor.
- For the best cosmetic result, keep your incision away from direct sunlight and tanning booths until it fades completely to flesh tone. Otherwise, there is a risk of permanent discoloration. You may use vitamin E lotion to massage the incision after 6 weeks.
- You will probably have pain or difficulty with swallowing for the first week after your surgery, particularly with bread and meat. Softer foods, smaller bites, and lots of liquids are helpful in the early phases of healing. You may minimize these difficulties with swallowing by performing the throat exercises three times daily prior to your surgery.
- **If you find that you are having extreme difficulty swallowing, along with voice changes, this may be serious and potentially life-threatening, so you should contact your doctor as soon as possible.**

Collar Instructions

- Wear your collar for 6 weeks after surgery or as directed by your doctor.
- You may remove the collar to bathe, shave, and eat, but do not move or stretch your neck with the collar off. You may drive without the collar in 1-2 weeks when you are no longer taking pain medication.

- If you experience skin irritation from the collar, you can apply talcum powder or a handkerchief inside the collar (do not apply on any open skin areas). Some neck and shoulder discomfort is common with daily collar usage. These aches and pains generally subside once the neck is solidly healed and the collar is discontinued.

Activities and Restrictions – at least 6 weeks after surgery

- Sleep upright in either a bed or recliner for the first 3 nights after surgery. Keeping your neck above your heart decreases throat swelling and improves swallowing. Some stiffness or ache in the back of your neck is normal immediately after neck surgery, but it usually improves quickly.
- Minimize neck movement; no forward or backward bending or twisting of the neck. Remember that the collar will not prevent all neck motion, and should serve to remind you not to move your neck. The less you move your neck after surgery, the more likely the bones will fuse successfully.
- You can walk as much as you wish. Stair climbing is permitted. No sporting activities until released by your doctor. You may engage in sexual activity when it is not painful. No lifting over 20 pounds. No pulling/pushing with your arms. No overhead activities. You may raise your arms overhead to wash or brush your hair, but stop if it becomes painful.
- No driving motor vehicles when wearing a collar or taking strong narcotic pain medication. You may drive when you can comfortably turn your head to observe traffic and when your judgement is not impaired by pain medication.
- TED stockings should be worn for 2 weeks after surgery during the day then remove at night.

Medications and Nutrition

- For the next year, you should take antibiotics prior to any dental work or invasive medical procedure. If possible, avoid dental procedures for 3 months after surgery.
- GI prophylaxis is important to reduce the risk of post-operative complications with this procedure. Pick up either Prevacid 24 hr (lansoprazole) OR Prilosec OTC 20mg (omeprazole) and take 1 tablet by mouth, in AM with food or an empty stomach starting 1 week (7 days) BEFORE surgery and CONTINUE for 1 month (28 days) after surgery.
- Do not take anti-inflammatory medication (e.g., ibuprofen, naproxen) for 2 weeks before and 6 weeks after surgery, unless specifically discussed with your surgeon.
- Do not take any blood thinning medication (e.g., Coumadin, Plavix, Eliquis, Xarelto, Aspirin) for 1 week before. Refer to your post op instruction sheet to resume blood thinner as directed by physician.
- Do not take any osteoporosis medication (e.g., Fosamax, Actonel, Evista, Prolia) for one month before and 3 months after surgery, unless specifically discussed with your surgeon.

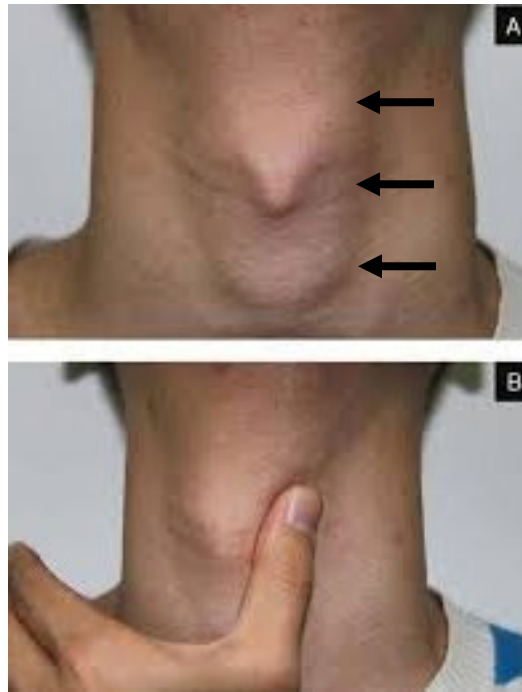
- Medications for Rheumatoid Arthritis may need to be held for a time period both before and after surgery. Notify your physician of any of these medications (e.g., Enbrel, Remicade, Imuran, Arava, Humira) and refer to your post op instruction sheet for timeframe directed by physician.
- Do not take herbal supplements including fish oils or Niacin (vitamin B3) 2 weeks before or 2 weeks after surgery
- Just a reminder: NO SMOKING. Tobacco smoke (even second-hand smoke) and nicotine (even gum, patches, or E-cigarettes) after fusion surgery will jeopardize the healing process, and may result in chronic pain and the need for further surgery.
- Take over-the-counter calcium (600 mg) daily and vitamin D3 (2000 I.U.) two times daily with meals prior to surgery and for 6 months following surgery. Depending on your pre-op vitamin D level, we may require that you take a prescription vitamin D3 supplement instead. If you have a history of kidney disease or kidney stones, please talk to your PCP regarding adjusting calcium dose before starting supplementation. Increasing your protein intake also improves the rate of successful healing.
- The medications prescribed for your post-operative pain are to be used as needed, not scheduled. You may alternate your pain pill with Tylenol for breakthrough pain as needed (daily limit of Tylenol 4000mg) as needed. Do not take your pain pill and your muscle relaxer at the same time. These medications should be taken 2-3 hours apart.
- Dilaudid is a habit forming medication. You should stop this medication as soon as possible

Questions and Emergencies

Call 815-398-9491 during business hours for questions and emergencies (Monday-Thursday 8 A.M. to 4 P.M., Friday 8 A.M. to noon). **Medication refills will only be authorized during business hours.** Please specify if you calling for an emergency and you will be connected with the spine nurse. All emergencies are reported to the physician immediately.

After business hours, you may call 815-398-9491 and the answering service will contact your physician. If he is out of town or if it is the weekend, another physician or physician's assistant will be available.

Preoperative Tracheal Exercises



- Starting at the top of your throat, gently press on left side to stretch the esophagus and trachea to the right.
- Press until you feel the stretch OR you become uncomfortable and are unable to talk.
- Hold for 30 seconds.
- Perform 3 times a day starting 5 days prior to surgery.
- The stretching exercises are encouraged to minimize any difficulty with swallowing after your surgery.