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Procedure name: _____

ANTERIOR CERVICAL DISCECTOMY AND FUSION

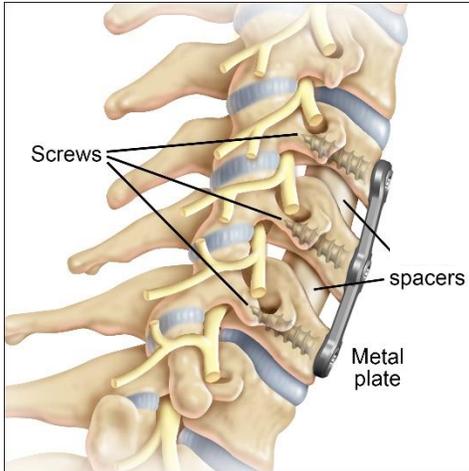
Most likely, the pain, numbness, or weakness in your neck, arms, hands or legs, has ultimately led you to seek help. You have been diagnosed as having a cervical herniated disk and require an **Anterior Cervical Discectomy and Fusion**. Disks are the shock-absorbing cushions between the vertebrae of your spinal column. These disks can herniate for a variety of reasons, including age, stress, strain and sudden impact.



Herniation of the disk results in the soft inner contents of the disk pushing through the fibrous outer wall and pressing against the nerves that run parallel to the spinal column. These nerves affect the arms and hands.

If the herniation is more central, the spinal cord can be compressed and cause symptoms down the entire length of the spine which may include difficulty walking or impairment of bladder or bowel function. Even slight movement can cause the nerve or spine to be irritated and thus cause pain, numbness and weakness in the arms, hands or legs. The Anterior Cervical Discectomy procedure is designed to remove this herniated material from the nerves and relieve your symptoms.

This procedure is done through a horizontal incision in the front of the neck, typically towards the right of the mid-line. There is minimal trauma to the neck tissues and the intervertebral disk and/or bone spurs are removed anterior to the spinal cord. This approach allows for minimal spinal nerve or cord retraction and thus a quicker recovery period. A cage made of a synthetic material is placed between the vertebral bodies where your disc was just removed, recreating the disc space. Then, a small plate is placed on the anterior aspect of the cervical vertebrae in order to provide stability and is secured with screws. The plate and screws allow for a quicker recovery in which you will only be



required to wear a cervical collar for 2-4 weeks. The plate can be seen on the x-ray below.

Anterior Cervical Discectomy Fusion takes about one to two hours to perform. Your incision will be about 2-3 inches long on the front of your neck. You will be required to wear a cervical collar after your surgery. Some patients need a soft collar and others require a more rigid collar. Your surgeon will order a specific collar for you depending on your type of surgery. Generally, you will be walking the day of surgery. You should anticipate a one to two-night stay in the hospital. Discharge

can be sooner or later in some cases depending on drain output. Please arrange your transportation home in advance.

The risks involved with this type of surgery include: Infection, excess bleeding, damage to dural nerve root, bladder and bowel dysfunction, cerebrospinal fluid leak, no relief of symptoms, excess scarring, increased neurological dysfunction, anesthetic complications, complications related to hospital stay and/or positioning, damage to adjacent structures like esophagus, trachea, carotids and nerves, hardware failure, screw fracture, difficulty swallowing and/or death.



After surgery, discomfort from your incision is common but temporary. It is also quite common to have pain between your shoulder blades after surgery which is also temporary. This can be relieved with pain medication and muscle relaxers. Following the procedure, you may experience persistent numbness, weakness and pain along the path of the nerve that was decompressed, but these symptoms are generally temporary and gradually go away. Most likely, you will return to the many activities you enjoyed before your pain occurred.

Testing Before Your Surgery

- On the day of your office visit, you will receive a prescription for pre-surgical testing to detect any abnormalities. **These tests can be done up to one month prior to your surgery date. The results must be reviewed by the neurosurgeon's office no later than three working days before your surgery date.** The prescription allows Passavant Hospital or any certified laboratory approved by your insurance company, to do the tests and forward the results to the neurosurgeon's office for review.

- You will also receive a medical clearance form to be completed by your primary care physician. **This form should be completed no more than thirty (30) days prior to your surgery and faxed to our office at 724-720-4598.**
- **If you see any medical specialists, such as a cardiologist or endocrinologist, please notify our office.** Sometimes it is necessary for these physicians to provide clearance prior to your operation.
- One to two days prior to surgery you will be contacted by a nurse in the surgical department at Passavant Hospital, who will review your health and medication history. **If you have not received a call by 3:00 pm, the day before your surgery, please call 412-367-6567.** Please be prepared and have a list of questions and your medications by the phone. This nurse will tell you what time you need to arrive at the hospital for your operation.

If you have any questions before your surgery, please contact our office at 1-877-635-5234.

The Day of Surgery

You will be thinking of many things on the day of your surgery, and it is only natural to be overwhelmed and possibly confused about what to do. This information and other information provided can help you become familiar with the process involved with your hospitalization and surgery. We hope that this helps to answer your questions and reassure you about your procedure.

Arrival at Passavant Hospital

- Plan to arrive at Passavant Hospital on the first floor and take the main elevator to the second floor to the surgical waiting area to check in.
- Eating or drinking after midnight the night before surgery is **NOT** permitted unless otherwise instructed.
- You will be visited by the PA who will perform a preoperative assessment.
- You will be visited by the surgeon who will place a mark over the surgical site.
- You will meet with the anesthesiologist who will review the risks of general anesthesia and answer your questions about the anesthetic.
- An intravenous (IV) line will be inserted, and you will be given antibiotics and fluids.
- All visitors should wait in the surgical waiting room. They will be able to join you prior to being taken back to the operating room.

Operating Room

- You will meet with a nurse anesthetist who will take you back to the operating room.
- You will be asked to review your name, date of birth and procedure when you enter the operating room.
- After you are asleep, a foley catheter, which relieves the bladder of urine, may be placed due to the length of the procedure.
- You will be in surgery for about one to two hours.

- The surgeon will contact your family after the procedure to update them on how the procedure went.
- After surgery, you will be taken to the Recovery Room.

Recovery Room

- Your cervical collar will be in place when you wake up. This may be soft or rigid depending on the type of surgery.
- Your vital signs will be checked frequently, the surgical dressing will be checked, and your symptoms will be assessed.
- You may receive pain medication.
- You will not be allowed to eat or drink.
- Your nurse will provide updates to your family as necessary over the phone.
- You will remain in the Recovery Room until you are completely awake, which usually takes one to two hours.
- For your safety and the safety of other patients who also just had surgery, visitors are NOT allowed in the Recovery Room.
- You then will be taken to the Patient Unit located in Passavant Hospital and your visitors will be informed as to which Unit you will go to.

Patient Unit

- The nursing staff will assess you on arrival to the floor and monitor your progress.
- Your IV line will remain in place until discharge, although you will not be connected the entire time.
- If you have a foley catheter, it will remain in place until the morning after surgery unless requested to be removed sooner.
- A drain is typically placed in the wound after surgery in order to drain excess fluids and to prevent you from developing a hematoma, or collection of blood, which could put pressure on the spinal cord. This will be removed once the drainage has slowed appropriately. This can vary between one to three days depending on the extent of your case. The drain will be removed prior to discharge. You will not go home with a drain. The operative dressing will remain in place until the drain is removed by the PA.
- You will be assisted out of bed the first time you get up. Then, you are encouraged to walk on your own in your room and the halls. Physical therapy and occupational therapy will work with you during your stay and they will go over your restrictions in detail.
- You will be asked to take deep breaths to prevent pneumonia and do ankle and calf exercises to prevent blood clot complications. Pain medications are available; you should ask for this if you need it.
- The cervical collar is to be worn at all times. Generally, you will be allowed to remove your cervical collar for showering, but you must hold your head and neck in a neutral position.

Discharge

- Patients who have had an anterior cervical discectomy and fusion should anticipate a one to two-night stay in the hospital. Discharge can be sooner or later

- in some cases depending on your drain output. Your nurse and PA will discuss your discharge instructions. Please prepare questions to ask at this time.
- You will be given a discharge instruction sheet that will include restrictions, activities, physical therapy, medications and care of the incision.
 - Prior to discharge, you will receive a prescription for an x-ray to obtain prior to your first postoperative appointment.
 - Remember to arrange your transportation home prior to this day. You will not be allowed to drive yourself home. If you anticipate a problem with your transportation, please notify the staff prior to your surgical date.

Discharge Instructions

- A follow-up appointment will be given to you on your day of discharge. If the time or location is not convenient, please call **1-877-635-5234** to reschedule.
- Until you are seen in follow-up, you should limit your activities. You may walk as much as you would like. However, you should avoid lifting more than five pounds or bending.
- You may not drive until you are seen in follow-up.
- The cervical collar should be worn at all times, even while sleeping. The collar may be removed to shower.
- The dressing should be changed daily with dry gauze and tape. You can do this yourself in the mirror or someone can help you. You will be given supplies when you are discharged.
- You will be given prescriptions for a pain medication, muscle relaxant and antibiotic. Take these medications as instructed. Make sure to ask questions at your discharge time.
- You should call our office immediately if you experience any of the following: fevers, chills, night sweats, swelling at the incision, redness or drainage from the incision, shortness of breath, sudden difficulty swallowing or hoarseness, new weakness or pain in your arms or legs.

After your operation, if you have any questions regarding your incision or symptoms that you may be experiencing, please contact our office at 1-877-635-5234.

Members of the Health-Care Team

You will meet a number of health professionals during this time. Their goal is to help you recover and return you to your prior activities. A brief description of each of these professionals follows:

- **Neurosurgeon.** You have already met this person, who will perform the surgery and direct your care afterward. Please feel comfortable asking questions of your surgeon - communication is an essential key toward recovery.
- **Nurse.** A nurse will obtain information and assess your condition both in the surgeon's office and in the hospital. The office nurse will evaluate you before you see the surgeon and again with the surgeon at the time of your visit. The office

nurse will help explain the procedure, answer questions and arrange your surgery. The hospital nurse will assess you in the hospital, and help you before, during and after your surgery. The nurse also will answer questions from you and your family.

- **Physician assistant.** The physician assistant (PA) has been trained to perform many tasks done by a physician. The PA may perform your history and physical examination and review the surgical procedure. The PA can answer questions and will follow you in the hospital after surgery, along with your physician. The PA will review your discharge instructions on the day after your procedure and will facilitate your discharge planning.

Most of the information you will need about your stay is located in your blue folder or the UPMC Information Handout, included in your admission packet. Pertinent telephone numbers, directions, maps, lodging and parking information are highlighted. Your discharge instructions will help you become familiar with any limitations you will have after surgery.

If you have specific questions that are not addressed in these materials, please call your neurosurgeon at 1-877-635-5234.

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