



CENTER FOR BRAIN & SPINE

Dr. Amin Amini
www.CenterbrainSpine.com
301.585.7900

Anterior Cervical Discectomy and Fusion

Your procedure (levels): _____

Date/Time: _____

Location: _____

About your procedure: The vertebrae are the bones that make up the spinal column, which surrounds and protects the spinal cord. The intervertebral discs are soft tissues that sit between each vertebra and act as cushions between vertebrae, and absorb energy while the spinal column flexes, extends, and twists. Nerves from the spinal cord exit the spinal column between each vertebra.

Spinal fusion is a surgical technique in which one or more vertebrae are fused together to stop the motion between them.

Different incisions are made depending on the area to be treated. The approach can be made either from the front (anterior), from the back (posterior), or both. Bone grafts may be used in the area of the spine to be fused. Fusion of new bone takes about three months and continues to gain strength over the next one to two years. Until then, the back muscles hold the graft in place.

Alternatively, small titanium or carbon cylinders (known as cages) can be used to fuse two vertebrae together. The diseased disc is removed and a cage takes its place. The cage is then filled with bone graft, stimulating new bone growth that then fuses the vertebrae. Lastly, screws are sometimes used in a fusion surgery to add extra support and strength to that particular part of the vertebral column as the fusion heals. A rod is used to connect the screws which prevents movement and allows the bone graft to heal. After the fusion is completely healed, the screws and rods are typically left in place unless they cause the patient discomfort.

BEFORE YOUR PROCEDURE:

- Please arrive 2 hours before your scheduled surgery for registration and preparation. If your surgery is scheduled for 7:00, please arrive at 6:00 am or at whatever time the pre-op nurses advise you to arrive.
- Stop taking Aspirin, Ibuprofen (Advil, Motrin), Aleve/Naprosyn, Plavix, Coumadin or any other blood thinners or platelet inhibitors **7 days before your scheduled procedure**. Please be sure to talk to your primary care doctor or cardiologist so they are aware of your upcoming surgery and medication schedule. If you have a question about taking a particular medication, please ask us.
- No eating or drinking after midnight, the evening before your procedure.
- If you were given a brace, please bring it on the day of your surgery.

CENTER FOR BRAIN AND SPINE LOCATIONS:
1300 Spring St #210 Silver Spring, MD 20910
9905 Medical Center Dr #300 Rockville MD 20850
2900 Mercy In 2nd Floor, Cheverly, MD 20785

Phone: 301.585.7900
Fax: 240.766.8088
Monday thru Friday 8:30 am – 4:30 pm

- Bring all blood test results done as part of your medical clearance.
- Bring all images (CT scans, MRIs).
- Quit smoking at least 2-3 months prior to your surgery.

After your surgery there are several points we would like you to keep in mind.

Most patients will be able to maintain a fairly normal level of activity following surgery. We do ask that you adhere to the activity restrictions described, as well as note some of the other care instructions. We value your health, well-being and comfort. If you do have any questions or issues related to your recent lumbar spine surgery, please feel free to call our office at 301.585.7900. Please leave a message and one of our practitioners will return you call.

Activity Restrictions

- Refrain from lifting, pushing, stooping or straining for at least 6 weeks. For most patients, this means lifting nothing heavier than 10 lbs for the first 4 weeks; and no lifting objects above shoulder level.
- Depending on the type of surgery you had, we may ask you not attempt any significant lifting or straining activities for up to 3 months.

How Will I Feel?

- Some patients develop discomfort or difficulty with swallowing for days to weeks after ACDF surgery. This usually goes away with time. If you experience difficulty swallowing, try taking your pills with a thicker liquid (smoothies or yogurts) to make it easier.
- You may experience some neck muscle spasms. These will get better with time also. Range of motion exercises and pain control medications will help.
- For general aches, normal and expected as part of the body healing, use pain medications AS NEEDED.

Dressing Removal & Wound Care

- You may be discharged from the hospital with a dressing over the incision. We ask that you remove the dressing within 1-2 days following your surgery.
- You may have tiny strips of tape over the incision, called steri-strips. These usually fall off after 5-7 days; usually with showering. We ask that you remove any steri-strips that remain within 7 days of your surgery.
- If you have staples/sutures, they need to be removed within 7- 10 days following surgery. Please call our office or your Primary Care doctor to setup an appointment for suture/staple removal.
- We ask that you monitor your incision for any significant swelling, redness or drainage and notify us promptly if you notice any of the above.

Showering & Bathing

- You may shower within 48 hours of your procedure. We ask that you refrain from soaking in a bathtub, hot tub or pool for the first four weeks.
- Do not scrub the incision

Eating & Drinking

- You may resume a normal diet following your procedure.

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Medications

Blood Thinners

▪ You may resume your usual medications immediately after surgery, with the exception of any blood thinning agents, anti-inflammatory agents and aspirin based products. Blood thinning agents such as coumadin, plavix, heparin and aggrenox may usually be restarted within 5 days of surgery, so long as there has been no recent incisional swelling or drainage. We will specify when it is okay to resume these medications.

Anti-Inflammatory Medicine

▪ If you have had a lumbar fusion, we ask that you not take any non-steroidal anti-inflammatory medications for at least 6 weeks following surgery. These include aspirin, ibuprofen and naproxen sodium. These agents can delay the healing process as it relates to bony fusion. If you need to take aspirin for heart disease or stroke risk, we ask that you resume this within 48 hours of surgery.

Smoking

▪ We ask that you refrain from smoking. Smoking delays the healing process and increases the risk that a fusion will not take place.

Return to Work

▪ Dr. Amini will inform you when you can. It usually occurs between the 2nd and 4th week with increasing work hours.

Office Follow Up We recommend regular office follow-ups following your spine surgery. For patients undergoing spine surgery we recommend follow-ups at 4 weeks, 3 months and 6 months after surgery. For patients undergoing a fusion, we usually recommend x-rays to be taken prior to your visits (please bring these images to your follow up visits). If you develop any new signs or symptoms before a scheduled follow up and need to be seen, please contact our office.

Suture/staple Removal: Usually 7-10 days after your surgery. Appt: _____

Follow-Up Visit: Routine postop visits are usually 4 weeks after your surgery. Appt: _____

Please call us as soon as you are discharged to make your appointments.

Please call our office at 301.585.7900 if you notice any of the following signs or symptoms:

- Fever with a temperature greater than 101.5 degrees F.
- Worsening back or leg pain with or without new neurologic symptoms
- New neurologic symptoms including leg weakness, incontinence, inability to urinate or defecate.
- Swollen, painful calf with or without fever.
- Significant redness, swelling or drainage from the incision site.
- Significant clear fluid drainage from the incision site.

NOTE: If you are unable to reach our office and have noticed any of the above conditions, please report to the nearest Emergency Room for prompt medical attention.

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Physical Therapy: Physical therapy is a very necessary part of your recovery process. Dr. Amini recommends that you begin range of motion exercises

- “Yes” exercises: Tilt your head back until you feel some tension. Bring your chin towards your chest until you feel some tension. Repeat this slowly throughout the day.
- “No” exercises: Turn your head to the right and left slowly, as far as you can until you feel some tension. Repeat this slowly throughout the day.
- Shrug your shoulders. Bring them up towards your ears, then relax. Repeat throughout the day.
- Walking is an important part of recovery and should be done daily.

CBS understand that many of our patients have struggled with pain, chronically or acutely and may need pain medications. Dr. Amini prescribes pain medications as part of the recovery process after surgery. Beyond the standard recovery period, pain medications are prescribed only on a very limited, case by case basis. Dr. Amini feels that anyone requiring long term or chronic pain medications would be better served by seeking care by a pain management specialist or with your primary care provider. We are happy to provide you with a list of pain management specialists should you require one.

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