

Anterior Cervical Discectomy & Fusion

Anterior Cervical Discectomy and Fusion (ACDF) is a common spine surgery performed for patients that have a "pinched" nerve, which could be caused by a disk bulge, a bone spur or both. Initially, most patients notice neck and shoulder pain, often described as a "crick in the neck". They then notice the pain radiating down one or both arms, which could even go into the fingertips. Patients describe pain, numbness and sometimes weakness in the affected arm. The pain associated with a pinched nerve can be severe, and often times, even the strongest pain medicines only dull the pain.

When all non-operative treatment options (medications, physical therapy, and injections) fail, we often suggest ACDF surgery as the solution. This procedure involves a surgery where the entire disk is removed, thereby freeing up the pinched nerve and replacing the removed disk(s) with a spacer. The spacer can be a synthetic material (plastic polymer) or actual bone. We most often use a synthetic spacer that has a bone graft product incorporated into it, which promotes the 2 vertebrae to fuse. Small low profile stabilizing plates are used to keep the spacer in place while that segment of the spine safely fuses. This particular part of the spine will fuse over the ensuing 2-12 months. Your neck will maintain fairly normal range of motion since each individual spine segment does not account for a lot of motion.

The majority of our patients that undergo this surgery are done as an outpatient procedure. The average length of time for this surgery is about 1 hour. It is performed with a small 1-2 inch incision in the front or anterior part of the neck. We do restrict our patients from certain activities for the first 6-12 weeks after surgery to allow proper healing. Most patients with sedentary jobs can return to work in approximately 2 weeks. Those patients that perform heavier labor-intensive jobs often need to remain out of work for 4-6 weeks or longer. On average, most patients can begin driving in 1-3 weeks after surgery. If a patient has multiple pinched nerves, we will perform the surgery at more than one level. In our experience, ACDF can be a very successful surgery with low risk and it allows patients to return to their lives pain free.

FREQUENTLY ASKED QUESTIONS

THE DAY OF SURGERY : What to expect?

You should receive thorough instructions from the hospital or surgery center regarding your surgery experience. We realize surgery can be a very stressful and anxiety provoking experience, we want to make it as smooth and stress free as possible. You will typically arrive 1-2 hours prior to your surgery start time. Do NOT eat or drink anything after midnight the day of surgery. The preoperative nurse can answer any questions regarding certain medications such as blood pressure and diabetes medicines prior to your surgery. You will meet with your surgeon prior to surgery. Please ask any remaining questions at that time. Prior to surgery you will also meet the anesthesia team and the operating room nurse. We are extremely confident that our team will take great care of you during surgery.

AFTER SURGERY : What to expect?

After neck surgery, most patients will notice some throat discomfort. They will also notice some mild swallowing difficulties. This typically lasts for 1-2 weeks. We ask patients to eat softer foods right after surgery and then eat more solid foods as the swallowing becomes easier. Each patient's experience is a little different. As the swelling around the esophagus lessens, which will typically take a week or 2, the swallowing becomes more normal. In rare circumstances, some patients have some swallowing issues for a longer period of time.

Also, patients very commonly notice pain in the back of their neck and between their shoulder blades. This too should slowly lessen over time.

We hope that most of the shoulder and arm pain improves quickly after surgery. It typically does improve quickly. However, often the numbness and tingling as well as any weakness will persist for a longer period of time. Some of the pre operative symptoms take time to improve as the nerve slowly heals.

INCISION CARE : What does it look like?

Your surgeon will most likely close the wound with an incision sealant called derma-bond. There will be NO stitches or staples. No dressings. You can get the incision wet right away. We simply ask that you do not soak the incision in a bath, hot tub or pool until your first post operative visit. Do NOT apply anything to your incision area. The derma-bond glue will peel off in 1-2 weeks after surgery.

BRACING after SURGERY : Is it needed?

You will leave the hospital with a soft foam collar. This is mostly for comfort only. Most patients will use this for the first 1-2 weeks after surgery when they are more active to help support the neck. It is NOT mandatory to wear this at all times. Your surgeon will let you know if he wants you to wear the brace more often.

NECK MOVEMENT after Surgery : Is it possible?

Yes, we encourage you to move your neck after surgery. Gently rotating your head and flexing and extending your neck is safe after surgery. If certain movements are painful we ask you to avoid this. If we feel like stiffness is developing in your post operative recovery, we may start you in physical therapy.

PAIN MEDICATION : How long will I need pain medicine?

This varies for each patient. Our goal is to make your post operative recovery as pain free as possible. On average, most patients come off strong narcotics in 1-4 weeks after surgery. We will personalize each patient's post operative recovery. We realize every patient's experience is different. However, our goal is to get you off pain medications as soon as possible so that you can get back to a normal life. Also, usage of pain medicine is often associated with constipation. Patients often require regular stool softeners if they are going to be on a pain medication.

DRIVING : When to resume?

This varies for each patient. We ask that you be off your pain medicine. We want to make sure you have enough neck range of motion to look at all of your mirrors and any traffic. It may be as soon as 3-5 days after surgery that you may safely drive. For some patients it takes much longer.

ACTIVITIES After Surgery : What should I expect?

In the initial phase of recovery, approximately the first 4 weeks, we want you to avoid all sports and exercise other than simple walking. Then, based on a number of different factors, your surgeon will slowly allow you to incorporate your normal activities. Most patients are doing 90% of what they want to do by the 3 month period after surgery. Contact sports may need to be avoided for even longer.

PHYSICAL THERAPY : Is it needed?

This varies from patient to patient. At your first post operative check up 2-3 weeks after surgery, your surgeon will determine if physical therapy will be beneficial. We have a highly experienced therapy team that can assist in your recovery process to help with pain, range of motion, and strength.

RETURN TO WORK : What is typical?

This again varies between patients. Patients that work sedentary jobs can go back as soon as 14 days after surgery. Laborers/heavier jobs may require 6-12 weeks off work. We must allow the neck muscles time to heal properly. We also want to make sure the bone graft and spacer are stable prior to increasing activities.