

**Daniel K. Park, MD**  
**Orthopedic Spine Surgeon**

[www.danielparkmd.com](http://www.danielparkmd.com)

**Anterior Cervical Decompression and Fusion or Anterior Cervical Corpectomy and Fusion**

DO NOT TAKE ANY ASPIRIN PRODUCTS OR NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (ie NSAIDs, Advil, Celebrex, Ibuprofen, Motrin, Naprosyn, Aleve, etc) FOR 2 WEEKS BEFORE SURGERY. These medications can increase bleeding during surgery. If you absolutely need to be on these medications until the date of surgery, check with Dr. Park.

**Your problem spine**

The cervical spine (“neck”) is made up of seven bones called vertebrae. These vertebrae are separated by discs, which act as “shock absorbers” for the spine. The nerve roots that go into your arms, as well as the spinal cord, are encased within this bony framework of the spine.

Nerve roots and the spinal cord can be “pinched” by herniated discs or by bone spurs which arise from arthritis (“wear and tear”, or “degeneration”) of the spine. Pinching of nerve roots can result in pain, weakness, or numbness/ tingling of your neck, shoulder, upper back, arm, or fingers. Pinching of the spinal cord can additionally result in difficulty with walking or coordination.

You have decided to have surgery to help correct these problems. Two things will be done during surgery. First, Dr. Park will relieve the compression by removing the problematic disc(s) or bone spur(s) using an operating microscope. This is called a discectomy or decompression. Sometimes, an entire vertebral body needs to be removed. This is called a corpectomy. Second, he will fuse the involved segments together so that they become one unit. This is called a fusion. Fusion helps to stabilize the spine and prevent further nerve or spinal cord compression at that level. Fusing one level of the cervical spine results in approximately 5-10% less motion. The majority of people, however, do not notice much difference in their neck range of motion. Only those level(s) requiring decompression and fusion will be operated on-the rest of the spine will be left alone.

**Incision**

An incision will be made in the front of the neck in order to obtain access to the spine. There will be no stitches to remove, because all of the stitches will be placed inside.

There will be a small drain in your wound that is placed during surgery to prevent blood clots from pooling in the wound. Generally, it is removed on the first day or two after surgery, depending on how much comes out of it. Your dressing will be removed at that time.

**Bone graft**

A bone graft is necessary to perform the fusion. Two different types of graft can be used:

- 1) your own bone taken from a part of the pelvis that has little function

OR

- 2) bone from the bone bank

OR

- 3) a plastic cage

There are pros and cons to each type of bone graft or cage. A number of factors influence whether your own bone, bone bank bone, or some combination of the two is appropriate for you. Based on these factors, you and Dr. Park will discuss and decide together the type of graft to be used for your surgery. In majority of cases, option 2 or 3 is utilized.

### **Plate**

A specially engineered titanium metal plate is also necessary to perform the fusion. The plate is held to the spine with precisely manufactured screws. The plate stabilizes the spine to the bone graft so that it can fuse properly.

### **Brace (Collar)**

A neck brace ("collar") will usually be worn after surgery if more than 2 levels are fused. The type of collar depends on the exact nature of the surgery. Dr. Park will discuss this with you. The collar limits neck motion in order to help fusion occur or limit the amount of motion that is allowed until healing takes place. How long the collar is worn depends on the nature of the surgery you have. Most people need to wear the collar for six weeks. In some cases, they may need to wear it longer.

### **Recovery**

As you prepare yourself mentally to undergo spinal surgery, you also need to prepare yourself for the recovery period that will follow your operation. While the surgery entails work on the part of the surgeon, after that, the brunt of the work is in your hands. To ensure a smooth and healthy recovery, it is important that, as a patient, you closely follow the set of instructions that Dr. Park gives you.

### **Your Hospital Stay**

After the operation, you will be brought to the recovery room for observation. When you wake up from the anesthesia, you may be slightly disoriented, and not know where you are. The nurses and doctors around you will tell you where you are, and remind you that you have undergone surgery. As the effects of the anesthesia wear off, you will feel very tired, and, at this point, will be encouraged to rest.

Members of your surgical team may ask you to respond to some simple commands, such as "Wiggle your fingers and toes" and "Take deep breaths."

When you have satisfactorily awakened from anesthesia (usually about 2 hours later), you will then go to your hospital room. There, your family and friends will be able to see you.

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### **Intravenous Fluids (IV) and Foley Catheter**

Prior to the surgery, an intravenous (IV) tube will be inserted into your arm to provide your body with fluids during your hospital stay. The administration of these fluids will make you feel swollen for the first few days after the operation.

### **Diet**

Proper nutrition is an important factor in your recovery. You will be given liquids at first, then progress to solid food when you tolerate the liquid well. After anterior cervical spine surgery, it is very common to have a temporary sore throat or temporary difficulty swallowing. This occurs because your trachea (windpipe) and esophagus (tube connecting mouth to stomach) lie in front of the spine and must gently be held aside during surgery. These symptoms gradually subside over a few days. Sometimes some trouble with swallowing may persist for several weeks after surgery, especially when eating dry foods or large pieces of meat that have not been thoroughly chewed.

### **Activity**

You can get out of bed with assistance as early as the evening after surgery if you are able. You will be encouraged to walk during your recovery period. Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery. If a brace is given to you, it is typically required when you are out of bed.

No physical therapy is needed unless indicated for other reasons. No strengthening or stretching is necessary – these may actually be harmful unless prescribed to you later at an appropriate time by Dr. Park. Some people will need to use a walker during their initial recovery period, most people do not need a walker.

### **Pain medications**

A combination of pain pills will be given before surgery to help minimize pain. After surgery, pain pills will be given to you. Once a good regimen is found, you will be discharged on that regimen for home use.

### **Going home**

Your length of stay in the hospital depends on many factors, including your general medical condition and the severity of your spine problem. Most patients are typically in the hospital overnight, but many are able to go home same day.

You can go home when:

- 1) you are taking oral pain pills
- 2) you can eat and drink enough to sustain yourself (Don't worry – most people will not feel like eating and drinking too much after surgery, and that is OK)
- 3) you are able to get out of bed and walk around. Having a bowel movement is not necessary before going home.

Some patients may need to go to a rehabilitation facility first before going home. There they

### **Wound Care**

When you are discharged from the hospital, there are a few things to remember about your surgical wound.

- 1) keep your incision clean and dry
- 2) there are no stitches to remove, unless you have been told otherwise. Special “glue” was used to seal the wound, and all of the stitches are “inside”
- 3) if the wound is dry, no further dressings are needed and the incision can be left open to air. If there is some drainage, the wound can be covered with a clean dressing as needed
- 4) you may shower on day 2 after surgery if there is no drainage from the wound
- 5) do not soak the wound in a bathtub or pool
- 6) gently clean your wound- do not scrub it vigorously until it is completely healed
- 7) do not put any ointment or antibacterial solutions over the incision
- 8) if you notice any drainage, redness, swelling, or increased pain at the incision, call the office

### **Activities**

Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly. Avoid the BLTs: bending, lifting, twisting of your neck. However, you may exercise your arms and legs with light weights if you desire as soon as you feel it-as long as those activities do not cause you to perform BLTs on your neck. Remember, **there is nothing you can do to speed up the fusion, but there many things you can do to prevent it from healing.** Do not try to do too much too early. Use your common sense.

Do not drive a car until you see Dr. Park or discuss the matter with his staff. Typically, patients do not drive for 2-3 weeks. Dr Park’s office will call you 2-3 weeks postop and driving can be discussed then; however, you should not drive till discussing it with Dr Park’s staff.

### **Collar**

Unless directed otherwise, if you are given a brace, wear the brace when out of bed. When out of the collar, keep your head looking straight ahead during those times as much as possible. You do not have to wear the brace at night unless directed otherwise.

When you shower or shave, do not flex or extend your neck while doing those activities. Keep looking ahead as you do those activities of daily living. If you need a shower collar, it will be provided for you before you leave the hospital. If you have not been given one, you may shower without any collar.

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If you have skin abrasion from the collar, you can lightly apply talc powder between the skin and the brace. Do not place talc powder, however, to open sores or the incision itself. Alternatively, you can place a scarf or handkerchief between the skin and the collar

### Medications

You will be given pain prescriptions upon discharge from the hospital. Typically, it is the same pain pills that worked while in the hospital. Please call the office during business hours to get a refill.

Try to take the appropriate medication for the level of pain you are having. Pain medications are helpful around the time of surgery, but they can cause problems if taken for too long. **The goal is to try to get you off of the medications by 4-6 weeks or earlier, if possible.** Some people may need medications for longer than 4-6 weeks, and that's ok.

If you find that your pain is really mild, try taking plain extra strength Tylenol instead. You may want to take over the counter pericolace or milk of magnesia to keep your bowels regular. You may find the pain medication, constipating. Do not take any non-steroidal anti-inflammatory drugs (ie, NSAIDS, advil, celebrex, ibuprofen, motrin, naprosyn, etc) or aspirin products for 4 months after surgery. These medicines can prevent proper healing of the fusion. If you have any questions about whether you can take a medication or not, call the office.

### Tips:

- 1. If you can tolerate tramadol (Ultram) for the first 2-3 days home, alternate between tramadol then 3 hours later take a narcotic (Norco, Vicodin, Percocet) pain pill then 3 hours later Ultram, etc to stay ahead of pain**
- 2. Make sure you take an over the counter stool softener (Colace, Dulcolax, prune juice, Milk of Magnesium) while on narcotic pain pills as they can bind you up**

### Diet

Eat whatever you like. You may not feel like eating too much for a few days, and that's ok. Remember after anterior cervical spine surgery, it is very common to have a temporary sore throat or temporary difficulty swallowing. This occurs because you trachea (windpipe) and esophageus (tube connecting mouth to stomach) lie in front of the spine and must gently be held aside during surgery. These symptoms gradually subside over a few days. Sometimes some trouble with swallowing may persist for several weeks after surgery, especially when eating dry foods or large pieces of meat that have not been thoroughly chewed.

### Follow up

Call Dr. Park's staff at (248) 663-1900 within the first few days after you get home. Tell her that you had surgery and need six week follow up appointment.

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**Questions**

Feel free to call Dr. Park's office with any questions (248) 663-1900. If you are having an emergency, call (248) 663-1900. Tell the operator it is an emergency. During business hours, you will be connected to Dr. Park's staff who reports emergencies to Dr. Park. After business hours, you will be connected to the surgeon on call who can help you or contact Dr. Park if necessary.

**Things to be aware of**

If any signs of infection are observed while changing the dressing, call your doctor. These signs include

- Fever - a body temperature greater than 101°F (38°C)
- Drainage from the incision(s)
- Opening of the incision(s), and
- Redness or warmth around the incision(s)

In addition, call Dr. Park's office if you experience chills, nausea/vomiting, or suffer any type of trauma (e.g., a fall, automobile accident).

**If you cannot breath comfortably or keep choking on food and liquids please contact Dr Park's office ASAP**