



## **Anterior Cervical Discectomy and Fusion**

### **How is this procedure done?**

This procedure is performed through a cosmetic incision in the front of the neck and involves removing the cushion between the vertebrae along with any bone spurs that are pinching the spinal cord or nerves. The space where the disc was removed is then filled with a wedge of bone either from your hip or from a cadaver. A plate and screws is then used to secure the spine.



### **How can this help me?**

This procedure is intended to relieve the pressure from your spinal cord and nerves which is typically the source of the pain and numbness you may feel in your neck or arms.

### **What are the success rates?**

This procedure is typically 95% effective in alleviating your neck and arm symptoms within three months of your surgery. However, the longer your symptoms existed prior to the surgery, the longer it may take for them to resolve after the operation. In rare circumstances patients with severe weakness and numbness may not have much improvement of their symptoms. In this case, the surgery is done to prevent further deterioration.

### **What are the risks?**

The most common risk is failure of the bone graft to heal (<5%). Other less common risks include infection, blood loss, nerve injury, spinal cord injury, throat or wind pipe injury, reaction to anesthesia, leakage of spinal fluid, failure of plate/screws, failure of surgery to relieve your symptoms, persistent pain in the neck or the bone graft harvest site (i.e. the hip), blood clots, and very rarely, death. Also about 10-20% of patients will develop disc degeneration over the following 10 years at levels above or below the operation which may require extension of the fusion.

### **How long will I be in the hospital?**

The typical length of stay in the hospital is one or two days. While in the hospital, a physical therapist will schedule daily visits to help you learn to safely move around, get dressed, and do everyday activities without putting excessive strains on the neck.

### **What do I expect after the operation?**

You will have a sore throat, some hoarseness, and swallowing discomfort for the first 24 hours. Likewise your hip (where the bone is taken for your graft) will be painful, but these will get better with time.

### **What restrictions will I have?**

For the first three weeks you should:

- Avoid driving
- Limit car rides
- Avoid lifting more than 10 lbs
- Avoid reaching over your head
- Avoid submersing the wounds in water



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### **Will I need therapy?**

You should walk as much as you can for exercise. Usually formal physical therapy or rehabilitation is not needed after this procedure. Remember to navigate stairs carefully.

### **How do I care for my wound?**

After the operation you will be placed in a neck collar which you should wear at all times until you return to the office. Two days after the operation you may remove the outer bandages from both the hip and neck wounds. Underneath, there will be small strips of tape on your incision that should not be removed. These will either fall off in the shower or may be removed after 2 weeks. If the wounds are dry it is ok to remove the collar for bathing purposes. If they are still draining cover with clean dressings. Also, have someone help you remove the collar and check for skin breakdown daily. You may use powder to absorb any moisture on the neck. Avoid lotions. **Call our office:** With any signs of infection, including redness and/or swelling at the incision site, or excessive drainage.