Multilevel Cervical Fusion Instructions

Instructions for Multilevel Anterior Discectomy Cervical and Fusion (ACDF), Posterior Cervical Fusion with Instrumentation, or 360 degree Cervical Fusion (Front and Back of Neck)

GETTING READY FOR SURGERY:
All blood thinners should be discontinued seven days prior to surgery this includes aspirin products and NSAIDs, this list includes all over the counter medications. Please review the following list, if you are unsure if you are taking one of these medications please ask for clarification. Tylenol and hydrocodone products are okay to continue prior to surgery.

- warfarin/ Coumadin
- ibuprofen/ Motrin
- naproxen/ Naprosyn, Aleve
- aspirin or baby aspirin
- celecoxib/ Celebrex
- etodolac/ Lodine
- enoxaparin/ Lovenox
- clopidogrel/ Plavix
- dipyridamole/ Aggrenox
- ticlopidine/ Ticlid
- cilostazol/ Pletal
- Excedrine (has aspirin)
- indomethacin/ Indocin
- nabumetone/ Relafena
- meloxicam/ Mobic
- oxaprozin/ Daypro
- methotrexate/ Trexall
- hydroxychloroquine/ Plaquinel

SMOKING:
If you are smoking please stop. Smoking prevents your bones from growing together and can lead to serious complications with your surgery.

WORK STATUS:
- Please tell your work that you will be out a minimum of 6-12 weeks depending on your job. If you have a light duty or desk job it is likely you will be ready to return to work sooner. We expect you to tell us when you are ready. If your job involves lifting greater than 20 pounds or repetitive bending or twisting your neck with overhead activities your return to work will be discussed in a light duty capacity at three months.
- If FMLA or disability paperwork is needed, please submit it to the spine center as soon as possible. We ask for 10-14 business days to fill out this paperwork; our staff will return a copy to your work.

RECOVERY:
- Expect to spend 2-4 days in the hospital.
- Expect to wear a cervical collar for six weeks or until you receive specific instructions from your surgeon otherwise. You will also be given a collar to use in the shower.
- If your surgery was from an anterior approach (or front of your neck) you may have difficulty with swallowing or hoarseness, usually this is only temporary.
- Certain individuals may continue to experience pain, numbness, and/or tingling in their hands, arms, or legs after surgery as previously experienced prior to surgery. This is considered normal.
- When you are able to tolerate oral medications for pain control you will be able to go home.
RECOVERY CONTINUED:

- At times, secondary to your recovery and limited abilities to care for yourself after surgery, you may be discharged to a rehab facility until you are deemed stable to return home.
- Some individuals do not feel hungry after large surgeries. In these cases it is recommended that you try to increase protein either in shakes, lean meats, nuts, or protein bar supplements to try to maintain adequate levels of nutrition. This is very important in regards to your healing and closure of your incision(s).
- In the first three months please avoid over the counter and prescription NSAIDs like ibuprofen/Advil, naproxen/Aleve, Celebrex, etodolac/Lodine, or meloxicam/Mobic. You may continue to use Tylenol or Norco as prescribed.
- If you were taking aspirin or other blood thinners prior to surgery you may resume at two weeks post-operatively.

AT HOME:

- Prior to surgery make sure your home is clear of clutter on the floor, remove all cords, rugs or anything you could possibly trip over during recovery.
- After surgery, regular calf pumps and walks around your home are mandatory to prevent the formation of blood clots in your legs.
- Get up and walk around for 2-5 minutes at least every hour you are awake.
- Sleep in any position that does not cause significant pain; remain in your collar during rest unless directed otherwise.

ACTIVITY RESTRICTIONS:

- No lifting greater than 10 pounds or anything heavier than a gallon of milk.
- No repetitive pushing or pulling.
- No overhead activities and no house-hold chores until cleared by your surgeon.
- We want you to gradually increase your stamina and rehab with a walking program. Typically this is the only physical therapy that will be recommended after surgery. A walking program consists of walking on a level surface (no treadmills) - with a walker if needed - at least 1-2 times daily for five minutes per day. You may start this as soon as you are discharged home. Gradually increase this amount as you feel able to do so.
  - At your six week follow-up you should be able to walk 20-30 minutes per session at least four times weekly.

DRIVING AND RIDING IN A VEHICLE:

- Do not drive while wearing a cervical collar. Do not remove your cervical collar to drive prior to six weeks.
- Travel for short distances as a passenger. If the ride is longer than one hour get out and walk around for 2-5 minutes per hour.
- Once you have been instructed by your surgeon or staff it is okay to remove your cervical collar, you may drive if you are not taking narcotics.

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WOUND CARE:

- Your incision(s) are to be kept clean and dry. If you are having drainage it should be clear, orange, or blood tinged with no foul odor. In the first week home it is not uncommon to have a lot of drainage, please change your bandage(s) accordingly. If your bandage is dry and clean after 12 hours it is no longer needed and you may leave your incision open to air.
- You may have small white strips over your incision(s), please leave them in place. Usually these strips fall off unassisted within 10-14 days of surgery. If strips remain in place after 14 days you may use a warm wet wash cloth to loosen them for easy removal. Please leave any sutures or staples in place until you follow up in the orthopedic spine center.
- Please use your shower collar for all showers. Remove bandage(s) prior to getting in the shower. Let water gently run over incision(s) indirectly, do not scrub or soap up the incision(s), then pat dry after showering. Replace the bandage only if there is drainage present after your shower and continue to change as needed.
- No baths, hot tubs, or swimming until you are at least six weeks post-operative or your incisions is completely closed without scabs.
- Do not use any creams, ointments, antibacterial ointments on your incision.
- If you have an incision on the front and back of your neck please make sure to attend to both.
- If you develop a fever greater than 101 degrees or notice foul smelling drainage please contact the spine center for further instruction.

MEDICATIONS YOU MAY RECEIVE:

- Pain Management - You will be given a prescription for pain control when you are discharged from the hospital. If you were already on narcotics prior to surgery please note that your discharge medications may not feel like they are strong enough. Conversely, you may feel like you do not need your pain pills at all, keep them on hand and do not let your pain get ahead of you too much; often this can cause your medications to not work effectively. Your pain should continue to gradually improve after surgery. Regardless of your situation, do not exceed eight hydrocodone/Norco pills in 24 hours.
  - Our goal is the gradual tapering and discontinuation of narcotics in the months following surgery. If you require narcotic medications three months or more after your surgery you will be asked to follow-up with your primary care provider for ongoing medication management.

- Nausea Medications - Some pain medicines can cause nausea. If this is noted in the hospital you will be discharged with an oral medication for nausea. Follow directions on the bottle for usage.

- Constipation - Narcotics can cause constipation. Prior to surgery it would be wise to eat a light last meal before midnight and make sure your bowels are mostly empty prior to surgery. After surgery factors like narcotics and anesthesia can often cause your stools to become hard and irregular. You will be discharged with docusate, we recommend you take one pill each time you take a narcotic. Also over the counter products such as milk of magnesia or MiraLax can be used if docusate is not enough.

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FOLLOW-UP APPOINTMENTS:

- You should have a post-operative appointment made prior to surgery.
  - Please call 254-724-2663 for an appointment or any non-urgent questions.
  - For urgent questions during evening hours or weekends, call the hospital at 254-724-2111 for the orthopedic resident on call.