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ANTERIOR CERVICAL DISKECTOMY AND FUSION

CERVICAL SPINE DEFECTS:

You have been diagnosed with a defect in your cervical spine. Some of the most common cervical defects are:

- 1) Cervical herniated disk. This is a condition where the disk material between two vertebrae has ballooned out of its normal position, causing compression or pressure on the nerve. This condition may cause pain and/or numbness/tingling in your neck and/or arm(s) as well as weakness of the arm(s).
- 2) Cervical osteophyte/spondylosis (bony spur). This is a condition where calcium has built up on the bony structure of the cervical spine. This is a normal aging process. However, in some instances, the calcium build up, or spur, may impinge upon a nerve or nerve root causing pain and discomfort. This can be manifested as weakness or numbness in the arm(s) as well.
- 3) Cervical stenosis. This is a condition in which calcium builds up around the canal which houses the spinal cord (or main nerve). This too is normal aging or arthritis in the cervical spine; however, if pressure is on the spinal cord, numbness and weakness in the legs can occur. This condition, if left untreated, can cause paralysis.

WHAT IS THE PROCEDURE?

Surgery involves putting you to sleep under general anesthesia. A small incision will be made in a crease in your neck just above your collar bone. The surgical team will remove the defect and fill in the space with an allograft (donor) bone plug. This bone plug will fuse to the vertebrae above and below, causing stabilization without loss of movement in this area. Your incision will be closed with skin staples. A dressing will be applied. Your surgery will be scheduled in the morning and should last between 1 - 1 1/2 hours. After surgery, you will go to the recovery room until you are stable enough to be transferred to your room. You will spend one night in the hospital and be discharged the following morning if you have no medical complications.

PRE-OPERATIVE INSTRUCTIONS:

Your admission will be registered with the hospital by our office. We will contact your insurance company for pre-certification requirements. **You will be responsible for inquiring whether a second surgical opinion is required by your insurance.**

The evening before your surgery-

DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT. This includes **gum, mints, cigarettes and your morning coffee.** The anesthesiologist will not administer anesthesia if you have had anything by mouth after midnight, and your surgery will have to be postponed. If you are on any medications, please check with us to see whether or not you should take them the morning of surgery. If you are on any steroids or any blood thinners (aspirin, Coumadin, Advil, Ibuprofen, Aleve, BC or Goodys powders, etc) these must be discontinued one week prior to surgery. Steroids must be discontinued in tapering doses. If you are not sure about your medication, please contact our office. Please notify our office if your medical condition has changed since your last office visit or if you develop a fever, rash, vomiting, diarrhea or productive cough.

The morning of your surgery-

Don't eat or drink anything!! Don't wear makeup, contact lenses, wigs, hairpins, etc. Leave all jewelry and valuables at home. Please remove any body piercing and dark finger nail polish. **Arrive promptly at your scheduled time. If you are late, your surgery may have to be canceled or delayed.** Bring your daily medications with you or bring a list that includes name of medication, dosage and when you take them. If you have a living will, please bring a copy to go with your chart. You will be given a hospital gown to change into, however, after surgery you may change into your own pajamas or clothes.

LAB WORK:

Each patient undergoing a surgical procedure is required to have pre-operative lab work including an HIV screen (AIDS test) and Hepatitis Profile drawn before surgery. This must be done at least one week before surgery but no more than two weeks. If your surgery is scheduled at Brookwood Medical Center, please call (205) 877-1980 to schedule your preadmission testing. You will need to bring your driver's license and insurance card at the time of your bloodwork as well. **Please have your advance testing done between _____.** This is done at Preadmission Testing on the 1st floor of the hospital.

RECOVERY:

Once your surgery is finished, you will be moved to a recovery room inside the surgical area. Your stay in recovery will last approximately one hour. During this time you will be closely monitored by nurses and anesthesia staff. Friends/family are not allowed to visit in the recovery room. It is not uncommon for your stay in recovery to be extended until a postoperative bed is available on the nursing unit. Waits for beds can vary from 0-4 hours. For a faster recovery, it's important for you to: Not smoke or allow anyone around you to smoke; turn, cough and breathe deeply to prevent post-operative complications; and walk around as soon as possible after surgery with assistance from the nursing staff.

DRESSING CARE:

You will have an incision which will be closed with skin staples and have a dressing. You should not get the dressing wet, therefore, sponge bath until you come back to the office one week after your surgery. Your incision should remain covered. If the original dressing should come off, or your skin becomes irritated from the tape, apply a new dressing. The dressing and staples will be removed at your one-week office visit, after which you can get the area of incision wet. The area of incision will not have a dressing on it after this visit. It is normal for your incision to be sensitive for a few days. If you notice any excessive redness, discharge or if you have a fever of 102 or higher, please contact the office.

LEAVING THE HOSPITAL:

Upon discharge from the hospital you will be given an appointment for staple removal seven to ten days following surgery as well as post operative instructions. Prescription(s) will also be given to you upon discharge. **You need to make arrangements for transportation home as you will not be allowed to drive yourself.**

HEALING PROCESS:

Although the nerve compression has been corrected with surgery, it will take time for the nerve to heal, and the muscles and tissues around the area of the incision will go through a healing process. Therefore, you may experience symptoms very similar to your pre-operative condition. If you experience pain or muscle spasms that are not relieved with the medication, you may use a heating pad or ice pack for ten minutes four times a day. **DO NOT SLEEP ON A HEATING PAD.** After staple removal, you may also try soaking in a tub of warm water. Numbness is usually the last symptom to resolve. In general, most of your pain should resolve over a period of four weeks. If you continue to have problems at the time of your one month post-op visit, your doctor may prescribe a form of conservative therapy, i.e. steroids and/or physical therapy.

RETURN TO DAILY ACTIVITIES:

For about the first week following surgery, you will need to rest and do as little activity as possible. As already mentioned, you will probably feel sore and stiff. By the second week, however, you should begin to feel less pain and stiffness. During your second post op week, you should be able to take short walks, go out to eat, go shopping. Do not do any strenuous activities including lifting, stretching, bending, pushing or pulling. Gradually, over the next couple of weeks you will be able to progressively increase your activities. Use the following as a guideline:

- 1) **Driving.** You should not drive for two to three weeks after surgery. You may ride in a car on short trips after your staples are removed. If you must ride over 30 miles, get out and walk every thirty minutes. You should not plan to travel for long distances for at least a month after surgery.
- 2) **Working.** If you have a manual labor type job, you should not plan to return to work for 4-6 weeks following surgery. At your one-month return office visit, the doctor will assess you and determine at what point you may return to work. If you have a predominantly sedentary job, you can plan to return to work in a part-time capacity after three weeks. Your neck may still be stiff and turning it from side to side may cause pain. Caution and common sense should be used to determine whether or not you should engage in any activity.
- 3) **Sexual Activity.** You should abstain from sexual activity for at least three weeks following surgery. After this time you may resume your normal sexual activities as you feel able.
- 4) **Exercising.** Resuming exercise should be done carefully. Do not exercise during the first week after surgery. You may resume a walking activity after one week following surgery if it is comfortable for you to do so. Do not participate in any aerobic-type activity (including tennis and golf), or contact sports for three months following surgery.

PRE AND POST OPERATIVE QUESTIONS: If you have further questions regarding your scheduled procedure, please contact our office Monday through Thursday between 8:00 a.m. and 4:00 p.m. and Friday from 8:00 a.m. to 12:00 p.m. at (205) 949-1800. If the questions are regarding the scheduling of your procedure, date and time, insurance precertification or scheduling of preadmit testing, please request to speak with or leave a message for Julie. If your questions pertain to medical information or medications, please request to speak with or leave a message for Dr. Swaid's surgical assistant, Kristi.

THIS INFORMATION SHOULD BE USED AS A GENERAL INFORMATION SHEET ONLY AND SHOULD NOT BE USED IN LIEU OF MEDICAL TREATMENT. AS INDIVIDUAL CONDITIONS VARY, ALWAYS CONTACT YOUR DOCTOR REGARDING YOUR HEALTH CARE.

