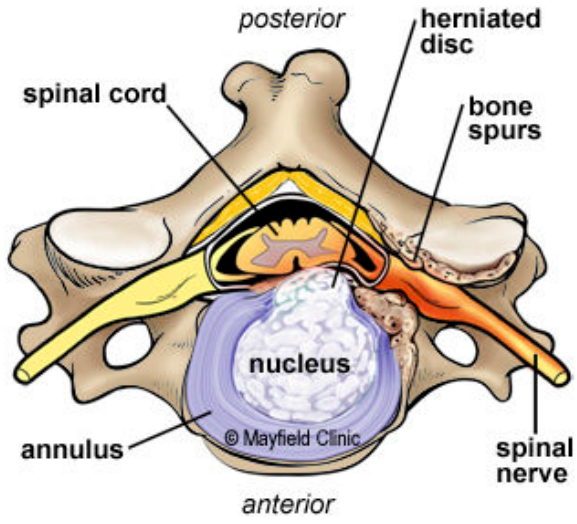
PREMIER NEURO SPINE INSTITUTE
INNOVATIVE BRAIN AND SPINE CARE

ANTERIOR CERVICAL DISCECTOMY AND FUSION

Candidates for an Anterior Cervical Discectomy and Fusion

Candidates for an Anterior Cervical Discectomy and Fusion, or ACDF, typically suffer from a symptomatic herniated disc in the neck (cervical spine). Less commonly, an ACDF may be recommended to treat cervical degenerative disc disease, bone spurs caused by arthritis or cervical spinal stenosis. One or more discs may be affected by herniation or degeneration, causing acute or chronic pain, muscle weakness or numbness. Your surgeon may perform a one-level or multilevel ACDF, depending on the number of affected discs.

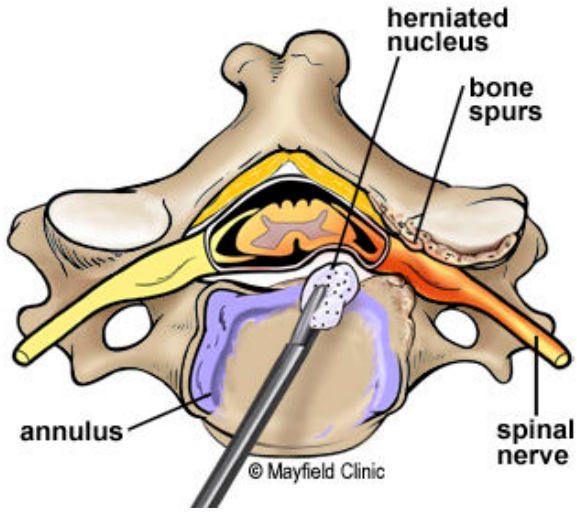


WHAT IS AN ANTERIOR CERVICAL DISCECTOMY AND FUSION?

An ACDF is a surgical procedure performed on the neck, or cervical spine, in which one or several damaged discs are removed and replaced with bone graft-filled spacers. The damaged discs tend to put pressure on the spinal cord or nerve root and the goal of the procedure is to decompress the damaged area.

The Anterior Cervical Discectomy and Fusion is conducted through a small incision in the front of the neck (anterior), providing direct access to the disc(s) and ample visualization, as opposed to approaching the procedure through the back of the neck (posterior). The incision is typically made along a natural line along the skin of the neck to minimize scarring. One thin vestigial muscle is cut in line with the skin incision and the surgeon follows anatomic planes through the muscles, down to the spine to access the discs.

Once the surgeon approaches the spine, a thin fascia covering the spine is dissected to access the discs. X-ray imaging provides visualization as the surgeon identifies the correct discs, the outer annulus fibrosis is cut and the nucleus pulposus is removed. The entire disc is removed, including the cartilage endplates, to reveal the cortical bone.



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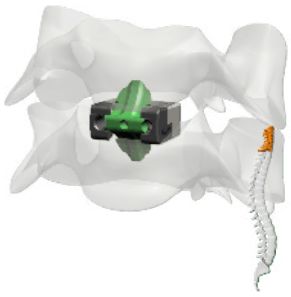
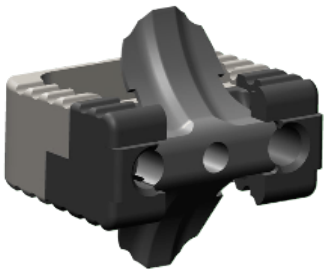
Following the discectomy, an anterior cervical fusion is performed. Bone graft and/or an implant or cage are placed into the spaces where discs were removed to prevent collapse and maintain proper spacing. The insertions promote growth between the vertebrae, fusing the two (or more) into a single unit (fusion). The goal is to maintain decompression and allow adequate spacing for the nerve roots and spinal cord.

A plate may often be attached to the front of the spine with screws to provide additional stability and facilitate the fusion process.





Results of an Anterior Cervical Discectomy and Fusion

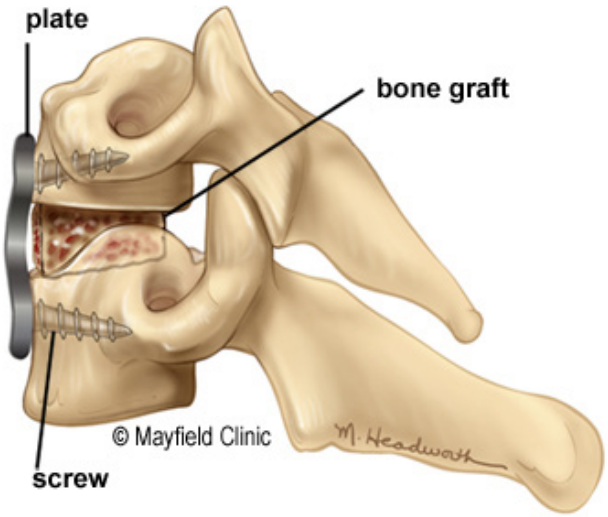
Patients are typically able to return home the same day as their ACDF procedures. Some may spend one night in the hospital and most will recover within four to six weeks. Regular activity is possible within a few days or weeks. The fusion will fully mature typically within 12 to 18 months.

The intended outcome of an ACDF procedure is for the nerve roots and spinal cord to be decompressed, relieving the patient of his or her pain, weakness, numbness and/or tingling.

What Are the Risks of an Anterior Cervical Discectomy and Fusion?

Certain risks are present and will vary from patient to patient. The patient's conditions will factor into recovery time and outcome, including bone strength, diabetes, smoking and physical health. In some patients, symptoms may not be adequately relieved from the ACDF procedure. The fusion may not fully mature, resulting in pseudarthrosis. Temporary or persistent dysphasia, or swallowing, may occur. Speech may also be disturbed, caused by injury to the recurrent laryngeal nerve that supplies vocal cords.

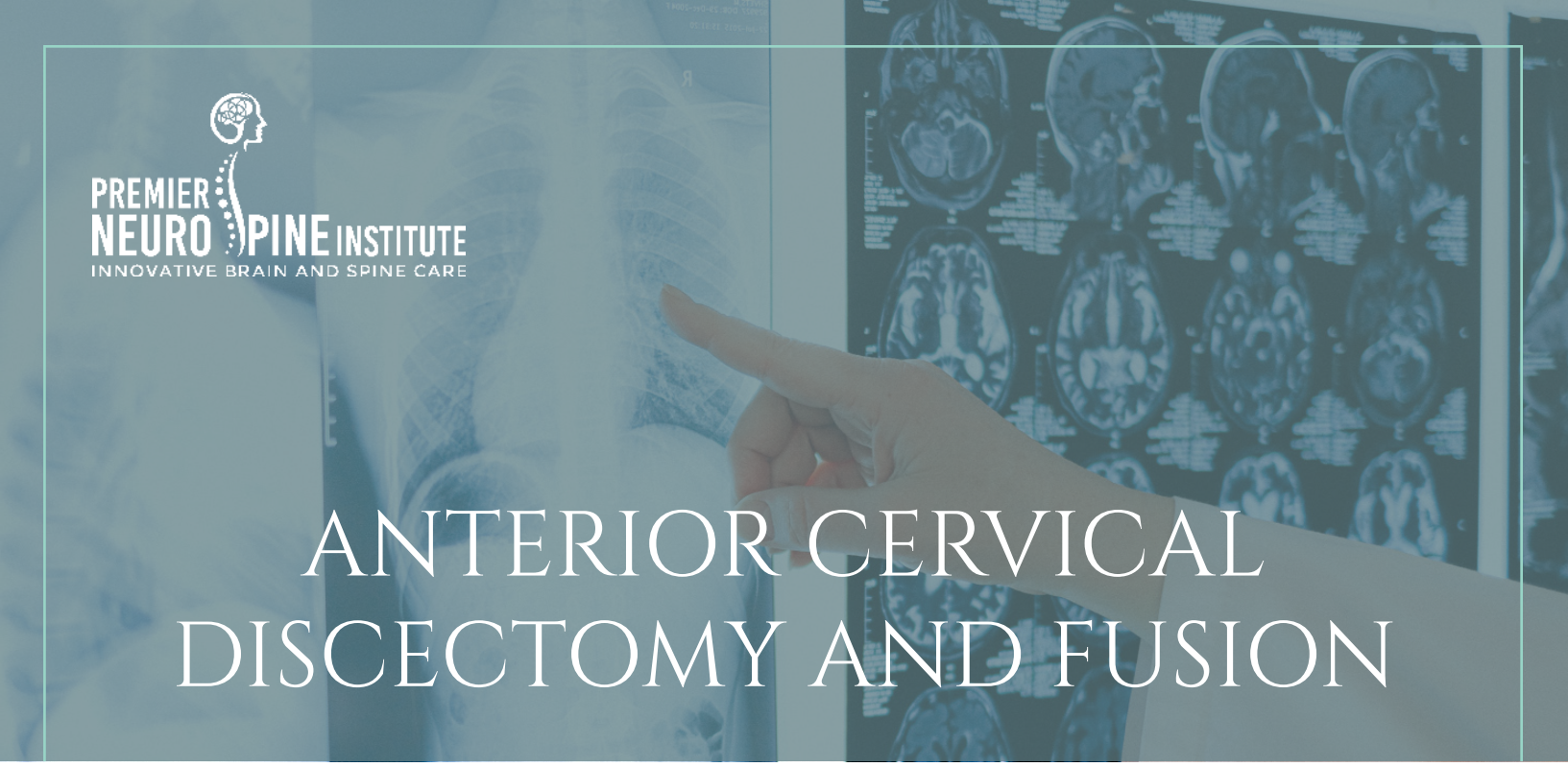
A dural tear or spinal fluid leak, nerve root damage, spinal cord damage, bleeding, infection, damage to the trachea or esophagus or a hematoma or seroma may also occur.



Pre and Post-Procedure Instructions

Pre-Procedure:

1. You will need to complete a medical clearance and/or lab work prior to surgery. Specific instructions will be given to you by our



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scheduling coordinator. You should get your lab work done PRIOR to your medical clearance appointment so your PCP can review the results during the appointment.

2. You must discontinue the following medication seven (7) days prior to surgery: Aspirin, Aspirin related products, NSAIDS such as Advil, Ibuprofen, Aleve, Feldane, Nuprin, Motrin, Celebrex, Darvon, Ecotrin, Endodan, Excedrin, Florinal, Norgesic, Orphengesic, Percodan, Pravigard, and Soma. These medications may be resumed as soon as possible when deemed safe by your surgeon.

3. YOU MUST discontinue ALL blood thinners such as: Plavix (Clopidogrel), Coumadin (Warfarin), Eliquis, Pradaxa, Brillinta, Fish Oil, Aggrenox, Vitamin K, Vitamin E, Vitamin B6 7 day prior to surgery. These medications may be resumed as soon as possible when deemed safe by your surgeon.

4. FOR WOMEN ONLY: Hold Estrogens (Cenestin, Estratest, Estropipate, Menest, Ortho-Est, Premarin, Premphase, Prempro etc.) on the day of surgery and resume when instructed by your physician.

5. Hold ALL herbal supplements including garlic, ginseng, and St. John's Wart 7 days before surgery.

6. Please discontinue any and all diet pills two (2) weeks prior to your surgical procedure.

7. DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT THE DAY BEFORE YOUR SURGERY, AND NOTHING ON THE MORNING OF YOUR SURGERY, UNLESS OTHERWISE ADVISED BY YOUR PHYSICIAN. You may take essential medications, such as blood pressure medications with JUST a sip of water.

8. Please arrive at the surgery center about 1-2 hours prior to your anticipated start time. Typically, the surgery center will provide you with instructions on when to arrive and specific directions (1-2 days beforehand) on when to get there and what to bring. However, it is VERY important that you bring your most recent imaging with you (CT scan/MRI disk).

9. We highly encourage bringing a friend or a family member to the surgery center with you, so that we can explain the post-operative rules and instructions.

10. After your procedure, you will recover in the PACU where nursing staff will provide you with post-operative care and inform you of how the procedure went.

11. If you are prescribed opiate pain medication by another physician (such as pain management physician), MAKE SURE you see them prior to surgery so you are covered for post-surgical pain. Pharmacies will not fill prescriptions from another provider. If you do not take opiates at home, we will prescribe you with a 7-day course to cover your post operative pain.

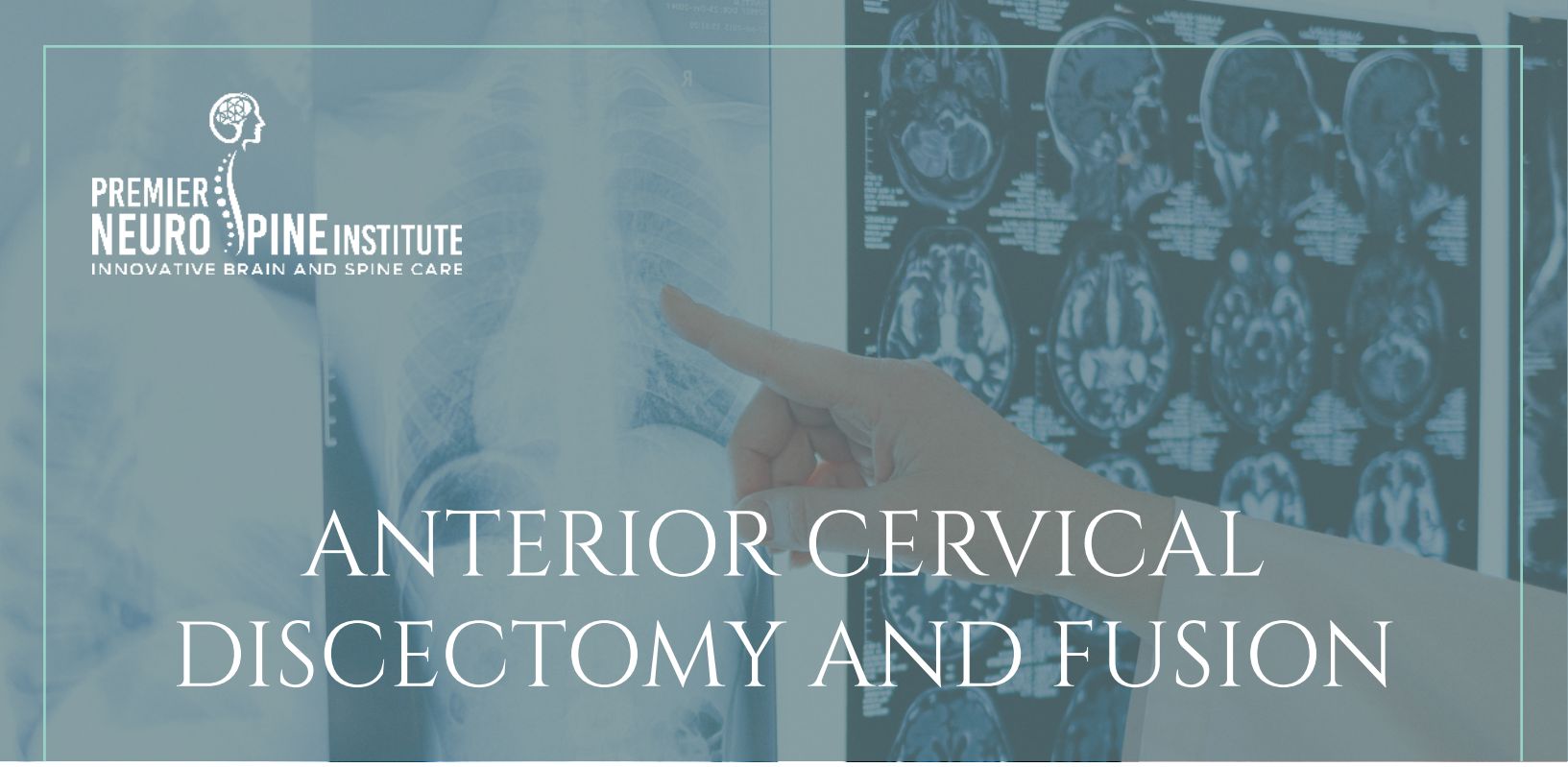
12. After surgery, you will most likely require physical therapy. This has been proven to lead to optimal outcomes. If you have a preference of a physical therapist, please let your provider know prior to or during your post-operative appointment.

Post Procedure:

1. Refrain from strenuous activities and follow post-operative instructions.

2. Pain can increase in your treatment areas 2-5 days after your procedure. It may take up to 14 days for symptoms to improve. Symptoms may fluctuate during the healing process, which occurs over 4-8 weeks. You likely will not feel fully back to "normal" for about 3 months.

3. You may have some difficulty swallowing and a sore throat for several days after your procedure. This is very common and will typically go away on its own. If it does not go away or you have difficulty with breathing please, call the number provided below.



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4. You should apply ice around places of discomfort for 20 minutes on and 20 minutes off. Please place a barrier between your skin and the ice. Heat is okay to apply to your back or neck muscles, just not over the incision site.

5. You may experience a low-grade fever after treatment. Call if your temperature is above 100.4.

6. No anti-inflammatory medication (Celebrex, Advil, Mobic, Motrin, Aleve) should be used for 10 days after surgery.

7. Light exercise or physical therapy is okay to start 2 weeks after treatment.

8. Pain medication prescriptions may say to take 2 tablets every 6 hours. If your instructions say this, JUST TAKE ONE tablet every 4-6 hours as needed for pain. WE DO NOT REFILL NARCOTIC PAIN MEDICATIONS AFTER SURGERY. If you continue to have pain, you will need to see a pain management doctor for narcotics.

9. If you were prescribed a brace, you must wear it when out of bed. If you are sleeping, sitting down, relaxing or eating, you may remove your brace. You will be in your brace between 4-6 weeks, depending on the type of surgery you had. If you had a cervical disc arthroplasty "replacement," you will only require a soft collar for two weeks.

10. Do not drive until you can stomp your feet on the ground and do not feel pain.

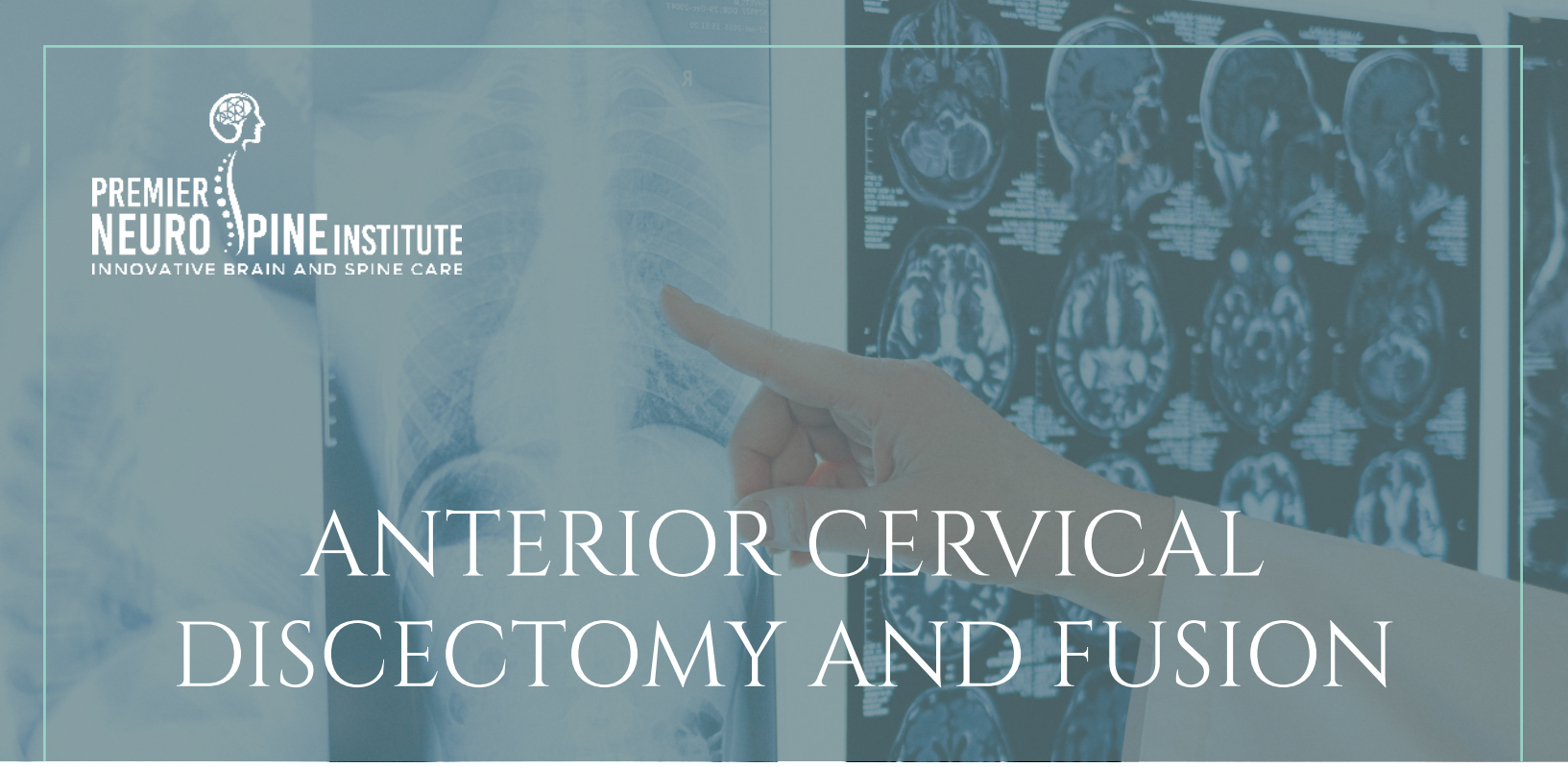
11. Wound care: You will have stitches buried underneath your skin. They will dissolve on their own. On top of the wound, you will have skin glue and steri strips (which look like little pieces of white tape). PLEASE INFORM PROVIDER PRIOR IF YOU HAVE ANY ALLERGIES TO SKIN GLUE OR ADHESIVE PRODUCTS. Do NOT remove or peel off steri-strips, these will fall off on their own. On top of the steri-strips, you will have gauze and tape. The gauze and tape is what you will be able to remove in 3 days. Do not wet the dressing at all in those 3 days. On day 3, you may remove the top layer of your dressing in the morning and shower as you normally would. DO NOT SUBMERGE wound in water for 3 weeks (bath tub, jacuzzi, beach, etc.).

12. Besides narcotic medication for pain, you may use Tylenol (acetaminophen) to optimize pain control. You may take up to 3,000 mg per day, unless contraindicated due to allergy or liver issues. Make note that some narcotics are mixed with Tylenol, (for example, Percocet has 325 mg of Tylenol per pill) so dose accordingly.

13. You may walk as long as you are stable. We do want you out of bed as much as possible unless otherwise instructed. NO BENDING, TWISTING, OR LIFTING OVER 10 LBS FOR 4 WEEKS.

14. You will need to follow up in the clinic for a post-operative evaluation in 4 weeks. Depending on your procedure, you may be required to have an X-ray done prior to the appointment. PLEASE BRING THE CD OF YOUR IMAGES. Your X-ray script will be given to you the day of your surgery. If you do not receive it or lose it, please call for a new script.

15. You may have a drain after surgery. Do not be alarmed. The reason we place these drains is because you may have been a little "oozy" after the procedure. We place them so the extra blood and fluid can drain out of your wound easily. They are typically removed the next day by your home healthcare nurse. If you do not have home healthcare set up, call the office for an appointment to remove the drain. For questions regarding surgical scheduling, please call Chris (Scheduling Coordinator) at 727-605-1770 (EXT 1003). For any post-operative questions or concerns, please call our office at 727-605-1770. Please note that you may be sent to voicemail. We will return your call as soon as possible. If it is an emergency, please call 911. If you are calling after hours, please leave a voicemail in the general inbox and it



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will be forwarded to the medical team.

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