VANCOUVER ISLAND
NEUROSURGICAL FOUNDATION

Anterior Cervical Spine Surgery

This information is to help you and your family prior to and following surgery.

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Pre-operative information for Anterior Cervical Spine procedures:

Anterior Cervical Spine surgery for degenerative disease and deformity of the cervical spine is an elective operation. Such an operation may be considered more urgent and more necessary if a patient's spinal cord function is compromised, this is termed Myelopathy. This surgical intervention is typically performed through a small incision in the front of your neck and via careful dissection beyond sensitive anatomic structures including your carotid artery and jugular vein, your trachea and esophagus and several nerves which provide functions related to speech and swallowing. Once adjacent to your spine the procedure will involve removal of bone, disc and associated soft tissues to allow appropriate decompression of neurologic structures including your spinal cord and stabilization with some form of instrumentation. The details will be reviewed with you in office or via Telehealth consultation. The goal is to protect/free neurologic structures, stabilize the spine and correct spinal alignment.

Alternatives to such an intervention include a variety of non-operative strategies. Patient directed strategies include a healthy lifestyle including weight loss, regular stretching, appropriate rest and often simply just time to allow the pathology to resolve independent of intervention. Additionally, there are medical options including an assortment of medications for inflammation, nociceptive (traumatic) pain, neuropathic pain and muscle relaxation. These can be managed by primary care physicians or a pain specialist. In some cases, there may be benefit from collaboration with physical/occupational/registered massage therapy. Chiropractic manipulation should be used judiciously. Interventional pain specialists can also be used with great utility in select cases and this will likely be recommended as an option if more appropriate in a specific case.

The risks associated with Anterior Cervical Spine Surgery include but are not exclusive to those which are common and those that would be catastrophic. They include durotomy/CSF leak, spinal infections, hoarseness of voice and difficulty with swallowing, blood loss requiring transfusion, unsuccessful surgery and neurologic injuries including spinal cord injury. There are anesthetic and medical risks which are present when any surgical procedure is performed particularly with a general anesthetic. These risks increase with the extent and duration of such procedures. These risks include cardiopulmonary pathology, systemic infections, gastrointestinal dysfunction and post-operative delirium among other less common comorbid issues. These risks are obviously greater in patients with pre-existing medical conditions and those of advanced age. In all situations there is a possibility of death although it remains highly unlikely. The more extensive operations may require early recovery in an intensive care unit environment.

If there are any questions, please do feel free to ask in advance of your procedure.

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Discharge Instructions – Anterior Cervical Discectomy and Fusion Patients

What can I eat and drink after my operation?

- After your surgery you might not be hungry which is normal and in fact appetite and gastrointestinal function may take several days to recover to normal.
- The health care workers in the hospital will guide you through this process.
- If you have issues with swallowing dysfunction following this type of operation you may require specific testing and evaluation by speech and language pathology to ensure safety.

What activities can I do?

- Avoid lifting more than about 4.5 kg (10 lb) for a minimum of 3 months.
- You can start being active by walking around your house. You may experience pain, and this is normal and will gradually improve. If the pain is worsening following discharge, please contact your surgeon's office directly.
- During the day, avoid lying in bed or sitting for long periods of time by getting up every 30-60 minutes to walk.
- Gentle physical activities are reasonable within 2-4 weeks of surgery using common sense and you will be provided with further guidance once you have seen your surgeon in follow-up in 3 months.
- At your follow up appointment, your surgeon will let you know when you can return to work.

When can I drive?

- There are no restrictions and you may resume driving when it is safe, and you are no longer taking prescribed narcotic medications.
- You will not be able to drive right after your surgery. Check with your nurse before you go home from the hospital for more advice. You should not drive if you are tired, on narcotics, or if you have problems with your vision.

How do I take care of my dressing (bandage) & wound?

- Keep the dressing and incision clean and dry for 1-2 days. Beyond 2 post-operative days if your wound appears clean it is safe to shower. Do not soak for prolonged periods in a bath or hot tub for 4-6 weeks.
- Do not be alarmed by the bruising or swelling around wound.
- Do not use lotions, powders or oils on the incision.
- Call and make an appointment with your family doctor who should evaluate your wound 8-10 days after your operation.

How do I cope with my pain?

- If you are given a prescription, take it to a pharmacy to get it filled and follow the directions for taking the medication.
- Take a stool softener every day while you are taking narcotics. If you have not had a bowel movement after 2 days, take a laxative which you can get from a pharmacy without a prescription.
- It is normal to have pain after your surgical procedure, but the pain should get better with time.
- You can ask your family doctor to prescribe a milder pain medication and to assist you in weaning off your pain medication. It is better to slowly reduce the medication over time rather than stopping it suddenly.
- You may feel some muscle spasms across your back and down your legs. If the nerves in your legs are inflamed or irritated, you may have some leg pain until the inflammation resolves after a week or two.

What about other medications?

- If you were on blood thinners and stopped taking them for your surgery, you may resume them 5-7 days following surgery.
- Continue with any other medications you were on before surgery.

When can I start physiotherapy?

- For the first 3 months after surgery, unnecessary neck range of motion activities should be avoided.
- After 3 months have passed, gradual neck range of motion exercises can be started, and this can be directed by a physiotherapist.

When can I return to work?

- This is variable depending on the nature of your work. In most cases a RTW will occur within 4-6 weeks after such a procedure.
- At your 3 months follow up appointment, your surgeon may confirm that you can return to work if this has not already occurred.

When should I call my family doctor?

- Prior to your operation call your family doctor to make an appointment for your wound evaluation 8-10 days following surgery.
- Call your family doctor to renew or change your pain medication prescription or to talk about any other health issues.

What should I do if I develop a problem?

- Go to Victoria General Hospital's Emergency Department (preferred) or the nearest hospital emergency department, if you have:
  - Severe pain not helped by any medications
  - Weakness in your legs.
  - Fever (>38$_o$C) or you notice any signs of infection in the incision.
  - Increased redness, swelling, leaking of pus or pain from the incision.
  - If you notice increased swelling with pain in your legs, or difficulty breathing.
  - Any trouble controlling your bowels or bladder.

When is my follow-up appointment?

- Call your surgeon's office (Phone: 778 265-6677) below to make an appointment for 12 weeks after your surgery.

Location: Unit 100 – 1830 Oak Bay Ave, Victoria BC V8R 6R2
Phone: 778-265-6677
Fax: 778-440-6677
Date: _____
Time: _____
Surgeon:

- ☐ Dr. Evan Frangou
- ☐ Dr. Daniel Warren