Posterior Cervical Fusion Surgery

A guide for patients and their caregivers
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Some Facts About the Spine

The spine is a stack of bones that runs down the middle of your back. It starts at the bottom of your skull and goes all the way down to your tailbone. The spine:

• supports your body
• allows you to move freely.
• houses and protects the spinal cord—the nerve center of your body.

View of the spine from the front

7 cervical vertebrae

12 thoracic vertebrae

5 lumbar vertebrae

Sacrum

Coccyx

The spine has 26 bones

• There are 24 bones (vertebrae) that start at the top of your spine. These are the separate bones that connect like puzzle pieces. There are:
  – 7 vertebrae in the neck area (cervical)
  – 12 vertebrae in the chest area (thoracic)
  – 5 vertebrae in the lower back (lumbar)
• The next to the last bone of your spine is the sacrum. The sacrum is actually 1 large bone made of 5 fused bones.
• The bone at the very end of the spine is the tailbone (the coccyx).
There are discs between most of the bones in the spine

There are soft pads of tissue between most of the vertebrae in your spine. These are called discs. The only vertebrae that do not have a disc between them are the top 2.

Details about the discs

- Each disc has a spongy center (nucleus) and a tougher outer ring (annulus). Movement in the nucleus is what makes it possible for the vertebrae to rock back and forth on the disks. This gives you the flexibility you need to bend and move.
- The discs absorb shock caused by movement.
- The discs also keep the bones from rubbing up against each other when you move.
The spine has 3 natural curves

A healthy spine with proper alignment has 3 natural curves: cervical, thoracic, and lumbar.

• These curves keep your body balanced.
• These curves support your body when you move.
• These curves distribute weight through the spine, making back injuries less likely.

Muscles support the curves of the spine

Strong, flexible back muscles help support the curves of your spine. They do this by holding the vertebrae and discs in correct alignment. Strong and flexible belly, hip, and leg muscles also help support your back.

View of the spine from the side

- Cervical curve
- Thoracic curve
- Lumbar curve
- Pelvic curve
The spinal cord runs through the middle of your spine

- The spinal cord is the nerve center of your body.
  - It runs through the center of your spine
  - It connects your brain to the rest of your body.
  - It starts at the base of your brain and usually ends at the first or second lumbar vertebrae.

- All along the spine and at the end of the spine are nerve roots.
  - Nerve roots exit and enter the spinal canal on both the left and right sides and the end of the spine.
  - The job of the nerve roots is to carry electrical signals to and from the spinal cord and the muscles, organs, and other parts of your body.
Posterior Cervical Fusion Surgery

What is posterior cervical fusion surgery?

- A spinal fusion is when 2 or more of the bones in the spine are joined or “welded” together.
- Cervical fusion is when the bones that are joined are in the neck area of your spine.
- Posterior fusion is when your surgeon operates on the back of your spine.

How are the bones fused together?

Fusions are made with bones grafts and with or without instrumentation. Your surgeon will remove one or more discs from between your vertebrae. Then you surgeon will replace the disc(s) with bone. This will allow the vertebrae to fuse together as one. You may have a titanium plate and screws placed to hold the bone in place as it fuses.

Why bones are fused

Joining the bones together will limit how much they move. This may help lower your pain or fix other problems you are having. The number of bones you will have joined together depends on the problems you have.

During your fusion, you may also have a spinal decompression procedure, such as:

- Posterior cervical foraminotomy
  This involves opening the foramen to relieve the pressure on the nerves.
- Posterior cervical laminectomy
  In this procedure, your surgeon will remove the lamina in one or more places from your spine. This will remove pressure on the nerves.
- Posterior cervical laminoplasty
  This involves opening of the lamina to remove the pressure on the nerves.

Bone grafts

To fuse the spine, very small pieces of extra bone are needed. This is called a bone graft. The bone that is attached to the spine acts like a “cement” that fuses the vertebrae together. The fusion stops motion between the two fused vertebrae. This means you will have a slight loss in flexibility, but you may feel like you can move better after surgery because your problem has been fixed.
Are there different kinds of bone grafts?

There are many different types of bone grafts. Two of the more common types are grafts from a patient’s own body (autograft) and grafts from a bone bank (allograft). There are also artificial bone graft materials that can be used.

**Autografts**

Bone from your own spine will always be used to join your vertebrae together. Your surgeon may also need to use bone from your hip to make the fusion. If bone from your hip is used, your surgeon will take a small amount from the top part of your pelvic bone. The bone that is used for the graft will be removed during your spinal fusion surgery. A separate procedure is not needed to take the bone. Your surgeon will talk with you about all of this before surgery.

**Allografts**

Sometimes bone from people who have died is also used to fuse the vertebrae together. This bone is collected, tested, and stored in bone banks. Bone donors are checked for their cause of death and medical history. Tests are done to check for viruses such as HIV and hepatitis. The bone is also treated before it is used as a graft. The risk of getting a disease from bone graft is extremely low. Your surgeon will talk with you if they decide to use bone from a donor in addition to your own bone.

**Genetically engineered protein (BMP) grafts**

A genetically engineered protein (BMP) may also be used create your fusion. The use of BMP will be discussed with you if your surgeon feels this would be helpful in your situation.

How do the bone grafts stay in place?

**Spinal fusions with instrumentation**

A bone graft takes time to completely grow into the bone and become stable. Most fusions include the use of instruments to hold the bones in place while the graft fuses together. In a cervical fusion, your surgeon attaches a plate and screws in your vertebrae. They are placed in a way that will keep the spine stable while it heals. The plate and screws are generally made of titanium.

**Spinal fusions without instrumentation**

Sometimes doctors may choose to do cervical fusions without plates and screws. These types of fusions only use bone grafts. This means your surgeon will join your bones together by using nothing other than added bone graft material. If your doctor decides to do your surgery without instrumentation, they will talk with you.
Why do I need spinal fusion surgery?

Your surgeon thinks that the problems and symptoms you have been having may be caused by compression or squeezing of the nerves or nerve roots in the cervical area of your spine. Spinal fusion surgery is recommended to help improve these symptoms and to keep these symptoms from getting worse. Symptoms that may be improved with this surgery are:

- headaches in the back of your head
- pain in your neck, shoulders, upper back, arms, or fingers, as well as occasional or frequent numbness, tingling, and weakness
- more serious problems, such as the loss of balance and problems with coordination and dexterity.

What causes nerves in the spine to be compressed or squeezed?

- Degenerative disc disease: This is when a disc in the spine ages and loses its ability to cushion the vertebrae. During degeneration, the disc loses its elasticity, which can cause the disc to crack, flatten, or even turn into bone. As the disc flattens, the vertebrae on either side of the disc rub together which can cause bone spurs. These bone spurs can cause pressure on the nerves.

- Herniated disc: A disc herniation is when the outer part of a disc (the annulus) tears. The tear allows the soft watery material on the inside of the disc to come out. The disc herniation can then cause pressure on the spinal nerves or the spinal cord, which can lead to pain and other problems.

- Bulging disc: This is when the soft, inner part of the disc remains inside the annulus, but it is no longer in the right place. When this happens, the bulging disc can cause pressure on the spinal nerves or the spinal cord, which can cause pain and other symptoms.

- Spinal stenosis: This is when bone spurs grow into and narrow the space through which the nerve roots exit the spinal canal. This can cause pain and other symptoms.

- Spondylosis: This is degenerative arthritis of the spine. The arthritis can cause pressure on spinal nerve roots, which can cause pain and other symptoms.

- Radiculopathy: This is when there is pressure on the root of the spinal nerves, which can cause pain and other symptoms.

- Myelopathy: This is when there is pressure or compression on the spinal cord, which can cause weakness, numbness, tingling, and other symptoms.

- Pseudoarthrosis: This is a problem that happens when bone fails to fuse together.
What are the possible benefits of this surgery?

Most people who have back surgery do so to lessen the pain and symptoms that are caused by their back problems. Some benefits of a successful spinal fusions may include:

• fewer headaches
• less pain
• less weakness and numbness
• the ability to be more active and gain a better quality of life
• improved physical fitness
• better mood because you have less pain
• increased productivity, including being able to return to work or other activities.

What are the risks of this surgery?

Like any surgery, a spinal fusion has its risks. However, your surgeon would not recommend this procedure for you unless the expected benefits far outweighed the risks. Risks include:

• Scarring: You will have a scar from the incision that is made during your surgery. The incision will be vertical along your cervical spine; its length will depend on how many levels of the cervical spine need to be corrected. These incisions do not always heal well, and may leave a wide scar. Though we make every effort to create a perfect closure when suturing the incision closed, the soft tissues under the skin may occasionally retract and leave a sunken in area along the incision.

• Pain: Pain after surgery should be expected. The good news is that these pains will subside. The worst pain typically lasts for 2 to 4 weeks. Thereafter, the pain will slowly lessen. It is possible that you will have some pain that last for as long as 3 to 6 months.

• Infection.

• Damage to nearby structures, including the esophagus, trachea, thyroid gland, vocal cords, and arteries.

• Spinal cord or nerve damage.

• Bleeding or possible need for transfusion.

• Injury to the vertebral artery that, in turn, causes you to have a stroke.

• The bone graft shifts or become displaced. Or the bone graft doesn’t heal like it should, which leads to the need for more surgery.

• Failure of the metal plates and screws to stay attached to the bone.

• A blood clot forming in your arms or legs.

• Chronic pelvic pain if your own bone is taken from your pelvis for a bone graft.

• Blindness if you have a drop in your blood pressure during the procedure, especially if you have glaucoma or diabetes.

• Heart problems and even death.
**Risks of anesthesia**

You will have general anesthesia during your surgery. The goal of general anesthesia is to make you sleep through your surgery and not feel any pain. General anesthesia is different from regional anesthesia, where only part of your body is numbed and you may be awake.

Risks of general anesthesia include:

- throat discomfort
- injury to teeth or dental work
- harm to the eyes, including blindness
- damage to your vocal cords, which may affect your ability to speak
- headache
- backache
- nerve damage
- being aware during surgery
- allergic reactions
- stroke
- heart attack
- death
Getting Ready for Surgery

In order to have the best possible surgery, there are things you will need to know and do to get ready in the weeks before. Let us know if you have any questions or need any help.

Get your vaccines

Plan ahead. If you need to get a live-virus vaccine and your surgery is still more than 6 weeks away, you should have your vaccines now. Though you can get a flu shot with an inactivated virus at any time, you cannot get any live-virus vaccines within 6 weeks of your surgery or for 3 months after your surgery.

Start taking Calcium/Vitamin D

Start taking a Calcium 1500 mg with Vitamin D 1000 IU vitamin as soon as possible before your spine surgery. Plan to be on it for a minimum of 6 months after surgery, but consider remaining on it year round pending no medical contraindications.

Go to any appointments or have tests done if we require them

Before your surgery it may be necessary to have blood, a urinalysis, an EKG, and/or a chest x-ray completed. You will be asked to schedule an appointment with your primary care physician 2-4 weeks away from your surgery. They can perform most of the required testing. You may have to go see other specialists such as a cardiologist for additional screening prior to your surgery. Our surgery coordinator will assist you in scheduling any appointments needed.

An appointment will also be scheduled for you to meet with a physical therapist prior to surgery. The therapist will go over post-operative instructions as well as restrictions.

Before your surgery, you will be receiving a call from one of our pre anesthesia testing nurses. They may also schedule you an appointment to meet with them in person.

• the nurse will verify instructions and inform you of the time you need to report for surgery
• it is important that we have your current contact information. This includes home, cell, or work phone numbers as well as your email address
• be prepared to review your medications and past medical history
• be sure you tell this person about vitamins and drugs such as marijuana and cocaine
• if you struggle with constipation prior to the surgery talk to the pre anesthesia testing nurse for suggestions to prevent complications.
• you may take your morning pills as instructed by the pre anesthesia testing nurse. Take pills with no more than 1 tablespoon of water.
• if you have questions about anesthesia before the day of your surgery the pre anesthesia testing nurse can help provide answers
Quit smoking as soon as you know you are having surgery.

You must not smoke any time around your surgery—before or after. Smoking increases the risk of having medical problems from surgery. Some of these problems include the risk of infection in the instrumentation used in your spine and the risk that your incisions won’t heal.

Call us if you get any kind of infection

If you get any kind of infection before your surgery, you need to call the surgery coordinator right away. An infection could move into your spine after surgery and cause serious problems. If you still have infection the day of your surgery, your surgery will need to be cancelled in order to keep you safe and healthy.

Call us if you develop:

• an infection of your teeth
• an infection of your fingernails or toenails
• a bladder infection
• a pimple, cut, scratch, boil, abscess, or insect bite anywhere on your body—especially on the skin over or around the area of your back that will be operated on
• a rash or flaky skin
• a temperature higher than 100.5°F (38.1°C).

Exercise to stay strong

The stronger and more fit you are before your surgery, the better you will do after. Activities we suggest are walking, swimming and deep breathing exercises. Cardiac and aerobic exercises are also helpful if they are approved by your medical doctor and you are able to do them. You may want to work with a physical therapist or personal trainer to get as strong as you can.

Eat healthy foods to stay strong

Include fruits, vegetables, and whole grains in your diet. A healthy diet will help you have a better recovery.

Start planning for your recovery at home

Unless your doctor decides there is a medical reason for you to go to another facility, you can expect to go to your home after surgery. Patients get better faster when they go home to recover since it is helpful to heal in familiar surroundings. Start getting your home ready now, and make your recovery as easy as it can be.
Make your home safe and easy to move around in

Set up your home now so it will be as easy as possible for you to live in as you recover. Remember, as you recover you will not be able to bend, lift, twist, or stoop down. You will be very limited in your movement after surgery and need to prepare your home for this.

- Make sure you have a cordless phone or cell phone that you can reach easily.
- Cook and freeze meals in advance. Or buy frozen dinners and canned fruits and vegetables. This way, you won’t have to worry about doing a lot of cooking.
- Buy heavy or awkward things now before your surgery. This might include dish soaps, detergents, toilet paper, peanut butter, pet food, and heavy jars or cans.
- Store the kitchen items you use the most at counter-top level, above your waist, and below your shoulders.

Arrange your home to prevent falls

For the first few weeks after surgery, you will likely need to use a walker or cane (or both). Move your furniture so you have a clear path and will be able to use your walker or cane wherever you need to go.

- Pick up any clutter off the floor so you don’t trip or hurt yourself.
- Remove any area rugs in your home so you won’t trip over them.
- Tape down all electrical cords so you don’t trip over them.

- Put shower grab bars in the shower, and put rubber mats in the bathtub and shower. More falls happen in the bathroom than any other room in the house.
- Consider installing handrails on stairs in or outside of your house before your surgery.
- If your bedroom is on an upper-level floor, think about setting up a bed on the first floor of your home to use as you recover.
- Keep items you use often within easy reach.
- Get a rolling cart to help you move items without having to carry them.
- If you have pets, make arrangements to get help feeding and taking care of them since your movement will be so limited.

Arrange for a caregiver

You need to have one or more caregivers to help you as you recover. Now is the time to ask family, friends, or others if they can help you once you leave the hospital. You will need help with housework, errands, and driving. You will not be able to drive for 6 weeks after surgery. You also will not be able to drive for as long as you are taking your prescription pain medicines.

After surgery, you will need help with:

- getting to and from the hospital, physical therapy, and doctor appointments
- going to the bathroom and showering
- grocery shopping, preparing meals, and keeping the house clean and safe for you to walk in
- caring for small children and pets.

For the first 2 weeks after surgery, it is best if someone can stay with you at night.
Fourteen days before surgery, do these things
Stop drinking any beer, wine, liquor, and all other alcohol drinks.

Seven days before surgery, do these things
Seven days before your surgery, stop taking the medicines listed below. Taking the wrong medicine too close to surgery, can keep you from having your surgery. It could also cause complications.

Important: Please consult with the doctor prescribing your blood thinner to make sure they think it is safe for you stop this medication. If one of your doctors thinks it is not safe for you to stop any of these medicines, you must talk to the surgeon!

Seven days before surgery, stop taking these prescription medicines:
- blood thinners, such as Coumadin, Xarelto, and Eloquis
- all anti-inflammatory prescriptions, such as Clinoril, Indocin, Daypro, Toradol and Celebrex
- bone strengthening medicines, including Fosamax and Reclast. Your surgeon will tell you when you can start taking these medicines again.

If you take insulin or prednisone you may have to adjust your medicines before surgery. Make sure to tell your surgeon about all the medicines you are currently taking.

Seven days before surgery, stop taking these over-the-counter medicines:
- aspirin
- ibuprofen
- Advil
- Motrin
- Aleve
- Naprosyn (naproxen)
- any other medicines that contain aspirin, ibuprofen, or other non-steroidal anti-inflammatory drugs (called NSAIDs) that you can buy with or without a prescription.
- aspirin may be continued if you have certain heart conditions, please talk to your primary care provider, cardiologist or pre anesthesia testing nurses.

Seven days before surgery, stop taking these herbals and supplements:
- Chrondroitin
- Danshen
- Feverfew
- Fish Oil
- Garlic tablets
- Ginger tablets
- Ginko
- Ginseng
- Quilinggao
- Vitamin E
- CoQ10
- Multivitamins
Three days before surgery, do these things

• Get everything ready to go to the hospital. Plan to bring only a few clothes and the personal care items you need, including:
  – a short, lightweight robe
  – loose fitting clothes with elastic waistbands that you can easily put on when you get ready to leave the hospital
  – t-shirts
  – shoes or slippers with a closed back and non-skid soles
  – eyeglasses, if you need them
  – a hairbrush, if you need it.

• Do not pack any valuables. You should leave all your valuables at home.

• Bring a list of all the medicines you currently take. But do not pack any of your medicines. Just bring the list.

The night before surgery, do these things:

• Remove any nail polish from your fingers and toes.

• If you shower or bathe the night before your surgery, do not apply lotions, moisturizers, powders, or makeup to your body or face after your shower or before you go to bed.

• Do not eat or drink anything after midnight on the night before surgery. That means no gum, hard candy, or water. This is to prevent stomach upset and vomiting that can be caused by anesthesia.

The day of surgery, do these things

• If you shower or bathe the morning of your surgery, do not use any lotions, moisturizers, powders, or makeup to your body or face after you wash.

• You may brush your teeth. But only use a small amount of water. Spit the water out.

• You may take your morning pills. But take your pills with no more than one tablespoon of water. Pills you may take include medicines for your heart, blood pressure, or breathing.

The day before surgery, do these things

• Eat light meals the day before your surgery.
At the Hospital

Go to the admission desk when you arrive

Go through the front doors of the hospital and check in at the front desk in the lobby.

Remember: The time your surgery begins may change. Much depends on the when the last surgery finished. Sometimes your surgery can start as much as a few hours later than the scheduled time. Thank you for understanding.

When you come to the hospital, leave these things at home

- Do not bring your cane, crutches, or walker when you first come to the hospital. (Have your cane, crutches, or walker brought to you when you go home.)
- Do not bring large amounts of money or valuable items, such as jewelry.

After you have checked in, we will take you to the Holding Room (Pre-op)

- After you have checked in at the admission desk, someone will take you to pre-op. You may bring your friends or family with you space permitting.
- You will change into a hospital gown. You will give your clothes and anything else, like dentures, glasses or contact lenses, hairpins, or jewelry, to your support person to take care of while you are in surgery.
- We will put an IV into your arm. An IV is a tube that goes through your skin and puts medicine directly into your body.
- You will meet with your anesthesia team. They will talk with you about your medical history. They may start managing your pain by giving you some pills to take by mouth with a tiny sip of water.
- We will take you to the operating room on a stretcher.
- If you feel anxious or tense at any time, tell your nurse.
Surgery

- From pre-op, we will take you to the operating room. The staff members who are working with your surgeon and the anesthesiologists will prepare you for your surgery. You probably will not see your surgeon at this time. You will be given general anesthesia. Once you are asleep and about 30 to 60 minutes after you go to the operating room, your surgery will begin.

- When you surgery is finished, it usually takes 30 to 60 minutes to wake you up and put you on the hospital bed before you are taken out of the operating room.

- When your surgery is finished, the surgeon will speak with your family.

What happens during surgery

Anesthesia

Anesthesia is medicine that we will use before and during surgery to keep you from having pain during surgery. It will also relax you, limit your awareness of what is happening around you, and make you sleep. Anesthesia is part of your surgery. We will create a pain control plan just for you that is based on your personal needs and medical history.

The procedure

Your surgeon will make a vertical incision along the back of your neck. The length of the incision depends on how many levels of the cervical spine need to be corrected. Once the procedure is complete, your surgeon will close your incision.

Intraoperative traction

During surgery, you will be in intraoperative traction. This is a traction device that holds your head still so that there is no motion when you lie flat on your stomach during surgery. You will not be in traction when you wake up after surgery, but you will notice small sores on either side of your head where the traction was placed. These sores will heal quickly.

Spinal cord monitoring

Spinal cord monitoring is a procedure that may be done by a nurse during your surgery. Electrodes are placed on your scalp and other parts of your body to make sure that the spinal nerves have good blood flow. If you have spinal cord monitoring, you may or may not notice some irritation to your scalp after the surgery. This irritation should resolve within a few days after the surgery.

In case of excess blood loss

All surgeries will cause some bleeding. However, it is highly unlikely that you will need any blood during your surgery. Rarely, a patient may need blood transfusions either during or after cervical fusion surgery. We will talk with you about this before surgery. If you have objections to getting blood products, please let us know.
We will manage your pain before, during, and after surgery

Pain is a common and expected part of spine surgery; you should expect it. But know that we will help you manage your pain. Our goal is to do everything we can to help lower your pain, while managing the side effects of your pain medicine. We want you to be able to get up, move around, and function well enough that you are able to recover as quickly as possible.

A multimodal pain approach

The approach we will use to treat your pain is what we call a “multimodal” approach. This means we will treat your pain in multiple ways:

- We will give you different types of pain medicines.
- We will give you pain medicines at different times, including before, during, and after your surgery.

Pain management during surgery

While you sleep during surgery, the anesthesia team will give you more medicines through your IV. This medicine will help lower the overall pain you have after surgery, as well as the pain and nausea you have immediately after the procedure.

Pain management after surgery

After surgery, we will continue to give you more medicine for your pain. Like before, the specific medicines we give you will depend on your medical history and the medicines you already take. In general, the medicines you get will usually include a narcotic pain medicine, a medicine to lower inflammation and swelling, and a medicine to lower nerve pain.

In most cases, we will give you prescriptions for these medicines when you leave the hospital, and you will take these medicines for several weeks.

Pain management before surgery

In pre-op, we may give you a few pills with a small sip of water to help stop some of your pain before it even starts. The types of pills and the amount of pills that we give you will depend on your personal history. Your history includes any other medical conditions you have, any medicines you regularly take, and your age. The exact medicines you get will be decided by your surgical and anesthesia teams before your surgery.
We may use a patient-controlled analgesia pump (PCA) to help your pain

Instead of an IV and oral medicines, we may use a pain pump to help your pain. Like an IV, a pain pump puts medicine through your skin and into your veins. Unlike a regular IV, a pain pump is something you control. Essentially, when you push a button on the pump, medicine goes into your body. The button on the pump is for your use only. The button should not be pushed by the nurse or your family. The pump is set up so you don’t give yourself too much medicine.

Other medicines you will need after surgery

In addition to pain medicine, you will get:

- antibiotics to help prevent infection
- blood thinners to prevent blood clots
- medicines to stop nausea, if you need them
- muscle relaxers, such as Valium or Flexeril, if you need them to help muscle spasms.

During your hospital stay you will also have a list of “as needed medicines” that will always be available to you. These medicines will be for symptoms such as muscle spasms, nausea, indigestion, pain, and itching. If you have any symptoms that are not being controlled, please talk with your nurse.

After surgery, we will take you to the Recovery Room (PACU)

In PACU, we closely watch over you as you wake up after surgery. After you are awake, we will take you to your regular hospital room.

- When you wake up:
  - a nurse will help you breathe deeply and have you cough to clear your lungs
  - you will have an IV in your arm so we can give you medicine as needed
  - you may get oxygen to help you breathe.

- Most people stay in PACU for several hours after surgery. How long you are there depends on how your body reacts to the anesthesia.

- If the nurse feels you are up to it, you may be allowed to have visitors once you are awake and your pain is under control.

We will give you pain medicine after surgery

We will do everything we can to lessen your pain after surgery. But some pain is simply a part of recovery. Our goal is to make you as comfortable as possible while keeping the side effects of any pain medicine you get as low as possible.

To control your pain after surgery, we will give you:

- pain medicine through your IV
- pills, including pain pills and anti-inflammatory drugs.
After surgery, you’ will probably have a drain coming from the incision in your neck

The drain is in place to remove the extra fluid from the layers of tissue under your skin. This helps to lower the swelling in your neck and also allows the doctors and the nurses to monitor the amount of blood you have lost.

- If you stay in the hospital overnight, your drain will most likely be taken out on the morning after surgery.
- There is a chance that we will leave your drain in place when you go home.
- If you do go home with your drain, your surgeon will talk with you about following up to have it removed.

After the PACU, we will take you to a regular hospital room

Once you are ready, we will take you to your regular hospital room. You will still have your IV in so we can continue to give you medicines.

On the evening of your surgery, the surgeon will come by to see how you are doing

The surgeon will usually make their evening rounds sometime between 5:00 p.m. and 9:00 p.m. The exact time depends on when they finished their last surgery. Your surgeon will come to see you in your hospital room or the PACU, depending on where you are at the time.

Your surgeon will decide if you are ready to go home or if you need to stay overnight

Most patients who have cervical spine surgery, are able to leave the hospital that same evening or the next day. Once your medical condition is stable and your pain is under control with pills, it is actually better for you to be at home than the hospital. You are likely to rest better at home in familiar surroundings. It is also good for you to be up and moving instead of lying in bed, since too much bed rest raises the risk of blood clots.

At first, your will get water and ice chips instead of regular food or drink.

After surgery, you are likely to get sick if you eat regular food right away. Your body has to gradually work up to digesting a regular diet again. At first, we will give you ice chips and sips of water. Next, we will give you a clear, liquid diet.

The morning after surgery—whether you are still at the hospital or at home—you will take more steps to slowly going back to eating the foods you normally eat. At first, you will start with soft foods and then gradually go back to more regular food.

We will help you get out of bed

If your surgeon decides you are ready to go home the evening of your surgery, we will help you when you get out of bed for the first time. And if you do stay overnight, we will encourage you to get out of bed if you can. Starting on the morning after your surgery, whether you are in the hospital or at home, you may get up and down as much as you want and can tolerate.
You may have trouble sleeping the evening of your surgery

At home or in the hospital, it can be difficult to sleep on the evening and night of your surgery. The surgery can disturb your regular sleep cycles. Some people also find it hard to rest in the hospital in general.

Visitors

You are allowed to have visitors while you are in the hospital. Overnight visitors are permitted on a case by case basis. Please ask your nurse for details.

X-rays

Before you leave the hospital, we may take you to get X-ray images of your cervical spine.

Switching you from IV medicine to pain pills

By the time you go home, your pain will be controlled by pain pills, and you will no longer be on an IV. Your doctor will write you a prescription for pain medicines before you leave the hospital.

Getting you ready to leave

Your surgeon may have an occupational or physical therapist come to see you while you are in the hospital to help decide if you are going to need any extra help when you leave the hospital and go back home.

Make sure you have a ride home

You must have someone pick you up at the time you are released from the hospital. You will not be allowed to drive yourself home. And you will not be allowed to leave the hospital alone.

Am I allowed to take a taxi or a bus home?

No. You must have someone pick you up.
After the Hospital: Your Recovery

Caring for your incision

**Bandages**

Most patients leave with glue or steri-strips (small tape strips) on their incision(s).

- Check your incisions daily for any problems.
- Do not put any ointments or solutions over your incisions or steri-strips at any time.
- Let the steri-strips to fall off on their own. (The only exception is if they are still there 2 weeks after your surgery, then you may have someone may remove them at that time.)

**Showering and bathing after surgery**

- Do not get your incision wet for the first 4 days after your surgery. Cover your incision when you shower or take sponge baths.
- On the 5th day after your surgery, it is safe to get your incision wet when you are in the shower. You no longer have to cover it.
- Beginning on the 5th day after your surgery, clean your incision using soap and water while you are in the shower. Then gently pat your incision dry with a towel.
- Do not take tub baths until 4 weeks after surgery.

**Bathing and swimming after surgery**

You cannot take a tub bath for 4 weeks after your surgery. You must also avoid pools and hot tubs during this time. Four weeks after your surgery it is OK for you to bathe as long as your incision is closed and healing well.

**Raising your arms overhead when you shower or brush your hair**

It is OK for you to raise your arms over your head to wash and brush your hair.
**Fighting infection**

- Always wash your hands before and after you touch your incision.
- Call us at 970-439-4470 if your incision:
  - gets redder
  - swells
  - feels warm or begins to hurt
  - begins to drain or smell bad
  - separates at the edges.
- Call us at 970-439-4470 if you have a temperature higher than 101.5°F (38.6°C).

**If you have a neck brace**

After your surgery, you might need to wear a neck brace as you recover. We will talk to you about this. If you do have a brace:

- You may remove your brace 3 or 4 times a day for up to 1 hour at a time. When your brace is off, do not:
  - flex your neck (bring your head to your chest)
  - extend your neck (lift your chin up high and away from your chest).
- You can remove your brace when you need to shower or shave.
- For 6 weeks after surgery, you must ALWAYS wear your brace when driving or riding in a motor vehicle.
- If you have any skin irritation from the brace rubbing your skin, you may apply talcum powder between the brace and your skin. But be careful that you do not put any powder on your incision.
- You may use a scarf, handkerchief, or tube sock cut on the closed end to put around the brace to help keep your skin from getting irritated. This will allow you to wash the material you use around the brace without having to wash the entire brace itself.
- If you have a soft neck brace and need to clean it you may wash your neck brace in cold water in the washing machine; but you will need to let it air dry. Do not put it in the dryer.
- If you have a hard plastic neck brace, you can simply wash it in the sink with soap and water.

**Swelling**

After this surgery, it is very common to have swelling in your neck. Every patient is different, but the swelling can last for weeks, even a few months. Every week, the swelling should improve a little bit. If you notice that the swelling is not getting better, then call us.

**Pain**

It is normal to have pain after surgery. It is simply part of the healing process. With time, you should have less pain than you had before surgery.

**Pain and spasms between your shoulders**

When a spinal disc degenerates, it collapses. This causes the vertebrae on either side of the disc to fall closer together. When the bone graft is put in place, it stretches the disc height back to its normal place and the vertebrae are also pushed apart. This changes the structure of the spine and the muscles around it. Your body needs to adjust. Once the bone heals and your body has adjusted to the new position, the pain should go away.
Before your bones fuse, you may actually have more pain after surgery than you did before.

About 20 percent of patients have more pain after this surgery than they did before surgery. The pain is caused by small movements of the unfused bone irritating the nerves. Once the bones fuse, the pain will get better.

Understand your prescription pain medicine

- When you left the hospital, we probably gave you a prescription for pain medicine. While you may need prescription pain medicine at first, it is best to start lowering how much you take as soon as you can.
- If you were taking narcotics preoperatively, do not take those with any new prescriptions you get from the surgeon.
- Please call at least 48 hours ahead of time for a refill. We can’t give refills after 5pm or on weekends.
- You must pick up your prescription from our clinic. These prescriptions cannot be mailed, faxed, or called in. Please plan ahead.

Expect to take less pain medicine over time!

Prescription pain medicine is addictive; it is important that you do not become dependent on it. We will expect you to use less prescription pain medicine over time.

- We recommend that you wean your narcotic use slowly and not abruptly. If you are taking 2 narcotic tablets every 4 hours as needed, then wean to 1 tablet every 4 hours, then 1 tablet every 5 hours, and so on until you are able to stop taking these narcotics all together. You may be given specific weaning instructions when you are discharged.
- If you have any questions about weaning off your pain medicine, please call UCHealth Pharmacy and ask for Hunter at 970-875-2771.

Important: Six weeks after your surgery, we will stop refilling prescriptions for pain medicine. If you think you still need prescription pain medicine after 6 weeks, we will refer you to your regular doctor. There are no exceptions to this rule.

If you are constipated after surgery, follow these bowel medicine guidelines

When you are discharged from the hospital, we may give you a prescription (Senna-S) for a stool softener and laxative medicine. Follow these guidelines if you have problems going to the bathroom:

- If it has been 3 days since your last bowel movement, increase the Senna-S to 2 tablets twice a day. (This is the maximum dose allowed.)
- If you do not have a bowel movement for 5 days, take Miralax as directed in addition to the Senna-S.
Do not take too much acetaminophen

Severe liver damage may occur if you take more than 4,000 mg of acetaminophen (Tylenol) in a 24-hour period. If you take acetaminophen (Tylenol), take it alone. Do not take it with any prescription pain medicine.

- Today more than 600 over-the-counter and prescription medicines have acetaminophen in them. Some patients exceed the recommended dose either by accidentally taking multiple acetaminophen-containing products without realizing it, or by not following dosing instructions.
- Narcotics such as Percocet, Vicodin and Norco have acetaminophen in them—from 325 mg to 500 mg per tablet. It is very important that you know the dosage and that you do not combine it with other products containing acetaminophen.

If you were taking a prescription bone medicine before surgery

Your surgeon will tell you when it is OK for you to start taking these medicines again. Do not start taking any bone medicine—including Forteo, Fosamax, and Reclast—until you talk with your surgeon.

Sleeping

For the first 7 days after your surgery you need to sleep with your head raised about 30 degrees. Ask us to show this to you. You can use pillows to keep your head up. Or you can sleep in a reclining chair with the head of the chair in the semi upright position. You may sleep on either side or your body or on your back. It is important that you sleep in a raised position to help reduce the swelling in your neck. After 7 days, you may start sleeping in a flat position if you feel comfortable. It is probably best to slowly lower the height of your head until you adjust to a flat position.

For 6 months after surgery, do not take any NSAIDs

Do not use any NSAIDs (Non-steroidal anti-inflammatory medicines) such as Ibuprofen, Motrin, Advil, Aleve, Celebrex, etc. for at least 6 months after surgery. These medicines will actually slow the fusion healing process. Once you no longer need your prescription pain medicine, we recommend you take acetaminophen (Tylenol) when you have pain.

Staying active

Walking

Walking is excellent exercise. Walk as much as you can over the next 6 weeks while you are recovering. The aerobic activity of walking will:

- help your bones fuse by increasing the flow of blood to the area of your neck that was fused
- benefit your pulmonary, cardiovascular, and digestive systems
- help keep blood clots from forming
- increase your muscle strength and endurance.
Riding in a car and driving

• You cannot drive for 6 weeks after surgery.
• No driving for while you are taking prescription pain medicine.
• Avoid driving during the busy traffic times and remember to carefully position your mirrors before starting to drive.
• For 6 weeks, you must wear your collar while driving.
  – Some states do not allow collars when driving. If your state does not allow you to drive with a collar, you cannot drive for the first 6 weeks post-op.
  – Remember that you will have limited motion of your neck while driving and wearing your brace. Because of this, your peripheral vision will be limited and driving could be dangerous.

*Riding as a passenger*

You may ride in a car as a passenger whenever you feel you can tolerate this. Just be sure to get out of the car every hour to walk and change positions.

Protect your neck as you recover

• No athletic activities until you have discussed your limitations with your surgeon at your 6-week checkup.
• No lifting more than a total of 15 pounds unless otherwise instructed by your surgeon.
• No overhead activities (washing your hair and brushing your hair are OK).
• No pulling or pushing with your arms.

Sexual activity

It is safe for you to have sex as soon as you feel it is comfortable. As you recover, the safest position is for you to lie flat on your back.

Preventing setbacks

If you have increased pain for more than 2 hours after an activity, it usually means you’ve done too much too soon. Don’t just reach for the pain pills. Take pain as a warning sign to slow down and pay attention to your posture and movements.

Staying safe if you have pets

If you have pets, you will probably need help taking care of them after surgery. You will not be able to lift heavy bags of pet food or bend down to the floor to fill their dishes. You will not be able to walk your dog using a leash if it is a large dog that pulls. Also, it is very easy to trip over pets, and you will need to be careful since pets may jump. Please make arrangements for assistance with pet care after your surgery.

Keep your 6-week follow-up appointment

Six weeks after your surgery, you will need to come to our office for a follow-up appointment. If no appointment has been scheduled for you within a few days after your surgery, please call us at 970-439-4470 to set up an appointment.
Remember that you are still healing

Even though you are 6 weeks out from surgery you are still not fully healed. The bone takes 4 to 8 months to fully fuse and heal. Until that time, you may still have some aches and pains in your neck and between your shoulder blades. All of this is normal during the healing process.

Around 4 to 8 months after the fusion, you may notice a sudden decrease in your pain. That is the day that the bones all fused together and became solid. Patients have often described it as a light switch going off. You can hasten this healing period by doing several things:

• Do 30 to 40 minutes of aerobic exercise 3 to 4 times per week, which feeds the growing bone with oxygenated blood.

• Avoid extremes motions in your neck, since the less you stress it, the faster it heals.

• Don’t take ibuprofen, Aleve, aspirin or any other anti-inflammatories, as they all slow down bone healing. You may take acetaminophen products for pain.

• don’t smoke or use any tobacco products.

If you had arm weakness before surgery

If you had weakness in your arms before the surgery, you can start doing weight lifting 6 weeks after your surgery.

If you had numbness before your surgery

If you had numbness for more than 3 weeks before your surgery, it is possible that you still have not noticed an improvement.

• It often takes weeks to months for numbness to get better, especially if you had constant numbness for a long time before surgery.

• Until the 1-year mark, we won’t be able to tell if the numbness is permanent.
Commonly Asked Questions

How long will my neck be swollen?

Every patient is different. The swelling can last for weeks, even a few months. The swelling should get better a little bit each week. Call us right away if it is not slowly getting better.

How long should I avoid driving?

You should not drive while taking narcotics. You should avoid driving during the busy traffic times and remember to carefully position your mirrors before starting to drive. Some states do not allow collars when driving. You should wear your collar when driving, so if your state does not allow you to drive with a collar, then do not drive for the first 6 weeks post-op.

Why do I have pain and muscle spasms in between my shoulders?

When the disc degenerates, it collapses. When the bone graft is placed, it stretches the disc height back to its normal place, which is a change. Once the bone heals and your body adjusts to the new position of these bones, your pain should go away.

When can I lift weights?

Please avoid all overhead lifting. You can lift light weights (less than 15 pounds) while you are recovering. Keep the weights close to your body when you lift. Also keep your neck in a neutral position when you lift.

Will the instruments used in my fusion cause alarms in airports to go off?

No. The materials used in your fusion are made of titanium. You will not trigger any alarms or metal detectors.

When is it safe for me to have sex again?

You can have sex as soon as you feel comfortable doing so. The safest position is for you to lie flat in bed.