

Neck Surgery – Decision-Making Tool

Your Options:

1. Schedule neck surgery.
2. Use other treatments, like exercise, medicines, injections or physical therapy.

Key Points To Remember:

- The decision you and your doctor make depends on your age, health, and activity level, and on how much pain and disability you have.
- Most people have neck surgery only when they can no longer control their pain with medicines and other treatments and when the pain really interferes with their lives.
- Rehabilitation after neck surgery consists of walking regularly but no lifting, twisting, bending or carrying anything heavier than 5 pounds.

Your doctor has completed a thorough diagnostic evaluation of your neck/arm pain and has recommended surgery. The following information will answer many of your questions about what will happen before, during, and after your surgery.

If after reading this information you or your family still have questions, please feel free to call our office. There is never a silly question, and we hope that by asking questions now, you will understand what is happening at each step in the recovery process. The more you know, the better your recovery period will be.

There are several different types of neck surgery depending on your problem; therefore, some of the following information may not pertain to your specific case.

1. **Fusion** immobilizes a segment of your spine due to spondylosis, degenerative disc disease (DDD), and/or HNP.
 - a. **Anterior Cervical Disc Fusion (ACDF)** done through an incision on the front of the neck, immobilizes the level(s) in question from any further movement.

- b. **Posterior Cervical Fusion**, done through an incision on the back of the neck, immobilizes the vertebral disc space(s) in question from any further movement.
2. **Disc Arthroplasty** replaces the disc between two vertebral bodies to maintain motion at that segment.
 - a. **Anterior Cervical Disc Arthroplasty (ACDA)** done through an incision on the front of the neck replacing the disc between two cervical vertebral bodies (i.e. C5-6).

Preparing for Surgery

The doctor may request medical clearance from your family doctor in order to make sure any medical conditions you have will not affect your ability to tolerate surgery. If you take insulin, ask your family doctor how to take this medicine on the day of surgery.

All medications having blood thinning tendencies, prescribed or over-the-counter, must be stopped five days prior to surgery. Medicines with blood thinning tendencies include:

Aspirin
Vitamin E
Fish oil/Omega 3/Lovaza/Krill oil
Celebrex
Relafen/Nabumetone
Lodine/Etodolac
Motrin/Ibuprofen
Daypro/Oxaprozin
Mobic/Meloxicam
Naproxen/Naprosyn/Aleve
Disalcid/Salsalate
Feldene/Piroxicam
Arthrotec/Voltaren/Cataflam
Diclofenac
Toradol/ketorolac tromethamine
Vimovo

If you take any of the following prescription medications you must check with the doctor monitoring this medicine to be sure it is okay to stop:
Plavix/Clopidogrel
Coumadin/Warfarin



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Pradaxa/Dabigatran
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 Pletal/Cilostazol
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 Ticlid/Ticlopidine
 Aggrenox/Asprin/Dipyridamole
 Lovenox
 Arixtra/Fondaparinux
 Effient/Prasugrel

Notify us immediately if at any time before your surgery you have any symptoms of an infection (for example, a urinary tract or sinus infection), especially the week before your surgery.

If you smoke, your doctor may require you to stop 4-6 weeks before doing your surgery and for 12 weeks after your surgery. The nicotine dramatically slows and/or hinders the healing process by 40% per level fused. The doctor may order a blood draw or urine test to check your nicotine level.

Cervical fusion patients will wear a neck brace/cervical collar for 2-4 weeks or as determined by the doctor.

What to Expect After Surgery

Cervical fusion will be either outpatient or require an overnight stay depending on your health and number of levels being fused.

Pain management during your hospital stay may be by intravenous patient-controlled anesthesia (PCA), injections or by oral pain medications. We recommend you switch to oral pain medications as soon as you are comfortable.

After a cervical fusion, you will find a drain coming from your neck pinned to your gown. This will relieve any fluid accumulation from the surgical area. If you are sent home with a drain you will have to return to our office the following day to have it removed.

Do not be discouraged if you have some of the same pain as before your surgery. You have had pressure on the nerves for some time and it can take 12-18 months for the nerves to recover. You may find that your energy level is quite low after surgery (even the trip home from the hospital may wear you out). The hospital discharge planner or the social services department will help you arrange for assistance or assistive devices at home.

Once You Return Home

Call our office as soon as you return home to arrange for your follow-up appointment in 10-14 days. We will need to check your incision and remove any visible sutures.

Most patients can expect to experience some emotional highs and lows, which is normal. It is better to pace yourself when you feel tired and rest. Ask for help when you need it, and be sure to follow the instructions given to you. Remember, no lifting, twisting, bending or carrying anything heavier than 5 lbs. A gallon of milk is too heavy!

WALK! WALK! WALK!

You may take a shower when you get home. DO NOT apply any lotions, ointments or Neosporin to your surgical incision. Avoid sitting for any prolonged periods, and avoid long car rides. You may climb stairs when you are steady on your feet.

You may have driving restrictions for the first 2-6 weeks after surgery or until your doctor says you may drive.

You may renew prescriptions by calling our office prescription line, but please do not wait until you are on your last pill. Call the office before 11:00 am with at least 2-3 days worth of your prescriptions left. A handwritten prescription will need to be picked up and signed for at the office.

You MUST call the office as soon as possible if any of the following symptoms occur:

- pain in your calf or excessive swelling in feet or legs
- an increasing pain in your neck that does not go away with your pain medicine
- foul-smelling discharge coming from your incision
- a red, hot, or swollen incision
- chills or fever over 100°F
- chest congestion, coughing, or problems breathing while at rest
- chest pain
- problems passing urine, moving your bowels or lack of control

If you have any questions, please call the office at (231) 733-1326. Walk-in Orthopaedic Urgent Care available Monday-Thursday 8am-8pm; Friday 8am-5pm at our Muskegon office. Call 231-733-1013.