

Anterior Cervical Decompression and Fusion Day Surgery



Information for patients and families

Read this booklet to learn:

- how to prepare
- what you can do when you get home
- how to care for your incision
- what activities you can do
- what problems to look out for
- information about your follow-up appointments

You will be going home the same day as your anterior cervical surgery.

For 24 hours after your surgery:

- **Do not** drive or travel alone. Someone must pick you up from the hospital and take you home.
- **Do not** drink alcohol.

Krembil Neuroscience Centre

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Author: Michael Fehlings MD PhD FRCSC, Eric Massicotte MD MSc FRCSC, Rosalie Magtoto RN MN

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Preparing for surgery:

How can I prepare for my surgery?

- Let your family and friends know that you may need some help when you get home. You will probably need help for a few weeks with things like cooking, grocery shopping, and housework. If you live alone, see if you can stay with family or friends for a while after surgery.
- Stop taking blood thinners (for example, Coumadin, Warfarin, Plavix, or Aspirin) 7 to 10 days before your surgery. This will reduce the risk of bleeding.
- Stop taking anti-inflammatory medicines (for example, Ibuprophen, Celebrex, Aleve) 7 days before your surgery. If you have any questions or concerns about stopping these medicines before surgery, please call your surgeon's office.

Do not eat or drink anything, including water, after midnight the night before your surgery. If your surgical team gave you different instructions, please follow them.

What should I bring to the hospital?

Please bring:

- your health card (OHIP card)
- clothes you will wear when you go home (a loose t-shirt and comfortable pants, for example track pants)

Please do not bring too many other items or anything valuable to the hospital, so they will not get lost.

After surgery:

If you are a smoker, try to quit. Nicotine slows healing and decreases the chance that your bones will heal properly.



Will I need to wear a collar after my surgery?

No, you will not need to wear a neck collar after this surgery.



What can I eat and drink after my surgery?

You may not feel very hungry after your surgery. Eating a large meal may make you feel uncomfortable. You may also have a sore throat, or your throat may feel sore when you swallow for a few weeks after surgery. Try eating smaller meals more often.

Start with foods that are easy to chew. For example, start with soft food such as yogurt, Jell-O, ice cream, mashed potatoes, pudding, or clear soup. Drink fluids such as water, tea, coffee, apple juice, and orange juice. Mix orange juice with some water to make it less acidic so it does not irritate your throat.

If you have an upset stomach or are vomiting, take anti-nausea medicine such as Gravol. You can buy this from your pharmacy without a prescription. Follow the directions and drink lots of fluids until your nausea goes away. Then gradually start eating solid food again.



When can I have a shower?

- Do not shower until 4 days after your surgery. If your surgical team gave you different instructions, then follow them.
- When you do take a shower:
 - Let the water run gently over your incision (cut). Do not rub.
 - After you shower, gently pat your incision dry with a clean towel.
- Do not take a bath or use a hot tub for at least 4 weeks. Do not soak your wound until it is completely healed. Do not go swimming until your surgeon tells you it is safe.



How do I care for my incision (cut)?

Dissolvable stitches were used for your surgery, so they will not need to be removed. Follow these instructions when caring for your incision:

- Keep your incision and dressing clean and dry. This will help it heal.
- Keep your incision covered with dressing (bandages) for the first 4 to 5 days and remove them after this time. After that, leave your incision uncovered. If your surgical team gave you different instructions, then follow them.
- If you have steri-strips (small paper strips along your wound), they will usually fall off by themselves after 7 days. If they are still on after 7 days, gently peel them off.
- Do not use lotion, powder or oil on your incision for 4 weeks.
- After 4 weeks, you can use vitamin E cream around the sides of the incision as long as it is dry and healed. This will help if you have dry skin.
- Do not scratch your incision area.



How can I manage my pain?

It is normal to have pain after surgery and while your body heals. Everyone's pain tolerance is different. Your feeling of pain will go up and down depending on your activity. Let your surgeon know if your pain continues to increase.

You may feel some spasms and pain around the back of your neck, between your shoulder blades and around your shoulders. This is normal. Your muscles were stretched and pulled a little during the surgery. This will last for a few weeks after surgery and will decrease with time.

To manage your pain:

- You will get a prescription for pain medicine. Follow the directions when taking it.
- If you need a refill, ask your family doctor to renew your prescription. Your surgeon will not refill your pain medicine.
- Take the pain medicine before going for a walk or before your pain becomes very bad. The pain medicine will help you exercise and do other activities.
- Listen to your body. If you feel too much pain, stop what you are doing and rest. Pace yourself.
- Ask your surgeon if you can take any NSAIDs (Nonsteroidal Anti-Inflammatory Drugs) such as Ibuprofen, Celebrex and Naproxen.
- As you feel less pain, reduce your pain medicine. It is better to slowly reduce your medicine than to suddenly stop taking it. For example, if you are taking your medicine every 4 hours, start taking it every 6 hours, then every 8 hours. Your family doctor can help you with this.

Your prescribed pain medicine (narcotics) may cause you to become constipated. Eating foods high in fibre (for example bran, fresh fruit and vegetables) and drinking lots of fluids will help.

Take a stool softener such as Colace every day while you are taking narcotics. You can buy this from your pharmacy without a prescription. If you have not had a bowel movement after 1 or 2 days, you can take a laxative. You can also buy this type of medicine without a prescription. Contact your family doctor if you have not moved your bowels in 3 days.



Other medicines

After you get home, you can usually take other medicines you were taking before surgery (for example, heart or blood pressure pills). If your surgical team gave you different instructions about your medicines, then follow them.

If you are taking blood thinners (for example Aspirin, Warfarin, or Plavix) and/or anti-inflammatory medicines, talk to your surgeon about when you can restart taking them.



What activities can I do after surgery?

It is normal to feel tired while you recover. When doing an activity, listen to your body. Always stop what you are doing and rest if you feel too much pain. Also, follow your surgeon's instructions about what you should and should not do. At your follow-up appointment, your surgical team can answer any questions you have if you are not sure.

Lifting

- Do not lift anything heavier than 10 pounds (about 5 kilograms) while you are healing.
- Do not twist your neck when you need to turn, bend or pick up things. Move your whole body.
- When you must lift, push, pull or carry something, keep it close to your body and between your hip and shoulder.

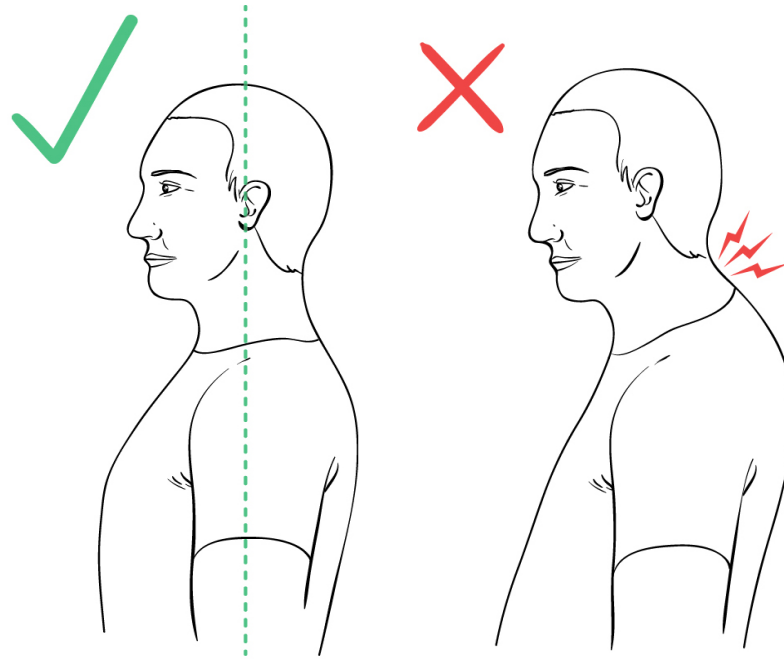
Keeping your neck straight (posture)

Try to keep your head in a neutral position. This means:

- Your ears are directly over your shoulders when you are looked at from the side.
- The weight of your head is directly over your spine.

This neutral position puts less stress on the discs (bones) and ligaments (tough tissue that connects body parts) that support your neck. Do not slouch or let your head hang forward from your body. Keeping your head in a forward head position can cause pain in your neck or make your neck pain worse.

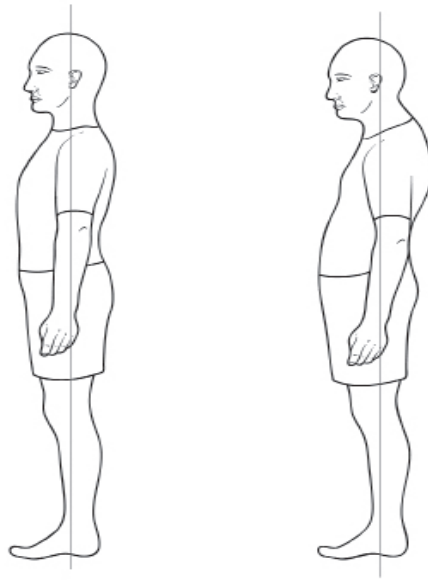
Posture is not just about keeping your body in the proper position. It is about how you move as well. Keep yourself as straight as possible when you are walking, sitting or in bed.



Walking

Walking is good exercise and an important part of your recovery. It will help improve your strength and circulation. Go for short walks a few times each day, as your body can manage. Going for short walks more often is better than going for a long walk once a day. Rest when you begin to feel uncomfortable.

Always walk with your neck in the neutral position. Keep your chest up and your shoulders back.



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Physical therapy (physiotherapy) will usually begin about 4 to 8 weeks after your surgery, or when your surgeon tells you. We will give you a referral for physiotherapy before you go home or in the clinic.

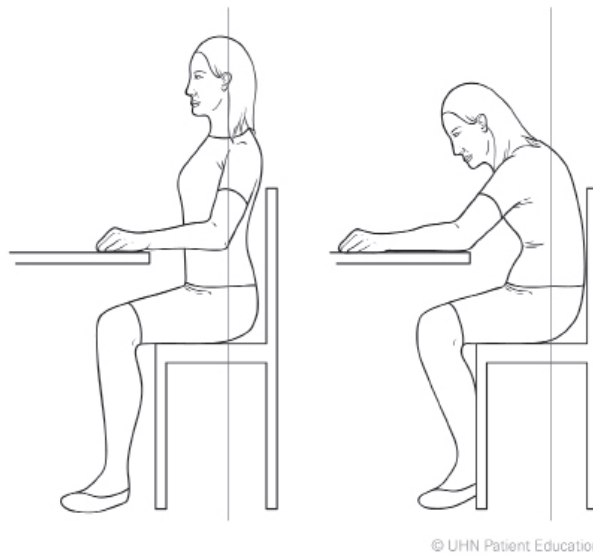
The therapy will help improve the movement, flexibility and the strength of your neck and arms. The therapist will also teach you about proper posture.

Other activities

Avoid tiring activities such as gardening, jogging, skiing, golfing or shoveling snow until your follow-up appointment with your surgeon.

Sitting

- Sit upright with your head facing forward. This will help to make sure you are in a good position for your shoulders, head and neck.
- Sit with your back supported and your feet on the floor. This will take the strain off your back. Using a chair with a straight backrest will help.
- Use a chair with arm supports. It will make it easier for you to sit down and get up.



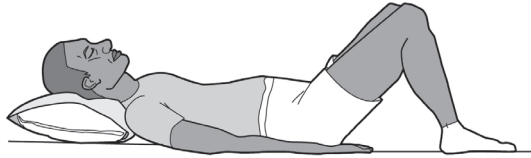
Lying down

Use pillows when you lie down on your back or your side to avoid putting extra stress on your head and neck.

Sitting up from lying down

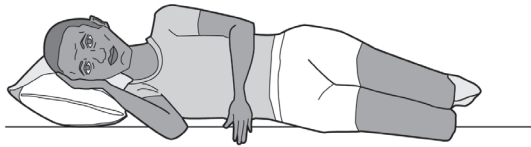
Always roll on to your side first before you sit up from lying down. Follow these steps:

1. Lying on your back, bend your knees up.



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2. Turn to one side.



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3. Bring your feet and legs off the bed.



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4. At the same time, push your body off using your arms.



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When can I drive?

Wait at least 2 weeks before you drive, but your surgical team may give you other instructions.

When you can start driving will depend on many things, like the amount of pain you are in and the pain medicine you are taking. These pain medicines can make you feel drowsy.

When it is ok to start driving, fix your seat and headrest until you feel comfortable. Try to drive only short distances first. If you have to travel a long way, take lots of breaks to stretch.



When can I go back to work?

Talk to your surgical team about when you can go back to work. Your team will consider many different things, like what kind of work you do and how you are recovering. In some cases, you may need to have a vocational (work) assessment.

What problems should I look out for?

Problems after an anterior cervical decompression and fusion are rare. A blood clot (also called hematoma) is a rare problem that can happen after this surgery. It can cause you to have difficulty swallowing or breathing.

It is important for you and your family to know what to watch for and what to do if you think you may have a hematoma.



Watch for these symptoms in the first 24 hours after surgery:

- increased difficulty breathing, chest pain or a cough
- increased shortness of breath
- increased difficulty swallowing
- rough or hoarse voice that gets worse
- increased swelling and pain on the front of your neck incision
- sudden and severe new weakness, increasing pain, tingling or numbness in your arms or legs

If you have any of these symptoms, call 416 340 3155 and ask for the neurosurgeon on call. Tell the operator and neurosurgeon on call that you just had anterior cervical decompression and fusion surgery and were discharged from the day surgery unit.

If you are not able to contact the neurosurgeon on call and your symptoms continue or get worse, call 911 or go to your nearest emergency department right away.



Call your surgeon's office if:

- you have a fever higher than 101° F or 38° C for more than 24 hours
- you have increased pain, redness, swelling and drainage (yellowish liquid) from your incision
- you notice swelling around your neck incision and increasing arm pain
- you have a new feeling of weakness or increasing weakness in your arms
- the numbness you already have gets worse (or new numbness)



Call your family doctor if you:

- need to renew or change your pain medicine prescription
- have not had a bowel movement in 3 days

When will I have my follow-up appointment?

Family doctor

Call your family doctor during the first week you are home to make an appointment for a check-up.

Surgeon

Call to make an appointment with your surgeon for 6 to 8 weeks after your surgery.

For Dr. Michael Fehlings's patients:

Please call the Spinal Cord Clinic at ☎416 603 5463. The clinic is on the 4th Floor of the West Wing at Toronto Western Hospital.

For Dr. Eric Massicotte's patients:

You may already have an appointment date before your discharge. If you do not, call his office at ☎416 603 5675 to make an appointment. Your follow-up appointment will be at:

Altum Health Physiotherapy Department

Krembil Discovery Tower – 4th floor

399 Bathurst Street, Toronto ON M5G 2S8

You will need to have an x-ray on the day of your appointment. Go to the x-ray department 1 hour before your follow-up appointment with your surgeon. Someone at the hospital information desk can give you directions.



Remember:



- Bring your health card (OHIP card) to all of your hospital visits.
- If there is an emergency with another patient, you may need to wait for some time before your follow-up appointment. Keep your schedule free for the afternoon on the day of your appointment, in case you have to wait.
- If you change your family doctor, please tell the receptionist when you register, so we can update your record.

Special instructions for you:

For more information, please visit our website at www.uhn.ca