

## CERVICAL FUSION PATIENT EDUCATION

### Cervical Fusion

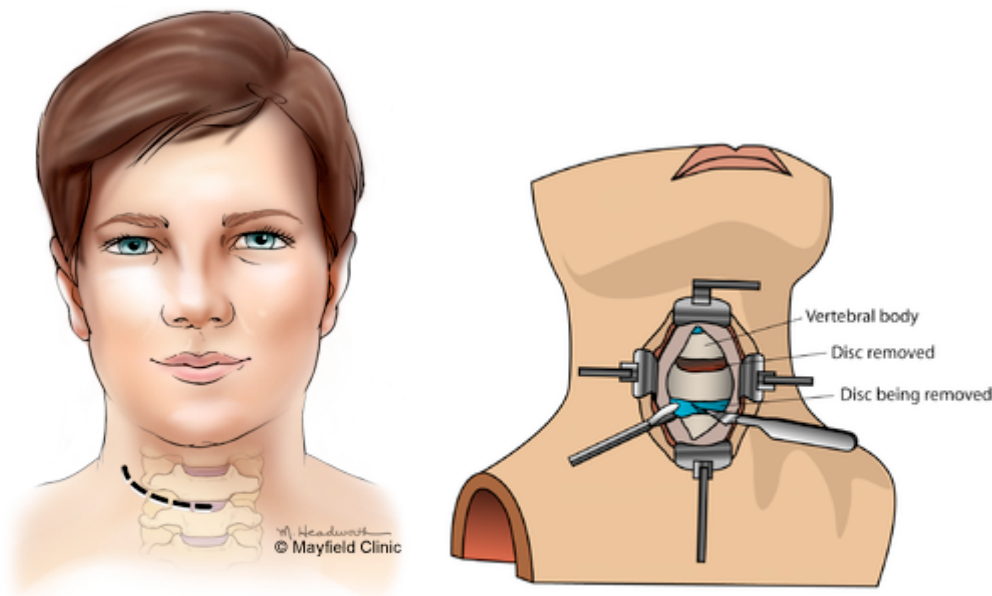
Cervical fusion is a surgical procedure that can be used to stabilize the cervical spine and allow more space for the nerves. Cervical fusion may be performed using an anterior or posterior approach. Anterior cervical fusion is performed through an incision in the front of the neck; posterior fusion is performed through an incision in the back of the neck. Your surgeon will determine the best approach for your individual needs. This procedure gives more room for the nerve roots and this in turn relieves neck and arm pain.

During the procedure the surgeon may fuse one or more cervical vertebrae together; however multiple vertebrae may be included. Material such as part of a disc, ligament, or bone spur may be removed. Bone grafts are placed between the vertebrae to return disc space height and help indirectly remove pinching of the spinal cord and nerve roots. This bone graft will eventually incorporate your own bone and this process is called a fusion.

Bone grafts are very small pieces of bone taken either from your own body, a bone bank, or created artificially.. The bone grafts act like cement to help the fusion solidify. Metal supports may also be used with the bone grafts to keep the spine steady while the fusion process occurs.

Cervical fusion is done in the operating room under general anesthesia. The operation typically takes 1-3 hours, depending on the amount of levels being fused. Patients who have cervical fusion usually stay in the hospital for one to three days. Wearing a neck brace may be necessary as it will help with stabilization and minimize neck movement after surgery.

Swallowing may be difficult after neck surgery. Typically patients notice more difficulty swallowing 2-3 days after surgery. This is a normal occurrence due to post-operative swelling and will gradually improve within 7-10 days. It is recommended the patient eat soft foods until swallowing difficulty improves and they are able to tolerate heavier foods. Please cut your food into small pieces and chew thoroughly.



### Before Your Surgery

Before having surgery on your back or neck, patients may be required to provide written medical clearance from their primary care physician or other specialists such as Cardiologist, Hematologist or Pulmonologist.

### **Please check if needed**

- Provide written clearance from your primary care provider, Cardiologist, Hematologist or Pulmonologist.
- Review medications with Nurse/Nurse Practitioner before surgery. Patients should bring a list of all medications to medical appointments and to the hospital.
- Prior to surgery you will obtain pre-operative lab tests and final medical clearance.
- Stop all anti-inflammatory medications, such as Advil or Aleve, herbal preparations and supplements for two weeks before surgery.

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- ☑ Stop blood thinners, such as aspirin, coumadin, or plavix, before surgery. Contact your primary care provider or cardiologist for directions to stop blood thinners before surgery. You cannot have surgery while taking blood thinners.
- ☑ To ensure the success of your surgery, we recommend you must stop smoking for 3-6 months prior to surgery.
- ☑ Shower the night before and morning of the surgery using antibacterial soap.
- ☑ Arrange for help at home after surgery by asking family and/or friends. Most patients go directly home following their hospitalization.
- ☑ Arrange transportation home from the hospital.
- ☑ While you are hospitalized staff will check two patient identifiers prior to providing any medication. Staff will review your ID band and verify your name before you are given medications. Feel free to ask questions about your medications.

### Disability Forms / Paperwork

We understand that having surgery likely means will you be off work for an extended period of time. This means forms will likely need to be filled out to get your sick time covered by your employer. Please allow 7-10 days for this paperwork to be handled. There is normally a fee attached by your surgeon's office for completion of this kind of paperwork.

Should you remain on disability for a time period greater than three months post-operatively, you may be referred back to your primary care physician or a physical medicine and rehabilitation specialist for evaluation for long-term disability.

### **What to expect while in the hospital**

- Before patients return home, multiple members of the healthcare team will ensure your safety.
- Speech Pathologist may be consulted prior to eating or drinking anything.
- Physical therapy and occupational therapy may come to assess the need for any assistance at home or out of hospital physical therapy.
- Pain management will begin after surgery as needed. Often, patients begin to feel more pain as anesthesia wears off.
- Hospital staff will ask you to rate pain on a 0 to 10 scale. 0 being no pain, 10 being worst pain imaginable.
- Hospital staff understands pain is subjective and will treat your pain according to keep your pain well controlled.
- Most patients do not achieve a rate of 0 for pain but the healthcare team will try to keep you as comfortable as we can.
- Many patients report having a pain rating of 5-7 the first day after surgery and a 2-5 on the second day after surgery. Pain levels of a 3 or lower are generally considered well controlled.

### **After Your Surgery**

#### Preparing for Discharge Home

- Patients will need a ride home from the hospital after surgery. Please arrange transportation home from the hospital.
- Patients will be able to go home when he/she can walk, go to the bathroom and take oral medications.
- The surgeon will prescribe medications only up to three months after surgery. Use your pain medication as needed and as directed. Using more medication than prescribed will cause you to run out early. We do not rebill over the weekends or at night in most cases. If you notice you are running low, you will need to contact our office during normal business hours. It is important to call prior to running out to allow for prescriptions to be re-filled.
- The surgeon will discuss return to work, physical therapy and gradual increase in activities at your first post-operative visit.

#### Incision Care

Care of your incision is vital to the success of your surgery. Once you leave the hospital, care of your incision is your responsibility. Please follow these guidelines:

- Always wash your hands prior to touching the dressing over your incision. Anyone involved in the care of your incision must wash their hands prior to touching the dressing or incision.
- Do not shower and keep the original dressing on for the first 48 hours. After the first 48 hours after surgery, cover your incision with plastic wrap and tape to keep your incision dry when you shower. Remove plastic wrap and tape after your shower. Apply a new, dry, clean dressing.
- No baths, hot tubs, or swimming until cleared by your surgeon (normally for 4-6 weeks after surgery).
- Incisions without sutures or staples (only covered by steri-strips) can get wet 14 days after surgery.
- If you have steri-strips (small, sterile band aids) they may start to peel or fall off after 10-14 days. Do not attempt to remove steri-strips that are adherent before 14 days after surgery.

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- If you have stitches or staples your surgeon's office will remove them between 10-21 days post operatively. Steri-strips may be applied following the removal of your stitches or staples.
- The incision can be left open to air and you may shower 24 hours after the sutures or staples come off.
- You do not need to apply another dressing unless your clothes irritate the wound or if you have persistent drainage. You do not need to apply ointment such as Neosporin. It is better to let the incision dry out naturally.
- Inspect your incision daily. You may need to use a mirror to see the incision.
- Contact your doctor if you have:
  - ✓ redness, swelling, or increased pain around the wound edges
  - ✓ pus or bad smelling discharge from the wound
  - ✓ opening of the incision
  - ✓ fever greater than 101.2°

Each patient reacts differently to surgery and anesthesia. Here are some helpful hints to keep in mind following your surgery:

- Pain medication, inactivity, and decreased fluids can cause constipation. Be sure to drink adequate amounts of water and eat a sensible diet every day. Walk every day for exercise and to promote normal bowel activity. If you experience constipation and are having problems with bowel movements several over-the-counter medications can be obtained from your local pharmacy. Use a gentle stimulant laxative such as Senokot-S, Correctol, Dulcolax, Ex-Lax, Colace, Miralax or Milk of Magnesia.
- Walk for 5-15 minutes several times a day. Gradually increase activity as tolerated. Avoid prolonged bed rest.
- Stair climbing is allowed; use the hand rails for support.
- In general, driving is not allowed for up to two weeks following your surgery.
- Please review driving precautions included on the information provided by the pharmacy with any pain medication you may be taking. Pain medication may cause drowsiness which interferes with the ability to operate a motor vehicle.
- Allow family and friends to help you.
- Use supportive thinking and relaxation techniques to help cope with pain.

For 6 weeks after surgery:

- No bending, extending or twisting the neck.
- No lifting over 10 pounds.
- No lifting overhead.
- No reaching overhead for longer than it takes to comb your hair.
- No sexual activity.
- Gradual return to prolonged sitting, standing and walking.

For 3 Months After Surgery:

- Your surgeon will see you in follow-up to make sure you are healing well. You may also need to have x-rays in preparation for the visit in order for the surgeon to see how your fusion is progressing.
- To protect your low back, do not schedule routine dental work for 3 months after surgery.
- Your surgeon will advise whether you need antibiotics prior to dental surgery.

There are excellent books and web sites for additional information. Websites:

[www.MethodistHealthSystem.org/NeurosurgicalAnimations](http://www.MethodistHealthSystem.org/NeurosurgicalAnimations)

[www.SpineUniverse.com](http://www.SpineUniverse.com)

[www.Spine-Health.com](http://www.Spine-Health.com)

[www.UnderstandSpineSurgery.com](http://www.UnderstandSpineSurgery.com)