



Mr David Oehme
NEUROSURGEON & SPINE SURGEON

Anterior Cervical Discectomy and Fusion (ACDF)

POST-OPERATIVE INSTRUCTIONS

The following is general information provided to assist and maximise your recovery following your anterior cervical discectomy and fusion – ACDF. Dr Oehme will explain any additional instructions which may be specific to you, or your operation, during your admission.

If you have any questions or concerns, please contact Dr Oehme's rooms on 1800 367 746 (1800 DO SPINE), or contact@doneurosurgery.com

GENERAL ADVICE

Anterior Cervical Discectomy and Fusion (ACDF) is a minimally invasive procedure performed through a small incision in the front of the neck. ACDF is usually performed to treat conditions such as cervical disc herniation (prolapse), cervical canal stenosis and some neck fractures. It is usually performed to relieve symptoms such as brachialgia (arm pain), numbness, tingling or weakness in the arms or hands, and sometimes neck pain.

During ACDF, the spine is exposed by retracting your larynx (wind pipe) and oesophagus (food pipe). Once the spine is exposed the damaged disc is removed and replaced by a spacer filled with bone graft (interbody cage). A plate with screws is then fixed to provide stability and fuse the spinal level.

How much pain relief you will receive, and how quickly it will occur after ACDF surgery, is impossible to predict. Often patients will have immediate relief of their arm symptoms following surgery. At other times, it may take weeks or months for the symptoms to improve.

Some patients will have pain, numbness or weakness that does not completely improve and may be permanent. This is typically due to permanent nerve or spinal cord injury as a result of long standing nerve compression.

It is very common to have numbness and tingling in the arms and hands for the first few weeks after surgery. This slowly improves with time in most patients.

If you have had no improvement in your arm pain symptoms following the surgery, it is important to relay this to Dr Oehme.

It is very common to have neck pain and pain between the shoulder blades for the first few weeks following an ACDF. This is incisional and normal post-operative pain, and should slowly improve as the wound and muscles heal.

It is normal to have some level of neck discomfort and stiffness after ACDF. This can persist for weeks, or even months. Improvements in neck pain and stiffness can take many months to become evident so it is important to be patient with your recovery.



Left: Collapsed and degenerate cervical disc, with inflamed and compressed nerves (red) from a disc herniation.

It is normal to experience a sore throat and some discomfort with swallowing in the weeks, or months, following surgery. This is due to retraction on your larynx and oesophagus. These symptoms should slowly improve with time. Some patients will also notice a change in the quality of their voice following surgery. This also usually improves with time and is rarely permanent.

It is important that you take things quietly for the first six weeks after ACDF surgery to let the wound heal and maximise your recovery.

DURING YOUR HOSPITAL STAY

Most patients are in hospital for 2 to 3 days following an ACDF, after which they are usually discharged home. The more levels that are treated, the longer you will usually stay in hospital.

Most patients do not require rehabilitation following an ACDF. It is recommended that a family member or friend drive you home from hospital.

Post-operative pain is usually controlled with oral pain medications. It is important that you ask for more pain relief if you feel your pain is not controlled.

You will have an X-ray the day after the surgery. This is a routine scan to check the position of the spinal implants and check the spinal alignment.

To minimise the chance of infection you will typically have 24 hours of antibiotics following the operation. You will usually have a wound drain that is removed the day after surgery. This drain is removed by the nurses on the ward, which is not painful.

You will have stockings on your legs to prevent blood clots in the calves developing (DVT). In addition, most patients will have calf compression devices fitted until you are mobile.

Initially your diet will consist of clear fluids. You can progress to a normal diet over the first 1–2 days. It is very normal to have a sore throat and some difficulty swallowing. This will slowly improve with time. Some patients will notice mild swallowing problems for several months.

Dr Oehme will review you during your hospital stay after your operation. You will then have a follow up appointment approximately four weeks after your discharge from hospital. A physician will also visit you to manage your pain and control any medical problems you may have.

SWALLOWING AND SPEECH

It is normal to experience a sore throat and some discomfort with swallowing in the weeks, or months, following ACDF. This is due to retraction on your larynx and oesophagus, which causes inflammation. These symptoms should slowly improve with time.

Some patients will also notice a change in the quality of their voice following surgery. This usually improves with time, however, in 1% of patients can be permanent.

If you have increasing swallowing difficulties, or worsening voice problems, contact Dr Oehme's rooms. If you have difficulty breathing you should call "000" and present to the nearest hospital immediately.

GUIDELINES FOR ACTIVITIES

Most patients can begin mobilising the day of surgery, or early the following day. Unless you are specifically told to remain in bed you can get out of bed and walk as soon as you have recovered from the anaesthetic.

The nurses and physiotherapists will help you sit out of bed. You can then progress to walking around the ward. It is important that you get up and walk around to prevent blood clots from developing in your legs and to maximise your recovery.

Walking: It is important that you start on a daily walking programme. Walking is the best exercise following an ACDF. Aim to be walking at least five times daily and slowly increase the distance you walk each day. Start with walking a small distance and slowly increase the distance each day. Patients who walk more have a much better recovery in the longer term.

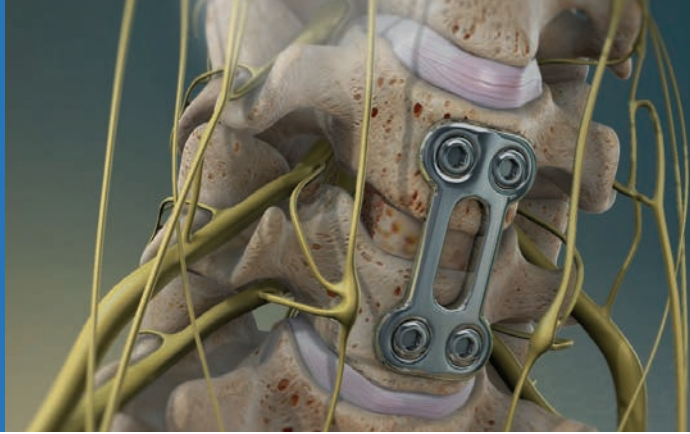
Running: You should avoid running or jogging until Dr Oehme sees you at your post-op review and gives approval for more vigorous activities. Usually jogging can be commenced at three months following surgery.

Rest: Rest is also important to allow for healing. It is important that you rest, especially in the first six weeks following the surgery.

Posture: Maintain a good posture. Stand up straight with your shoulders back. A sit-to-stand desk may be a good option for you if you are required to work at a computer or desk.

Lifting: No heavy lifting should be performed in the immediate post-operative period. You should not lift anything heavier than 5 kilograms for four weeks following surgery. At your four-week review Dr Oehme will usually increase the lifting limit.

Right: Cervical spine following ACDF. The damaged disc has been removed and replaced by a spacer filled with bone graft (interbody cage). A plate with screws has been placed to fuse the spine.



Bending and Twisting: Minimise bending and twisting. Although you can bend and twist to perform necessary activities, such as putting your shoes and socks on, it is best not to perform any repetitive lifting, manual labour, or unnecessary bending and twisting.

WOUND CARE

Unless advised otherwise, your sutures will be dissolvable and will not need to be removed.

It is important that you keep your wound dry for one week following the surgery. You will be provided with waterproof dressings. You are able to shower with this dressing on. The dressing will need to be replaced following a shower, or when it is dirtied or soiled.

It is important not to have any restrictive clothing which is tight around the wound, or which rubs on the wound.

Any increasing wound pain or swelling, or any evidence of redness, heat, discharge, fluid leakage, wound breakdown or signs of infection, should be urgently reported to Dr Oehme's rooms or your local doctor. If you have difficulty breathing you should call "000" and present to the nearest hospital.

After seven days, you can get the wound wet. It is best not to scrub or rub the wound in the shower. After two weeks, you are able to swim and get the wound completely immersed in water.

MEDICATIONS

You will be discharged home on your normal medications and also some additional pain medications. Typically, after several weeks when your neck pain is starting to settle, you can start to wean off your pain medications. It is important not to stop all the pain medications at once as this can lead to a recurrence of pain. It is not unusual to remain on pain medications for several months following an ACDF.

Lyrice: If you are taking Lyrice it should be weaned off slowly and should not be ceased abruptly.

Anticoagulation (Blood thinners): Typically, blood thinning medication (Plavix, Warfarin, Pradaxa, Xarelto, others) can be re-commenced one week (7 days) following surgery. Dr Oehme will discuss this with you during your hospital stay.

If you have any side effects from your medications, you can contact Dr Oehme's rooms or the nurses at the hospital. It is important that you inform Dr Oehme's rooms about any allergies that you might have.

SITTING AND WORKING AT A DESK

Always try and maintain a good sitting posture. Sit in a straight back chair with armrests. If you are working at a desk, keep your computer screen and the reading material at eye level. You should consider getting a sit-to-stand up desk.

LIFTING

You should not lift anything heavier than 5 kilograms for the first 6 weeks after surgery. If you do need to lift something heavy, bend your knees and keep your back straight. You should minimise lifting above your head for the first 6 weeks following surgery.

DRIVING

You can drive two weeks following an ACDF if you feel up to it. There is no legal restriction preventing you from driving. Some patients may not feel up to driving for more than a month after the surgery, so do not rush this if you do not feel confident. If you have weakness in the arms or legs, this should be discussed with Dr Oehme and you should consider whether driving is appropriate for you. If you are still taking strong medications, such as narcotics, you should not drive.

PHYSIOTHERAPY

Physiotherapy is usually not required for the first 4 weeks after an ACDF. Dr Oehme will discuss commencing physiotherapy at your postoperative review.

You may have been given some gentle exercises by the physiotherapist in hospital. Although you can perform these exercises, aggressive physiotherapy is not required for the first 4 weeks after an ACDF. It is best if you focus on a walking programme. Once Dr Oehme has seen you at your postoperative review, he will give you clearance to pursue more aggressive physiotherapy or an outpatient rehabilitation programme.

Swimming and Hydrotherapy: Hydrotherapy and swimming can be commenced two weeks following the surgery as long as there have been no problems with wound healing.

WORK

Dr Oehme will discuss returning to work with you and this will depend on the job you perform. Typically, you will be off work for at least 2–4 weeks. If you perform a job involving manual labour or physical work, you may need to be off work for longer. Dr Oehme's rooms will provide you with medical certificates as required.

SPORTS

Contact or competitive sports should not be played for at least six months following an ACDF. Dr Oehme will discuss in detail about returning to sports at your four-week review.

CLEANING

Avoid vigorous cleaning and vacuuming until after your four-week review with Dr Oehme. Gardening or lawn mowing should also not be performed. Other jobs that require heavy lifting, or repetitive bending or twisting, should not be performed.

CERVICAL COLLARS

Most patients do not need to wear a cervical collar following an ACDF. Dr Oehme will advise you if you are required to wear a cervical collar following your surgery. You will be fitted with one in hospital if it is required.

SMOKING, ALCOHOL AND ILLICIT DRUGS

Smoking, excessive alcohol and illicit drugs, will impede your recovery. If you smoke you will have a greater risk of poor wound healing, infection, complications in general, pneumonia, blood clots in the legs or lungs, all of which may necessitate further surgery. Smoking also inhibits fusion so can increase the chance of a non-union occurring.

OTHER MEDICAL SYMPTOMS

If you develop any of the following symptoms you should contact Dr Oehme's rooms or your GP immediately:

- Wound swelling
- Shortness of breath or difficulty breathing
- Difficulty talking
- Worsening swallowing difficulties.
- Raised temperature or fevers
- Increasing arm or leg pain, numbness or weakness
- Urinary or faecal incontinence
- Wound infection or breakdown
- Leg swelling
- Cough or shortness of breath
- Feeling generally unwell.

If you develop chest pain, palpitations, difficulty breathing or collapse, you should call "000" or present to the emergency department of your local hospital for assessment.

FOLLOW UP

Unless there are problems, Dr Oehme will see you at the following time points following your operation:

- 4 weeks – no imaging
- 12 weeks – with an x-ray (Dr Oehme's rooms will organise the x-ray)
- At other times as required.

You should visit your GP one week following the surgery so that they can check your wound and write prescriptions for any pain medications you may need. If your GP has any concerns they can contact Dr Oehme directly.

FINAL NOTE

Please contact Dr Oehme's rooms on 1800 367 746 or contact@doneurosurgery.com if you have any further questions. For more information visit www.doneurosurgery.com

PATIENT NOTES:

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This brochure provides general information about spine and neurosurgical conditions and is not intended to be specific medical advice related to your current medical condition. Any surgical or invasive procedure carries risks. Before proceeding, you should seek a second opinion from an appropriately qualified health practitioner.

MAIN ROOMS

St Vincent's Hospital
Suite B, Level 2, Healy Wing
41 Victoria Parade
Fitzroy Vic 3056

Phone 1800 DO SPINE (1800 367 746) or +61 3 9021 8855
Fax +61 3 9005 2811
Email contact@doneurosurgery.com
Website www.doneurosurgery.com

ALSO CONSULTING AT

St John of God Berwick Consulting Suites: Ground Floor 75 Kangan Drive Berwick Vic 3806
Waverley Private Hospital Consulting Suites: 1 Meadow Crescent Mount Waverley Vic 3149
Epworth Eastern Box Hill Consulting Suites: Level 3, Suite 14 1 Arnold St Box Hill VIC 3128



Mr David Oehme
NEUROSURGEON & SPINE SURGEON