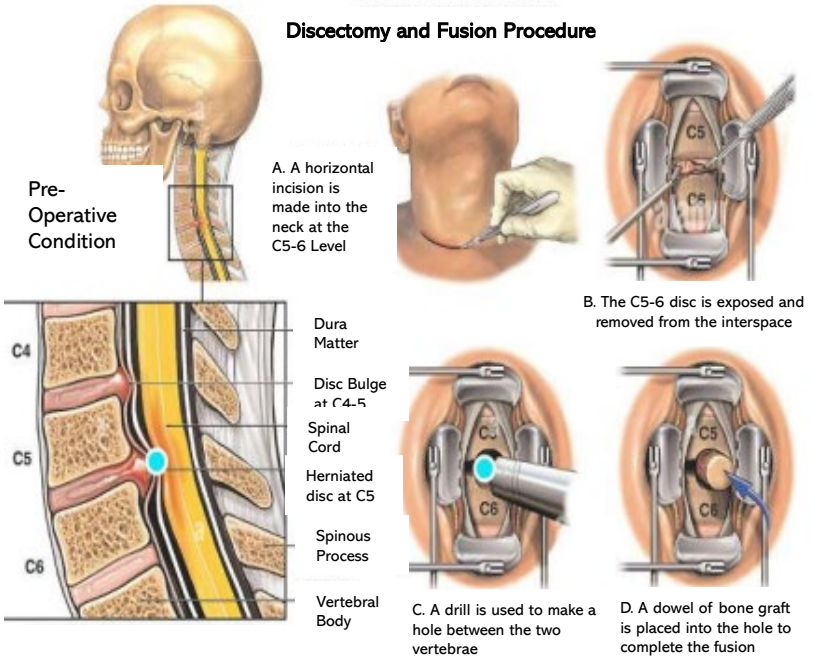
Anterior Cervical Discectomy and Fusion (ACDF)

Pre and Post-Operative Instructions

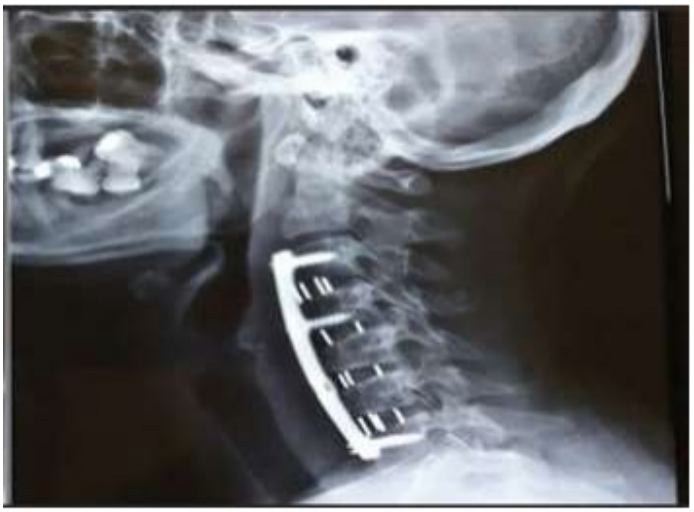
About the procedure: Between each bone in your spinal cord is a intervertebral disc. The discs prevent bones from grinding against one another. If a disc becomes damaged, the neurosurgeon will remove the disc through the front of your neck (anterior) and fuse the adjacent vertebrae tighter to stabilize the spine.

UNIVERSITY of SOUTH FLORIDA
Morsani College of Medicine
Department of Neurosurgery & Brain Repair



One Week Before Surgery:

- Be sure to stop taking supplements, blood thinners and NSAIDS (ie: Aspirin, Ibuprofen, Advil, Aleve, etc.) If you are on medications such as Warfarin, Pradaxa, Eliquis, Plavix, be sure you talk with your surgeon.
- Clear pathways: Have someone remove electrical cords, throw rugs, and any items in your home that could impede your movement or cause you to trip and fall.
- Arrange your household to keep items you frequently need handy and in a convenient spot (remote control, water, medication, personal items, etc.)
- Arrange to have a ride home after you are discharged from the hospital.



Day Before Surgery:

- NPO, nothing to eat after midnight the day before your procedure.
- Chlorhexidine Gluconate (CHG bath) - the morning of surgery. Please follow the instructions given at your pre-op appointment at TGH (if you had one). CHG is used to decrease the risk of infection after surgery.
- Get a good night's sleep.
- Please remove and leave all jewelry and other valuables at home.

Morning of surgery:

- Please take any medications that your doctor has directed you to take.
- Please bring your insurance card, driver's license/photo ID, a list of your current medications and allergies, and any personal items you would need during your stay.

Discharge Instructions:

Activity:

- You will be encouraged to get out of bed and move around frequently. You may walk as much as you can. Moving around will help your blood circulation and can prevent constipation. You can walk outside or inside.
- The fused spine must be kept in proper alignment. You will be taught how to move properly, reposition yourself, sit, stand and walk from the Physical and occupational therapist on post op day one

Discharge Instructions Continued:

Activity:

- No **BLT's**, No **B**ending, **L**ifting or **T**wisting until cleared by our doctor. Use a long-handled "grabber" to pick items up from the floor. You can also use an assistive device to help pull on your socks without bending. Ask your physical therapist about these items before you leave the hospital.
- Every hour of sitting should be followed by 10 minutes of walking.
- Don't lift anything heavier than 10 pounds (ie: a gallon of milk) until your healthcare provider says otherwise.
- Don't drive for 2 to 3 weeks after your surgery and never drive if you are taking opioids or other pain medicines that can make you drowsy. Let others drive you instead.

Medications:

- Take your medicine exactly as directed by your healthcare provider.
- Do not take any NSAIDS (ex: Motrin, Aleve, Ibuprofen, Advil, Mobic) until cleared by your surgeon.
- Take your medications on a full stomach, sometimes taking medications on an empty stomach can cause nausea
- In place of your narcotic pain medication, you may take over the counter Acetaminophen (Tylenol).
- Percocet/Norco/Fioricet also contain Acetaminophen (Tylenol). Do not take more than 4,000 mg of acetaminophen in a 24hr period.

Brace:

- Some spine surgeries will require you to wear a brace. If a brace or special device is needed, you will be provided with one with detailed instructions before you are discharged from the hospital.

Diet:

- You may resume your regular diet.

Wound Care:

- Leave the incision open to air.
- You may shower 24-48 hours after surgery, clean the incision with soap and water only.
- Do not soak in a bathtub, hot tub, or pool until cleared by your doctor.
- Check your incision daily and observe for signs of infection - redness, tenderness, and drainage.

Bowel Management: Anesthesia *and Pain Medications are constipating.*

- Increase high fiber foods, such as apples, prunes, apricots, oatmeal, and vegetables of your choice.
- Increase your fluid intake.
- Take a stool softener such as Colace 1-2 times daily while taking pain medications. If your stool is loose or watery then skip the stool softener.
- If you have not had a bowel movement in 48 hours, add a laxative as well, such as Senna, MiraLAX, Fleets enema or Dulcolax suppository and repeat doses per package instructions until you have had a bowel movement

When to notify USF Neurosurgery*: please call* ***813-821-8034***

- Notify if there are signs of infection (temp above 100.5, drainage)
- If muscle tightness or spasms occur and they become constant and uncontrollable
- Shaking chills
- New pain, weakness, or numbness.

Please Call 911 right away if you have any of the following:

- Chest pain
- Shortness of breath
- A severe headache
- Trouble controlling your bowels or bladder.
- Calf that is: swollen, painful, warm to the touch, and tender with pressure

Follow-up:

- If this was an elective surgery, the Neurosurgeons surgical assistant has made your first post op appointment (approx. 2 weeks) with the APRN for a wound check. **Date:** _____
- If you do not have a post operative appointment, please call 813-821-8034, the call center will assist in getting you a post operative appointment.

USF Neurosurgery - Lakeland Division

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