



Post-operative Instructions
Anterior Cervical Discectomy and Fusion
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We at CDA Spine sincerely appreciate your decision to choose Dr. Larson and his staff to perform your surgery. We hope that you have been adequately prepared, and that your questions have been addressed. Now is the time to clarify any remaining questions. This note addresses many questions related to the perioperative period. Please contact our office with any additional questions or concerns.

BEFORE SURGERY:

- **Discontinue using ALL aspirin and non-steroidal anti-inflammatory medications**, which include, but are not limited to Ibuprofen, Aleve, Naproxen, and Celebrex at least **5 days prior** to your scheduled surgery. Do not resume these medications until 12 weeks after your surgery. Tylenol and other pain medications are allowed.
- **Shower the night before surgery.** Use either DYNA-HEX4 (dispensed from our office) or Dial soap. This helps to decrease the chance of wound infection. **Notify our office well in advance of your surgery if you have or have had MRSA (methicillin resistant staph aureus) so that we can prescribe the appropriate treatment.**
- **DO NOT EAT or DRINK** anything after midnight the night before surgery. This includes chewing gum and smoking. If your surgery is scheduled for late in the day, the timing may differ slightly.
- **It is OK** to take your regularly scheduled medications with a sip of water the morning of your surgery.
- If you have any questions about other medications, ask us prior to your surgery. Please **BRING A COMPLETE LIST OF MEDICATIONS** taken on a regular basis with the dosages to the hospital with you.

SYMPTOMS THAT MAY PRESENT FOLLOWING SURGERY:

- Your incision is located at the front of your neck. You may notice some difficulty swallowing or a weakened/soft voice after surgery. Swelling to the soft tissue caused by placement of the breathing tube and retraction of tissue during surgery generally causes this. These symptoms

should improve with time. You should take smaller bites of food and chew very well before swallowing. If these symptoms do not improve, or if they worsen after you are discharged from the surgery facility please notify your physician/surgeon or go to the emergency room. If at any time you notice difficulty with breathing, do not hesitate to go to the emergency room.

- You may notice pain between your shoulder blades after surgery. This is not unusual. This is caused from the stretching of ligaments during surgery. This too will improve with time.

AFTER SURGERY:

- Your surgery may be done as an outpatient surgery, meaning that you may go home the afternoon or evening following the surgery. Some insurance programs require that you spend the night following the surgery in the surgery facility.
- It is OK TO SHOWER AND WASH YOUR INCISION WITH SOAP AND WATER two days following your surgery. **DO NOT immerse in a bath, pool, hot tub, or lake for 3 weeks after surgery.**
- The stitches used to close your incision are dissolvable and do not need to be removed. The steri-strips over your incision can be removed 2 weeks after surgery, if they have not already fallen off. **If your incision is covered with surgical glue you do not need to do anything. The glue is waterproof and will wash off in a few days.**
- Walk as much as you feel you can tolerate. This is the best exercise you can do for your spine. **Stairs are OK.** Avoid repetitive twisting and bending. You may sleep in any position that is comfortable.
- You will be given a prescription for physical therapy. We would like you to start going to physical therapy approximately 2 weeks following your surgery. If you have any concerns about your physical therapy, please share them with Dr. Larson or his staff and they will help you make appropriate adjustments or changes.
- **Call our office immediately at (208) 765-9100** if you notice any of the following:
 - o Any drainage from the incision
 - o Increased redness, swelling, and/or tenderness
 - o Opening of the incision
 - o Flu like symptoms
 - o Temperature over 101.5°F
- Do not lift anything over 10 pounds for the first 2 weeks. (Note: A gallon of milk weighs 8 pounds) Avoid lifting overhead.
- Resume a regular diet. Drink at least 8 glasses of water daily. This will prevent constipation. If you do become constipated while on the narcotic medication, you may consider using a stool softener.

- You will receive prescriptions for pain medications and muscle relaxants on your discharge from the surgery facility. **IF YOU SHOULD REQUIRE REFILLS, CONTACT YOUR PHARMACY DURING REGULAR BUSINESS HOURS. NO REFILLS OF MEDICATIONS WILL BE DONE AFTER HOURS OR ON WEEKENDS.** Please plan ahead. Allow 24 hours turn-around time for prescription refills. The clinicians at CDA Spine will prescribe pain medications for a set period of time around your surgery, generally 6-12 weeks. You will need to address any longer term pain medication needs, if any, with your primary care provider. Dr. Larson and his staff do not assume this responsibility.
- **Do not drive for 1-2 weeks after surgery.** You may ride in a car. If you plan a long trip, please stop to stretch and walk around every 30-45 minutes. You should not drive a motor vehicle or operate heavy machinery while taking narcotic pain medications.
- You may resume sexual activity after 2-6 weeks as long as you are comfortable, careful, and avoid jarring.
- Return to work status will be discussed on an individual basis depending on your occupation.
- You will be scheduled for follow-up appointments at our office 2 weeks, 6 weeks, and 12 weeks after surgery to evaluate you, discuss how you are feeling, and address any questions that you may have. Please contact our office if you feel that you need further attention.
- If you have any further questions, you may call our office at 208-765-9100 or visit our website at **www.cdaspine.com**.