



NOVA Orthopedic and Spine Care Division

Anterior Cervical discectomy and fusion (ACDF) or Posterior Cervical Laminectomy/Fusion

Pre-Operative Instructions:

Do not take any anti-inflammatory medications such as Aspirin, Motrin, Advil, Naproxen, Aleve, Ibuprofen, or similar medications that may cause increased bleeding for 10 days prior to surgery. You may take Tylenol (Acetaminophen), Norco (Hydrocodone), Percocet (Oxycodone), Ultracet, Ultram, Tramadol instead, up to the date of the surgery.

Make sure you report to the hospital for pre-operative testing/registration/interview on the arranged given day. Failure to do so may result in cancellation of your surgery. If questions, you may call our office at (703) 490-1112.

Please make sure you arrive at the surgery center two hours prior to your surgery time.

Do not drink, eat, or smoke after midnight prior to your surgery day. Smoking cessation at least 2-3 days prior to general anesthesia will significantly decrease the chance of postoperative pulmonary complications.

The exact time of your operation may change depending on the operating room schedule or emergencies. **Dr Lotfi** will see you immediately prior to surgery.

Post-Operative Instructions

BATHING:

The incision is covered with plastic dressing. You may take a quick shower or sponge bath, right away with the plastic dressing on. Do not soak in a bath tub/hot tub for a month after surgery.

DRESSING:

You may remove your dressing 3 days after surgery and replace with dry gauze or large Band-Aid. The incision is initially covered with plastic dressing. If the dressing is blood-soaked or wet, it can be replaced with dry gauze or Band-Aid. If bleeding is persistent, please inform our office for instructions. Small amount of spotting with blood is not unusual.

SUTURES:

Dr Lotfi utilizes plastic surgery/cosmetic techniques for closure of your incision. You may have absorbable sutures. Skin may be closed with Dermabond (medical-grade Crazy Glue) which has a crusty consistency. The incision can be washed with soap and water. If used, Non-absorbable sutures will be removed usually 2 weeks after the surgery on your first post-op visit.

DRAINAGE:

It is normal to have minimal bloody drainage and spotting of dressing. In case of excessive drainage that saturates the dressing, please notify our office immediately.

PAIN:

You may experience incisional pain or back of neck or pain between shoulder blades for the first month after surgery, which will subside gradually. It is not unusual to have some neck pain or arm/hand tingling as the nerve recovers from surgery. Some hoarseness and soreness of throat may be present for the first couple of weeks. It is not unusual to have some swallowing difficulty especially with chunky, solid foods or large pills. It will resolve over the first few weeks. please change your diet to soft food if needed.

GENERAL ACTIVITIES:

You may stay in bed for the first night after surgery. You may get up and proceed with activities of daily living on the day after surgery, as tolerated. No lifting over 30 lbs. for 3 months.

SEXUAL ACTIVITIES:

Avoid sexual intercourse for the first 1 week. You may resume as tolerated thereafter.

FOOD:

You may start with clear liquids and soups initially and advance to regular meals as tolerated after the first 24 hours.

FEVER:

You may have a low-grade fever up to 100 degrees after anesthesia. Most likely cause is shallow breathing. Deep breathing exercises up to 30 times an hour for the first 1-2 days after surgery is recommended. If you experience fevers of over 101 degrees, please notify us immediately.

MEDICATIONS:

You are typically given pain medications after surgery such as Vicodin or Percocet to be taken as necessary. These medications are narcotics and may cause some drowsiness and lethargy as well as constipation. You may discontinue these medicines once your pain is decreased. Avoid alcoholic beverages while on these medicines. If you have history of liver failure/inflammation, please inform your physician. Your prescription should last you long enough till your first post-operative office visit. Avoid all anti-inflammatory medications as

they may decrease chances of solid fusion for 6 months after surgery (such as Motrin, Advil, Ibuprofen, Naprosyn, Excedrin, Voltaren, and Diclofenac, Mobic and Celebrex).

SMOKING:

Smoking will decrease chances of complete fusion and successful outcome of surgery. Please quit smoking before surgery and avoid it for the first 6 months after.

CONSTIPATION:

General anesthesia as well as pain medications may cause constipation. Try to decrease your pain medications as much as possible. Over the counter stool softeners such as Colace/Metamucil can be used in addition to fruits and vegetables with meals.

BRACES:

If provided with a brace, you may use it when out-of-bed. You may remove it temporarily to bath or for meals. Braces are typically worn for 2-3 weeks post surgery.

WORK:

Please submit all work related paperwork to our office in advance and allow for processing time. Patients usually return to office-work/light duty within 2-4 weeks. You may stay off work at least till seen by Dr Lotfi 2 weeks after surgery. No lifting over 30 lbs. for 2 months.

DRIVING:

It is not safe to drive while on pain medications. Most patients can decrease/stop pain meds within 3-4 weeks and may resume driving afterwards.

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