

What should I expect when I go home?

You may have a slight sore throat. This is from the exposure portion of surgery. This should subside over a week or so. You may have pain around your incision site and in your neck. You will be given pain medication to take as needed to help with your pain. As your discomfort decreases, you will require less pain medication.



- You should walk daily; gradually increasing the time and distance.
- Avoid prolonged sitting or laying down.
- Do not drive for 4 weeks.
- Avoid strenuous activity. Do not lift over 10 pounds.
- Wear your Miami J collar for 4 weeks time unless sleeping, eating, showering or laying flat.
- Drink plenty of fluids and eat lots of fiber (fruits, vegetables, and whole grains) to prevent constipation.

Please call the office if you develop the following:

- Fever or chills
- Redness around incision or drainage from incision
- Persistent nausea or vomiting
- Severe pain not relieved by medication (some pain is to be expected)
- Difficulty swallowing
- Inability to have a bowel movement
- Any new weakness or any new pain, numbness or tingling down your arms

Important phone numbers:

Unity Pre-testing: (585) 723-7385

Highland Pre-testing: (585) 341-6707

Surgical Coordinator; Norrenda:

(585) 334-5560 extension 27

Southern Cross (Brace representatives):

(585) 334-5530

*****Visit our website at**

www.rochesterbrainandspine.com

for more patient information.***

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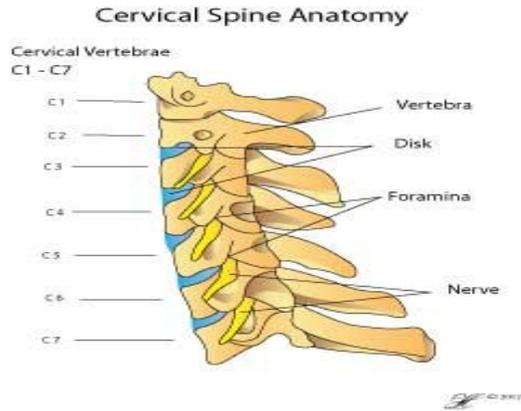
Cervical Fusion

Anterior Cervical
Discectomy & Fusion
(ACDF)

Phone: (585) 334-5560

What is a Cervical Fusion?

A cervical fusion is performed when a diseased disc, or arthritis (bone spurs) causes compression or pinching of one or more of the nerves in the cervical spine. Symptoms of this include: numbness, weakness and/or pain. When conservative treatment has failed (Physical therapy, medications, chiropractic treatment, injections, etc.) then surgery may be recommended.



What to expect with your surgery:

Once you have scheduled surgery, our office will set up a pre-operative appointment. At this appointment we will discuss your surgery and recovery in detail together. You will also be fit with a brace called a Miami J collar. You will need to wear this collar for 4 weeks after surgery unless you are eating, sleeping or showering. Also the hospital where you are having your surgery (either Highland or Unity) will contact you to set up a pre-admission appointment.

*****If you have had any previous surgery on your neck you will need a vocal cord evaluation to evaluate for any damage to your vocal cords.**

******You should avoid taking aspirin products or anti-inflammatory medications (Advil, Aleve, Naprosyn, etc.) for at least 10 days before your surgery. If you are on “blood thinning” medication (Coumadin, Plavix, Heparin, etc.) this will need to be stopped as well – please discuss this with your cardiologist and our providers.**

What do I do the day of surgery?



Report to the same day surgery center. **Please bring your brace with you to the hospital.** A nurse will prepare you for your surgery by starting IV (intravenous) fluids, reviewing your medical history and placing compression stockings on your legs (to help with circulation).

You will meet your anesthesiologist who will discuss with you administering anesthesia during your surgery.

You will also see Dr. Zeidman to go over and sign your consent form. You will then be taken to the operating room for your surgery. Your family will wait in the family waiting room and will be contacted once your surgery is done.

*****Do not eat or drink anything after midnight the night before your surgery.*****

What are the risks?

As with any surgery there are risks. Complications are rare. Risks include but are not limited to: Bleeding, infection, discomfort/pain, nerve injury, paralysis, fusion failure, death, vocal cord paralysis, difficulty swallowing, blood vessel injury, blood clots, discomfort, increased pain and/or weakness (Due to nerve manipulation), recurrence or continuation of pain.

How long is surgery?

Surgery is typically around 1-2 hours. You are in the hospital overnight and are discharged home the morning after your surgery.

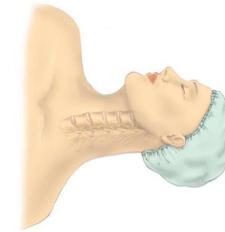
What is the success rate of surgery?

The success rate of surgery is around 95%. There is always a risk that after surgery you may have lingering nerve pain or numbness.

Will I lose any range of motion of my neck?

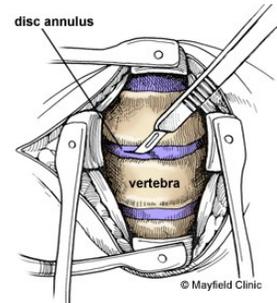
Typically for each level in the spine that is fused you will lose around 5-7% of flexion and extension. You should not lose much lateral rotation.

How is surgery performed?



- A small incision is made horizontally on the right or left side of the front of your neck to establish a path to the disc space. The incision is often placed in a natural skin fold to minimize scarring.

- We use intra-operative neuromonitoring (IONM) during surgery for your safety.
- Your esophagus and trachea are gently retracted to reveal the disc space.
- The correct disc space is identified and confirmed with an X-Ray.
- The disc is removed and then the nerve root and the spinal cord are decompressed directly by removing any disc material or bones spurs (arthritis).
- Using the same incision, an intervertebral spacer is inserted into the space where the disc used to be. We use a bioceramic spacer which is made of a synthetic material that mimics bone.
- Over the course of several months your bone will grow into and around the bone graft/intervertebral body spacer creating one continuous bone surface between the two vertebrae. This is what we refer to as “fusion”. Full fusion takes around 12 months to occur.



- A small titanium plate is put on top of the disc space with small titanium screws to hold everything in place.
- Another X-ray is obtained to confirm alignment of the fusion.
- Your incision site is closed with dissolving sutures.
- Anesthesia is reversed. You are placed in your Miami J collar and taken to the post-anesthesia recovery room.