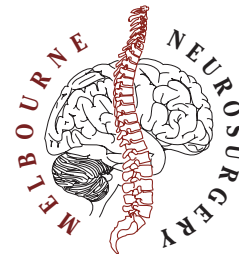


MELBOURNE NEUROSURGERY

POST OPERATIVE INFORMATION
LEAFLET

Anterior Cervical Discectomy and Fusion



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WHAT IS AN ANTERIOR CERVICAL DISCECTOMY AND FUSION?

This is when one of your cervical discs is removed via a small incision in the front of your neck. It is replaced with a carbon fibre cage and a plate is placed over the top. This is done with the aid of magnification. (see operation leaflet)

HOW LONG WILL IT TAKE TO GET OVER THE SURGERY ?

This depends on:

1. How sore you were before your surgery
2. If you had any weakness/numbness before or after the operation
3. Any complications from either the disease or the surgery.
4. The problem with your neck you had the surgery for.
5. Other medical conditions.
6. Any other problems that you have with your neck.
7. Age

There are lots of different things that effect recovery so it is hard to put an absolute time on it. It is important to remember that the type of person that you are will also have some effect as different people recover at different rates.

Allowing that everything is straight forward in your surgery and recovery there is a path that you will follow. It can be divided up between the visits to your doctor.

Period 1 (Post operative recovery)

The initial period is the first six weeks from the time of the operation to the time of the first postoperative visit and removal of the collar.

Period 2 (General recovery)

This is from the time of the first post-operative visit until the next visit in three months.

Period 3 (Late recovery)

This is from the last visit in period 2 (at about four and a half months post operatively

The First Six Weeks (POST OPERATIVE RECOVERY)

This is the time that you will make the fastest recovery. Initially when you leave hospital you may feel as though you will be able to do quite a lot. While you have been in hospital you have been resting and most things are taken care of for you. When you go home you will have more to do and may find that you may get tired and sore.. This is normal and it is common to need a rest in the middle of the day. It can take some time to get used to the cervical collar.

The basic rules that will now apply to your back for the next six weeks are:

Do not lift more than ONE kilogram
(standard 1 litre carton of milk)

Avoid sudden movements with your neck

LISTEN TO YOUR NECK !

This first six weeks can be further divided into three periods of 2 weeks each. In the first period you are really just getting over the surgery and are not able to do much. Any pain in your arm that you had may return in this period but usually will respond to anti-inflammatory medication or simple analgesia. In the second period of two weeks you really feel that you are starting to improve. You are more mobile and able to do more. This is when the soreness may return again. This is usually related to the increased exercise that you are doing. You will notice at this stage that even with the soreness you are able to achieve more each day. The third period shows a noticeable change. By the end of this period the soreness starts to go and you are back to doing most things with comfort.

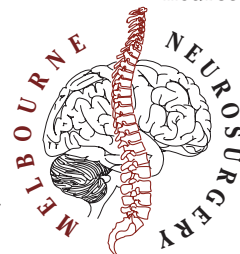
The next Three Months (GENERAL RECOVERY)

This is the time that you are turning the corner and are looking to return to work and other pursuits. When you return for your first post operative visit all of these things will be discussed with you. You will be assessed at this visit and a plan will be put in place as to the next steps of recovery. You may have required some rehabilitation and if so your neurosurgeon will have a report of your progress.

Some people are able to get back to doing things quicker than others and this will need to be assessed.

After About Five Months (LATE RECOVERY)

By this time you will have been back at work for some time working normal hours and starting to increase your work load. You will be comfortable in most tasks.



DRUGS ?

You will be given certain drugs on discharge. Some you will need to stay on and others you will be reducing or stopping. It is important to be sure which drugs you will need to continue on and what the doses are. When you see your local doctor make sure you have any repeat scripts. Just because your drugs run out does not mean you should stop these.

Anti Inflammatory Medication

This is to reduce any swelling in the tissues of the neck and around the nerve. These have some side effects, the worst being gastro-intestinal bleeding. If you have a history of ulcer you may not be able to take them. We will reduce these at your first post-op visit if you have not done so already.

General Analgesia (Panadol/Panadeine/Panadiene Forte)

These are normal pain killers and should be taken as directed. If they are not working contact your doctor to adjust the dose.

Muscle relaxants (Valium)

This is to reduce any cramps in the back of your neck. Usually you will only be on these for one to two weeks. These can be addictive.

CARE OF THE WOUNDS

Different surgeons manage this in different ways. After discharge from hospital we like the wound to be kept dry and covered. If it gets wet, dry it and replace the dressing. Keep it covered for 5 days. The dressing does not need to be changed more than every 2nd day unless it gets wet or soiled. If the wound looks red or is weeping contact your doctor.

FOLLOW UP APPOINTMENTS ?

Neurosurgeon	At about six weeks (with neck xray)
Family Doctor	Within two weeks

REMOVAL OF STITCHES ?

Most patients have no stitches in the neck, but some may have metal staples in the hip wound. Your surgeon decides when the staples from the hip should be removed and this is normally at about day 5-7 post operatively. These may be removed by the surgeon, the ward or your local doctor or nurse. If you have staples it is important to take a staple remover with you from hospital.

WHAT IS NORMAL TO EXPECT ?

OVERALL

All patients are tired and a little sore when they get home and need a rest in the middle of the day. Somebody will need to help you with some things. Gradually you will be able to do more and more on your own.

THE WOUNDS

These are sore for about 5 days .

The hip wound always hurts more than the neck.

These may be raised slightly compared to the surrounding tissue.

At the end of the day the area can get a little swollen, this will be gone by the next day after a night's rest.

They may start to itch as they heal.

Initially it is pink but fades to white over a few months.

THE NECK

There is always some stiffness in the neck for some time after the surgery. This is worst in the morning when you get out of bed. By the time you have had a shower, breakfast and a small walk this will be improving or have disappeared.

Almost all patients suffer from discomfort between the shoulders. This feels like a pulling in the muscles and can be associated with some burning. It will slowly disappear. The neck stiffness may re-appear towards the end of the day and as the days go by will slowly reduce. Walking and gentle movement seems to encourage this to improve. Some patients will need to take some anti-inflammatory drugs to help this discomfort. Some times you will twist and then it will catch you, this improves over a month or so.

THE COLLAR

The collar needs to be worn day and night. Usually until your six week review. If multiple levels have been repaired we may need the collar to be worn for 3 months. You will have a separate collar to wear while showering.

SWALLOWING

It is common to have some problems initially and this usually settles over a few weeks as the swelling inside settles. Some patients can have this persist for a while.

VOICE

This may be hoarse early after surgery and this may be from stretching one of the nerves to the voice box or from retraction of it. In most cases it slowly improves but can take up to 3 months.

NECK PAIN

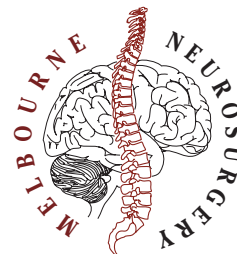
This is variable and different people are affected in different ways. Most will respond to anti-inflammatory drugs in the short term while recovery occurs.

As a general rule it is not troublesome and responds to panadol /panadiene/panadiene forte.

It can be worse towards the end of the day and may be linked to increasing tiredness.

There can be some spasm in the muscles around the spine and this will respond to drugs like valium. You will only need this for a few weeks.

Pain below the head at the top of the neck can occur until the collar is removed



NEUROLOGICAL DEFICITS

This is any problem that you have such as weakness, or numbness. As a general rule any pain in the arm should disappear early or immediately after the surgery.

The extent of recovery of any weakness or numbness will depend on the severity of the pre-operative damage to the nerve.

In most cases the weakness will start to improve early after the surgery and this is progressive. Normal strength may not be obtained. Any thinning of the muscles is slow to improve and usually does not completely return.

Any arm numbness is the last to improve and is often the most likely to be incomplete.

Any recovery can be quick initially then progressively slows, it may continue at a very slow rate for years.

YOUR DAILY ROUTINE(Do's and Do not's)

Sleeping

The bed is a place to sleep in these 6 weeks do not sit in bed. It bends the neck and causes pain at the best of times.

If your pillow is soft, get one that will help support your head so that the collar does not dig into your shoulder.

Dressing

Wear clothes that do not need to be put on over the head.

E.G. button up shirts, cardigan

Clothes with thick collars will interfere with your cervical collar.

Getting in and out of bed

Try not to spend too much time in bed as this will slow your recovery.

The neck stiffens with immobility.

1. Move onto side of bed
2. Drop legs over side of the bed
3. Support the back of your head with one hand while you use the other to help you get out of bed.

Sitting

The couch is not recommended (it tends to cause the neck to bend forwards)!

Use a firm chair like a typical kitchen or office chair. If it has arms and adjustable height this would be an advantage.

No movement of the neck will cause it to get stiff and sore movement within the collar is alright as long as it is not excessive from a loose collar.

Showering

The number one aim is to keep the wound dry for 7 days if no sutures, and otherwise until 2 days after sutures are removed.

Use the shower and do not try to get down into the bath until at least six weeks.

Use a special non slip mat in the shower.

A normal chair that can get a little wet will help to make drying yourself easier. Try not to bend over to dry your feet.

Change your collar before going into the bathroom so that you are less likely to slip with no collar on.

Travel

If you have a long way to travel home it is recommended that you break the journey at regular intervals. You should get up and move the neck and arms for 5 minutes every 45 minutes.

Getting in and out of the car

This is like getting in and out of a chair.

Have the seat back to a comfortable position to sit in with plenty of leg room.

Hold on to door frame to get in and gently lower your bottom into the seat.

Try not to twist your neck as you get in.

Walking

Try to do as much of this as possible

Initially short distances to see how you go (slowly increase this as you are able)

You are likely to wake in the morning with stiffness in the neck. As you get mobile in the morning this disappears. At the end of the day the neck and any symptomatic limbs may give trouble again.

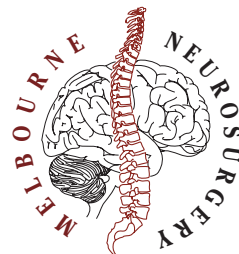
Lifting

We generally advise no heavy lifting for a period of at least 12 months post surgery. A lifting limit of about 10 Kg is aimed for by the end of the first year.

Remember that if you lift something holding the weight away from your body that this increases the effect on you so always lift close to you.

Initially on discharge we suggest lifting only 1 Kg until at least the end of the 6 week period and we slowly increase the weight limit over time.

The muscles of the shoulder all attach to the neck so heavy lifting may disrupt the graft.



At Home

NO	Vacuuming/sweeping Gardening Do not make the bed Home repairs Do not carry	Heavy shopping Loads of wet laundry(using a trolley OK) Children(they are heavy and unpredictable) Luggage/heavy handbag Firewood
YES	Washing the dishes Cooking (no large saucepans) Ironing (only in short bursts) Hang washing out (only on line that is not too tall)	

If you live alone and are not able to go directly home rehabilitation may be required.
When you do go home Council help may be possible.

DRIVING ?

You should not drive until told that you can do so by your Neurosurgeon.

Usually this is not before 2 weeks but may be up to the 6 week follow up appointment.
This is for many reasons,

1. You will be sore and not able to respond quickly in the case of an emergency.
2. You may have some weakness or other problem that will impair driving.
3. You may be on Medication that impairs your judgement.
4. The collar will impede your ability to turn your head to see traffic.
5. If you are not safe to drive and you do have an accident your insurer may not cover you.

The exact time will depend on your Neurosurgeon and you should ask this before discharge.

When you do return to driving we initially suggest:

- Short trips
- Stay out of peak hour.
- Stick to familiar routes.
- When backing use mirrors.
- After the collar is removed allow time for the neck mobility to improve.

AIR TRAVEL

Check with your neurosurgeon.

In most cases this is alright.

Some airlines may require a letter from your doctor.

In the early stages we would recommend against overseas trips.

Remember sitting upright for long periods can be uncomfortable.

PHYSIOTHERAPY/EXERCISES/SPORT

You may need physiotherapy for any neurological deficit. This may mean inpatient admission to a rehabilitation centre. Once you are at the point where you can manage at home you will be discharged. You will have some exercises to do and may need outpatient physiotherapy.

We recommend walking, simple arm movements and gentle neck movement. This should start slowly with a distance that you are comfortable with and then increased in small increments. Avoid any heavy lifting.

Do not be concerned if the first walk tires you out.

You may have been given some exercises on discharge from the acute hospital and it is important to continue these.

Sport

Initially we recommend against any rigorous sport and this includes any contact sport. We suggest the avoidance of all contact sports for at least 12 months after surgery to avoid unexpected injury.

After 4 months you can start to play non competitive non contact sports starting slowly. Depending on your recovery bowls may be played at 8 weeks. Training is usually not allowed but it depends on the sport. Golf is not recommended for at least 6 months. Walking in water (emerge yourself to the level of the nipples) helps but you need to be careful at the beach because of the sudden wave. Walking long distances on sand is advised against. Walking is advised if the surgery has been for problems with your spinal cord.

The General Rules

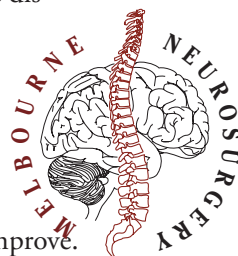
Avoid doing awkward tasks, if it looks too heavy it probably is.

You will need to change the way you do certain things to avoid straining yourself.

Plan your recovery by trying not to overdo it, pick tasks that you are comfortable with and slowly increase it as tolerated.

Some stiffness and ache in the neck is expected as you recover and increase your workload.

Sitting in the one place will typically make the neck ache so it is important to keep moving when ever possible.



RETURN TO WORK

Discuss this with your Neurosurgeon

This depends on:

1. Occupation
2. How quickly you recover initially in hospital.
3. Selected patients can go back to some duties at 2 weeks.
4. The degree of deficit you have from any preoperative problems and how long this takes to improve.

You will normally need at about 2-6 weeks completely off work. After this you may be able to go back on reduced hours doing the equivalent of light duties.

The return to work will depend on your recovery and is usually discussed at your first post op visit It depends to a large degree on the your occupation.

If you are not involved in heavy manual work you will start back at your normal duties keeping in mind that you may have problems doing repetitive tasks for long periods. We may start you back on reduced hours for the first few weeks to ease you back in.

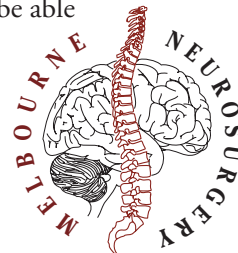
Sitting at a computer can be uncomfortable if done for long periods.

If you are a manual worker then you will start on lighter duties until we feel you have recovered enough to get back to your previous employment. Some people cannot go back to their old job.

Some patients will have a return to work co-ordinator organised by their employer. We will discuss with you the things that you can and cannot specifically do related to you job.

If you have a neurological deficit this will not stop you returning to work but you may need retraining

Remember that even if you can return part time after 2 weeks you may not be able to drive until 6 weeks at thge earliest.



WHAT IS IMPORTANT TO NOTIFY MY DOCTOR ABOUT ?

Wound

Increased Redness
Discharge
Increased fluid below/swelling
Fluid Leakage

Increased

Neck pain
Weakness/numbness
Arm pain
Falls
Difficulty walking.

Nausea / Vomiting

Rash

Pain or swelling in leg/calf

Fever/sweats/neck stiffness/light intolerance

Chest pain or shortness of breath

IF I HAVE A PROBLEM WHOM SHOULD I CALL ?

Some problems are urgent and require immediate treatment, this will mean presenting to the nearest emergency department. For others you need to contact your local doctor. Your Neurosurgeon is usually available most of the time and can be contacted by any emergency department or your local doctor. During the day we can be contacted through the main office and after hours by pager for emergencies. If you see your local doctor he will contact us if he has any concerns.

For general questions our practice nurses are able to help in most cases. If they are unsure they will contact your neurosurgeon.