

## Discharge Instructions

### ANTERIOR CERVICAL DISCECTOMY AND FUSION

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Patient: \_\_\_\_\_

Date: \_\_\_\_\_

- You should already have a follow-up appointment made; if not, please call the office at 314-909-1359 and ask to be seen 10-14 days following the date of your surgery. If you cannot remember your follow-up time, call the office and we can look it up for you.
- Take only short showers initially. You should **not** sit in any bathtub, Jacuzzi or swimming pool until after your first post-op visit. No dressing is required over your incision.
- The incision is covered by a special skin glue. **DO NOT** apply any ointments, gels, or creams to the incision. **DO NOT** scrub or rub the incision or apply soap or hydrogen peroxide to the incision. Moisture is what dissolves the skin glue so the more it is kept dry the better, but a quick shower is OK. Pat your incision dry when your shower is over.
- No lifting greater than 20 pounds for the first 4 to 6 weeks following your surgery unless otherwise instructed. You can ride in a car, walk, bend over, and use stairs as your pain allows. You can sleep in whatever position is most comfortable. You can turn your head as your discomfort allows but you should not work on stretching or range of motion in the first 6 weeks.
- Call the office at 314-909-1359 should you develop a temperature greater than 101.5 degrees or if the wound develops redness or drainage.
- Call the office **immediately** should you experience any of the following: 1. Difficulty breathing; 2. Inability to swallow liquids or solids; 3. Progressive swelling over the front part of the neck.
- It is common to experience discomfort across the back part of the neck and into the upper back following your surgery. You will have a sore throat and feel like you have a lump in your throat and have some difficulty swallowing early on. These symptoms generally improve week to week.
- **DO NOT TAKE** any non-steroidal anti-inflammatory medications (arthritis medications) for 6 weeks following the procedure. Some common anti-inflammatories are as follows; Advil, Motrin, Aleve, Ibuprofen, Celebrex, Naprosyn, Mobic or Relafen. It is important that you avoid these medicines because they can interfere with healing of your fusion.
- **DO NOT SMOKE OR USE NICOTINE PRODUCTS** after your surgery as they **greatly** increase your risk of not healing your fusion. Your post operative pain will last **much** longer and if you do not heal your fusion you will require more surgery.
- You have been given a prescription for narcotic pain pills AND prednisone-**TAKE THESE ONLY AS DIRECTED**. We do not refill narcotic pain medications after hours or on weekends; so **PLEASE** call during regular office hours. If you have problems with nausea from your pain meds, try taking them after eating and/or breaking them in half. If you are having poor pain control because you cannot take your pain pills secondary to problems with nausea, please call the office.
- Narcotic pain medication can cause constipation. The following medications may be purchased at the pharmacy without a prescription to aid in relief of constipation; 1) you can take Dulcolax Tablets, 1 to 2 tablets one to two times a day. 2) Instead of Dulcolax, you may use Senokot-S at 2 tablets one to two times a day. If you get diarrhea from these medications, reduce the dose. 3) If the Dulcolax or Senokot-S doesn't work, take 30 ml. of Milk of Magnesia. If problems still persist, drink ½ bottle of Magnesium Citrate and if there is still no bowel movement then finish the rest of the bottle after 2 hours. Lastly, you may use a Fleet Enema. Call the office if this protocol fails and you do not have a bowel movement within 3 days.
- In case of a question or concern after office hours that cannot wait until the office opens, the best way to contact us is to still use the same office number. This will direct you to our answering service and they will page us. Do not call the hospital or surgery center for medical questions about your surgery.

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**Anterior Cervical Discectomy and Fusion  
 Guidelines for Recovery**

The following are general guidelines for recovery; advancements in activity, work, etc., will be based on your progress at follow-up evaluations.

Criteria	Day of Surgery to initial post-op visit	2-4 weeks	4-8weeks	8-12 weeks	>12 weeks
<b>Neck movement</b>	No brace needed. You can resume normal neck movement, but avoid hyperextension/flexion of the neck.	X	X	X	X
<b>Care of Incision</b>	Keep incision clean and dry. At home, you can take short 5 minute showers. Gently pat dry with clean towel.	Skin glue gradually dissolves. No soaking in baths, hot tubs, or pools until incision is fully healed (usually about 2 weeks).	X	X	X
<b>Driving</b>	May drive when clear minded and not using medication that decreases awareness.	X	X	X	X
<b>Imaging</b>	X	X-rays taken at 1 <sup>st</sup> post-op appointment	X-rays taken at 2 <sup>nd</sup> post-op visit. (Usually around 8 weeks as needed)	X	X
<b>Weight Restriction</b>	X	Limit lifting (less than 15-20lbs)	Limit lifting less than 20lbs. Progress as tolerated.	Progress as tolerated. No restrictions by 3 months.	No restrictions.
<b>Activity/Exercise</b>	X	Begin resuming regular activity. Limit pushing/pulling and overhead activity.	Continue resuming normal activity.	Continue resuming normal activity.	No restrictions. Resume regular activity.
<b>Physical Therapy</b>		X	X	Physical Therapy may be recommended to increase flexibility and strength.	Resume regular activity.
<b>Follow up appointments</b>	1 <sup>st</sup> post-op follow up 10-14 days after surgery	x	x	X	X
<b>Return to work</b>	X	May return light duty 1-2 weeks	Light to regular duty. Regular duty by 6-8 weeks.	Full duty, without restrictions.	No restrictions.

\*\*No NSAIDs (Ibuprofen, aleve, motrin, etc., for 6-8 weeks after surgery). May use Tylenol (acetaminophen), not to exceed 3,000mg/day.

