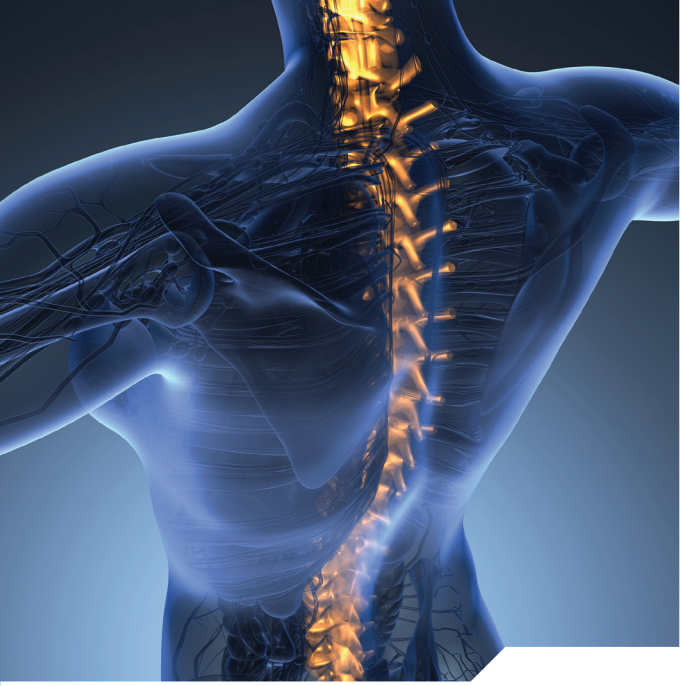
Your guide to back and neck surgery

Baylor Scott & White HEALTH



What you will find in this patient guide

Welcome

Our spine care team is dedicated to providing relief for your back and neck pain—even if you previously thought your condition was untreatable. We offer advanced, innovative care in a healing environment that nurtures your mind, body and spirit.

We want you to be informed through each step of your care, and we're dedicated to giving you in-depth information about your condition. In this guide, you'll find important details about the care your surgeon has recommended for you. Our goal is to help relieve pain, restore movement and alignment, and get you back to doing the things you love.

Back and neck conditions

Your spine has 33 small bones called vertebrae. They are stacked one above the other with a soft disk in between each pair. These disks allow movement between vertebrae and act as a shock absorber of the spine. The vertebrae surround and protect the spinal cord and nerve roots.

Numerous conditions can affect the vertebrae, disks, spinal cord and nerves in your back and neck. Some common conditions that may require surgery include:

- **Bulging disks:** A disk, which is the soft cushion in between two vertebrae, can bulge out of place, causing pressure on the nerves or spinal cord.
- **Cervical kyphosis:** Your neck no longer curves as it should, making your head lean forward. This condition requires complex surgical care.
- **Degenerative disk disease:** This type of disease is caused by disk aging or injury. The disk loses its elasticity, which can cause it to crack, flatten or eventually turn into bone. It can also lead to bone spurs.
- **Herniated disk:** When the outer layer of a disk in your spine tears, allowing the soft, inner part of a disk to rupture, it's called a herniated, ruptured or slipped disk.
- **Myelopathy:** This condition creates pressure or compression on the spinal cord, causing difficulty with walking, balance and the use of your hands.
- **Pseudoarthrosis:** This disease process causes failure of the bone to fuse after a surgical procedure.
- **Radiculopathy:** Radiculopathy involves pressure on the nerve root that causes you to have pain and numbness going into one or both arms.
- **Spinal stenosis:** Stenosis is a narrowing of the spinal canal. This narrowing can cause compression of the nerves, resulting in symptoms of pain and numbness.
- **Spondylolisthesis:** Spondylolisthesis occurs when the bone above the disk slides forward in relation to the bone below the disk. Spondylolisthesis most frequently means anterior. However, there are other versions where the upper bone moves backward—retrolisthesis—or to the side—lateral listhesis.
- **Spondylolysis:** In spondylolysis, there is a fracture in the vertebral bone called the pars, typically caused by repetitive extension. It can also occur from surgery or trauma.
- **Spondylosis:** This condition is the result of progressive arthritis of the spine. The arthritis is accompanied by bone spur formation and can cause pressure on the nerve roots.

Back and neck procedures

When back or neck pain gets in your way, your doctor may recommend a surgical procedure to correct the source of the pain so you can move better. Our team offers numerous surgical options to meet your individual needs.

Neck surgery

Anterior cervical discectomy and fusion (ACDF)
ACDF surgery removes a disk through an incision on the front of the neck. Depending on your condition, one disk or more may be removed. After a disk is removed, your surgeon fills the open space with a bone graft. The graft serves as a bridge between the two vertebrae to create a spinal fusion and is often held together with metal plates and screws.

Posterior cervical fusion (PCF)
PCF surgery is a spinal fusion surgery using an incision in the back of the neck. Often, this surgery is performed in combination with decompression surgery. A bone graft is placed, and usually, screws or surgical rods and/or wire are used to provide stability. In general, PCF surgery is performed less often than ACDF.

Back surgery

Decompression
The most common surgery for lumbar stenosis is a laminectomy and foraminotomy. During a laminectomy, the roof of the spinal canal is removed, allowing for the relief of pressure on the nerves. A foraminotomy is when the tunnel where the nerves exit the spine is widened. If a partial laminectomy is performed, it is called a laminotomy.

Discectomy
During a discectomy, a partial laminectomy is usually performed to allow for the nerves to be visualized. Then, the nerves can be protected while a disk herniation is removed. Typically, only the injured part of the disk is removed, and every effort is made to leave as much healthy disk as possible. Often, a foraminotomy is also performed with a discectomy.

Fusion
A spinal fusion causes the body to grow two bones into one and fuse together. It's commonly done to prevent the spine from becoming more unstable and causing more pain and nerve compression. Spinal fusion may use metal implants, typically screws and rods, to hold the bones in place. These implants typically stay in your body for the rest of your life.

An interbody fusion removes most of a disk and puts a bone graft in its place. There are four general types of interbody fusion: ALIF, TLIF, LLIF and PLIF.

- **Anterior lumbar interbody fusion (ALIF)**
  ALIF surgery uses an incision in the abdomen to reach the spinal disk. The disk and cartilage can then be removed, allowing for the placement of bone graft material. The bone graft is often placed within a cage, and screws and possibly a small plate are placed to help stabilize the cage.

- **Transforaminal lumbar interbody fusion (TLIF):** TLIF allows for a disk to be removed and bone graft material and a cage to be inserted using an incision on your back. This technique can be very useful if you have significant nerve pinching within the neuroforamen, which is the empty space on each side of your vertebrae.
- **Lateral lumbar interbody fusion (LLIF):** LLIF inserts a bone graft and a cage at selective levels in the lower part of the back. An incision is typically made on your left side. This can be a good option if you have had prior spine surgeries, particularly an ALIF.
- **Posterior lumbar interbody fusion (PLIF):** This procedure achieves spinal fusion in the low back by inserting a cage made of either allograft bone or synthetic material directly into the disk space. When the surgical approach for this type of procedure is from the back, it is called a posterior lumbar interbody fusion.

Bone graft

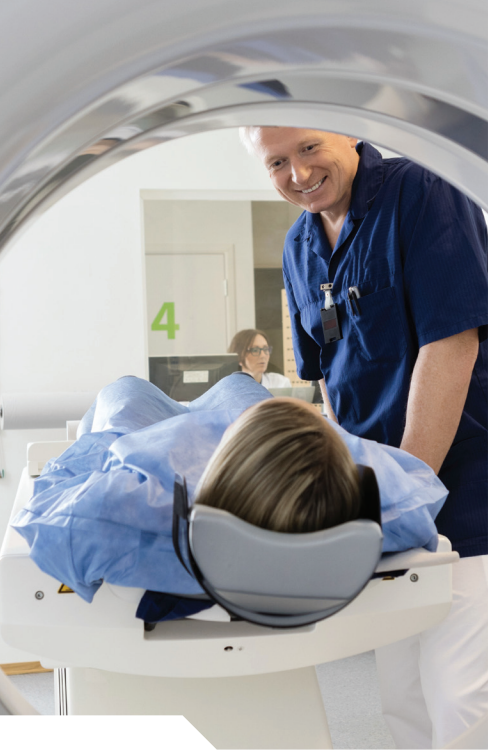
A bone graft is used during fusion surgery. Grafts can be made from your own bone, from donor bone or from synthetic material. If using your own bone, you'll have a bone graft procedure to remove a piece of bone from your hip to be placed in your back or neck.

Risk and complications

As with any surgery, there are possible risks and complications of back and neck surgery. The rate of these complications is highly variable and based on several factors, such as the condition of the disk, your physical condition, age, smoking history and more.

Some of the possible side effects of surgery include:

- Side effects from anesthesia
- Infection
- Damage to nearby structures
- Spinal cord or nerve damage resulting in paralysis
- Spinal fluid leak
- Bleeding or possible need for transfusion
- Persistent hoarseness and/or swallowing problems
- Worsening of back pain
- Injury to the vertebral artery resulting in a stroke
- Bone graft shifting or displacement
- Failure of the metal plates and screws
- Bone graft not healing properly
- Blood clots that form in your arms or legs and travel to the lungs
- Injury to cervicothoracic nerve causing the eye to droop and eye dryness
- Blindness
- Death



Before your surgery

Before surgery, there are many things to do to make sure that you're healthy enough for a complex procedure and to plan your surgery in detail.

Pre-surgical visits and tests

Most surgical patients will have one or more pre-operative tests, and our care coordinators will help schedule these. When your schedule is finalized, a letter with your testing schedule and appointments will be sent to you.

Things to know about your pre-op visits:

- **Pre-medical clearance** may be required if you are older or have chronic medical conditions to allow time for changes to your treatment before surgery is scheduled. For example, if your diabetes isn't well-controlled, you may need to adjust your diet or medications before surgery.
- **Medical clearance** is completed by our internal medicine physician, along with a cardiologist, hematologist or pulmonologist if needed. You'll have lab work, an EKG and a chest X-ray. You may also receive a pain management consult. Please remember to bring your medication list.
- **Cardiac clearance** is required if you are currently under the care of a cardiologist, have a history of cardiac issues or have risk factors for heart disease. Your care coordinator will contact your cardiologist to get any cardiac studies you've had in the last year.
- **Blood tests** are needed two weeks before surgery. Fasting is not required for the tests. A urine sample will also be taken to rule out urinary tract infection.
- **A pre-op visit with your surgeon** allows you to discuss the details of your surgery, risks, arrival time and location, and post-operative care. At your pre-op visit, you'll sign permits for surgery, anesthesia, blood and blood products. Please bring someone to this visit with you.
- **An ENT visit for neck surgery** may be needed if you have had surgery in the past on your cervical spine with a front approach.

Pre-op imaging tests

Standing spine X-rays provide detail of the bone structures in the spine and are used to rule out instability, tumors and fractures.

Computerized tomography (CT) scans use X-rays to show the vertebrae in detail, and the spinal canal can be imaged and assessed. CT scans are very useful for assessing fractures or non-fused bones and specific conditions such as lumbar disc herniation and lumbar spinal stenosis.

CT scans with myelogram insert dye into the sac around the spinal cord and nerves and take images to provide important information about the spine and nerve roots.

Magnetic resonance imaging (MRI) provides detailed images of disks, spinal cord and other soft tissue without the use of X-rays. The scan is performed while you are lying in a tunnel for 30 – 45 minutes.

Discography, or discogram, helps determine if a particular disk is responsible for your back pain. A dye is injected through a spinal needle into the center of the disk, and the dye is then evaluated for leaks occurring outside the disk walls.

Insurance

Before surgery, we'll get surgical pre-authorization from your insurance company. You will usually receive a confirmation letter from them.

Often, the insurance company will authorize a one- or two-day hospital stay to start, and if additional time is needed, a case worker with the hospital will update your status and extend the authorization for your stay. We'll also obtain authorization for your transfer to a rehab center if needed.

Medications to stop before surgery

It is crucial that you provide us with an accurate list of all your medications when you schedule your surgery. Also, if there are any changes in medications from the time you schedule surgery to your date of surgery, please let us know to update your medication list.

Your care team will ask you to avoid certain medications before surgery. These medications can affect bleeding and swelling, increase the risk of blood clots, and cause other problems if taken.

There are many over-the-counter medications, herbal medications, vitamins and supplements that may negatively affect your surgery and recovery as well. If you are unsure about any medication, contact your surgeon's office.

Anti-inflammatory and blood-thinning medications: Remember to check the labels of all your medications, even those you purchase over the counter, to be sure you are not taking aspirin or anti-inflammatory drugs. Acetaminophen does not promote bleeding and is generally fine to use.

If you are taking Coumadin (warfarin), aspirin or anti-platelet medications for heart or blood clotting conditions, please discuss this with us before stopping. We may need to speak with your physician so we can determine how this should be managed before and after surgery.

Medications to stop

Your surgeon will instruct you when to stop and restart medications, herbals or supplements.

Medication type	Examples
Herbs and supplements	Alfalfa, Bilberry, Bromelain, Cayenne, Danshen, Dong Quai, Echinacea, Ephedra, Ephedrine, Feverfew, Fish Oil, Garlic, Ginger, Ginkgo, Ginseng, Goldenseal, Hawthorn, Kava Kava, Krill Oil, Licorice, Ma Huang, Omega-3 Fatty Acids, Red Clover, Saw Palmetto, St. John's Wort, Vitamin E, Valerian, Yohimbe, Daily Multivitamins (Vitamin D, B vitamins, iron and calcium **do not** need to be discontinued.)
Hormones, birth control	Activella, Aygestin, Estrogen, Estradiol, Levonorgestrel, Mirena, Micronor, Nor Q, Premphase, Prempro, Prometrium, Provera, Birth Control Pills/Patches/Shots
NSAIDs/anti-inflammatory	Celecoxib/Celebrex, Diclofenac/Voltaren, Ibuprofen/Motrin, Etodolac/Lodine, Ketorolac/Toradol, Indomethacin/Indocin, Naproxen/Aleve/ Naprosyn, Mobic, Oxaprozin/Daypro, Vicoprofen, Piroxicam/Feldene

Medication type	Examples
Prescription medications with blood thinners	Aggrenox, Aspirin, Carisoprodol with ASA, Coumadin, Endodan, Fiorinal, Effient, Prasugrel Magan, Plavix, Pletal, Percodan, Persantine, Soma, Compound, Xarelto, Rivaroxaban, Ticlid
Over-the-counter medications with blood thinners	Alka Seltzer, Anacin, Ascriptin, BC Powder, Bayer, Doan's, Dristan, Ecotrin, Excedrin, Kaopectate, Midol, Pamprin, Pepto Bismol, Sine-Off, St. Josephs, Vanquish
Bone density medications	Actonel, Boniva, Fosamax, Evista, Miacalcin
Monoamine oxidase inhibitors (MAOI)	Isocarboxazid (Marplan), Phenelzine (Nardil), Pirlindole (Pirazidol), Moclobemide (Aurorix, Manerix), Selegiline [L-Deprenyl] (Eldepryl, Zelapar, Emsam), Tranylcypromine (Parnate)
Miscellaneous	Allopurinol

Stopping nicotine products

Studies show that the rate of non-fusion in smokers is as much as twice that found in non-smokers. Because of this, we require that patients undergoing a spinal fusion be nicotine-free before scheduling surgery.

Once you are 100% nicotine-free for two weeks, a nicotine test will be given. Then, we will do another nicotine test with your pre-op blood work. If this test indicates that you have smoked at some point, it could lead to your surgery being postponed.

Nicotine products to stop:

- Cigarettes
- Nicotine gum
- Nicotine patches
- Electronic cigarettes
- Cigars
- Dip, chew and snuff

Preparing at home

You can take several steps in the weeks and days before surgery to help make your home easier to navigate and manage while you are recovering.

Some tips include:

- Take fall prevention steps, such as removing clutter, rugs or electrical cords from walkways, adding a nonskid mat to your shower or tub, and adding nightlights to your bedroom and bathroom
- Plan a place to recover that has access to a living room, bedroom and bathroom all on one floor
- Arrange for childcare, pet care or other at-home assistance
- Make sure you have a comfortable chair with arms that isn't too soft to make getting up and down easier
- Put frequently used items to where you can easily reach them without putting your arms overhead or bending over
- Visit the barber or hairdresser
- Freeze meals ahead of time
- Clean, do laundry and put clean sheets on the bed
- Mow the lawn or finish other yardwork

Pre-surgical schedule

The dates and times for your specific pre-surgery schedule will be sent to you by your care coordinator. In general, you can expect the following:

Three months to two weeks before surgery

- Stop taking medications as directed by your care team
- Stop taking herbal medications, vitamins and supplements as directed
- Stop smoking and nicotine products
- Arrange for help when you get home from surgery
- Arrange for two to six weeks off work

Two weeks before surgery

- Complete pre-op blood work

One to seven days before surgery

- Complete pre-registration and pre-testing at the hospital, including blood test, chest X-ray and EKG, if not recently done
- Make final preparations at home to ease your transition after surgery

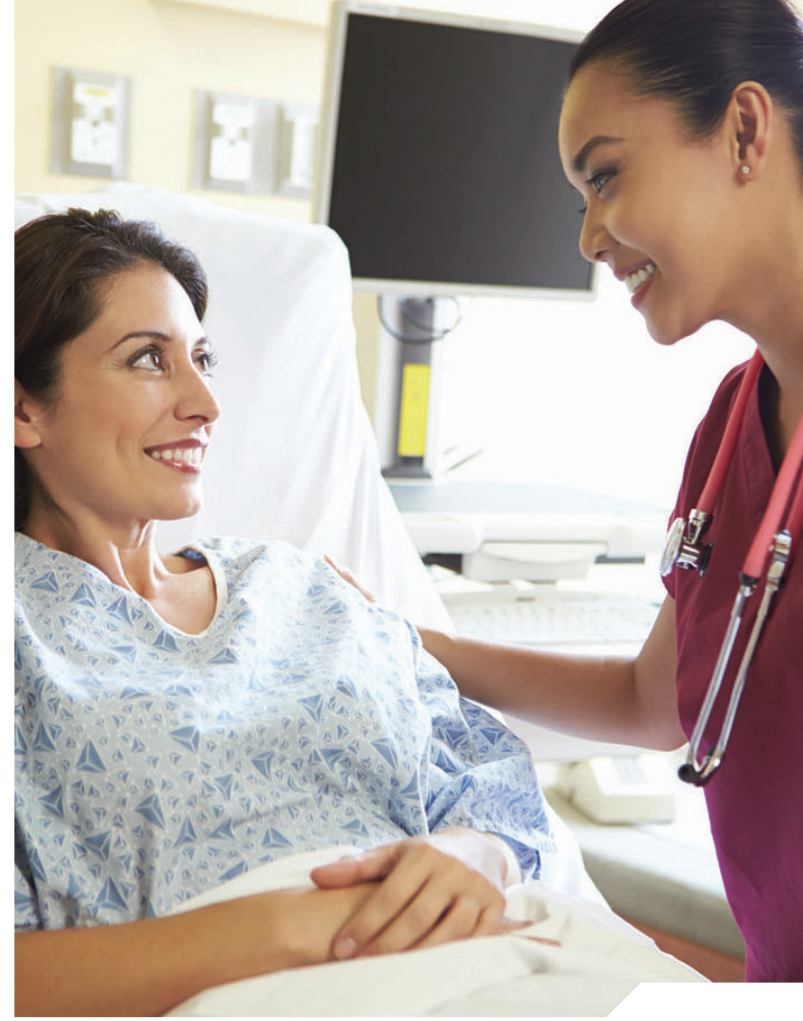
Five days before surgery

- Start bathing with Hibiclens soap, which can be purchased over the counter, to reduce the risk of infection
- Wash your neck, chest, abdomen, sides and back daily with Hibiclens, followed by regular soap or body wash
- Start swabbing each nostril twice daily with the prescription ointment Bactroban, including the morning of surgery

Day before surgery

- Complete one final blood test at the hospital to determine your blood type (if your pre-op/pre-registration appointment is not the day before surgery)
- Do not eat or drink anything after midnight the night before your surgery
- Do not shave the surgical area unless instructed by your surgeon

Surgery day



On the day of your surgery, you will be asked to arrive about two hours before it is scheduled. You'll check in at hospital registration and be escorted to a room in day surgery. While in day surgery, our team will prepare you for your surgery. The nurses will place an IV in your arm, and you'll meet the anesthesiologist and your surgeon.

The scheduled time of your surgery is approximate. We will do our best to keep you informed of any changes. During your surgery, an operating room nurse will call your family periodically to update them. After surgery, the physician will meet with your family in the waiting room and let them know how your surgery went.

What to bring the day of surgery:

- Driver's license
- Insurance card
- Method of payment (credit card, check)
- Lab work or X-rays if not done at Baylor Scott & White
- Paperwork from your surgeon's office
- Any device that your surgeon wants you to use after surgery
- Comfortable clothing for after surgery
- Change of clothes if staying overnight
- Nonslip, closed-back shoes
- CPAP machine
- Glasses case
- Denture cup
- Hearing aid case
- Cell phone
- Power of attorney paperwork

Surgery day

Waking up after surgery

After surgery, you'll wake up in the post-operative recovery area, called the PACU. Your blood pressure, heart rate and respiration will be monitored, and we'll help manage your pain.

Following your surgery, you will be taken to the recovery room for monitoring (average 6.5 hours).

Pain management is assessed using a pain scale while you are in the hospital. You will be asked to rate your pain on a scale of 0 - 10 or 0 - 5. Zero means no pain, and 5 or 10 means "the worst pain possible." We will also ask you where you are hurting, how long your pain persists, and if anything helps your pain or makes it worse.

Depending on your personal medical history, you may receive different types of pain medications. Non-pharmaceutical methods may also help, such as ice packs, position changes, early mobilization, relaxation, music therapy or pet therapy.

You will partner with your nurse and surgeon to manage your pain. We will have a plan in place upon discharge for pain management.

Reminder: Do not drive or make critical decisions while taking pain medication.

Immediately after surgery, you may have:

- Dizziness and nausea (common after anesthesia)
- Discomfort and pain at the operative site
- Tingling and/or numbness in your limbs that may take some time to subside
- A drain tube near the surgical site to help prevent any collection of fluid, which is usually removed in 24 – 48 hours
- An IV in your arm to receive fluids and antibiotics during and after surgery
- A catheter to drain your bladder, which is removed the day after surgery
- A neck or back brace to limit motion and help you heal
- Inflatable compressors on your calves to reduce the risk of deep vein thrombosis (DVT), as well as a pair of anti-thrombotic stockings

Recovery in the hospital

Once awake from surgery, we'll move you from the PACU to the intensive care unit (ICU) or the progressive care unit (PCU). Then, you'll begin to increase your activity level.

Pain management

You will be given pain medications by IV and mouth for pain relief to make sure you are comfortable and to help you move.

- For **back surgery**, the soreness and stiffness in your back and limbs will continue for some time. Please ensure you take regular pain relief. The original pain in your legs usually improves immediately, but if it doesn't, tell the nurses and your doctor.
- For **neck surgery**, every movement that you make will be transmitted into the muscles in your neck. Sharp pain typically lasts for two to four weeks. Then, the pain gradually begins to decrease but will persist for at least three to six months. How fast the pain stops depends on how long the bone takes to heal.
- If you had a **bone autograft**, your hip may feel sore for several weeks following surgery.

Neck and back braces

If you had a fusion, a back brace or neck collar may need to be worn. The brace is used to limit the motion of your back or neck so that the bone graft can incorporate and fuse. We'll teach you techniques on how to turn, get in and out of bed and walk independently in the halls. Occupational therapists will help you with activities of daily living (feeding, bathing, grooming and functioning independently).

Diet and digestion

Initially, you'll only be allowed sips of fluid and crushed ice. Once bowel sounds are present, you will start on a post-op diet and gradually increase to a full diet. It is common not to have bowel movements for the first few days. Once you have started on a full diet, you will be given medications to help.

Sleep

It's normal to have changes in your sleep patterns while in the hospital. The surgery, anesthesia and pain medications allow you to have a several-hour nap during the day, which may disturb your wake/sleep cycle. You may only be able to sleep two to three hours the night after your surgery.

Getting up and moving

Nursing and physical therapy staff will help get you up and moving. A physical therapist will see you the day after surgery to help you start walking. The sooner you get up, mobilize, walk and resume normal activities, the lower the chance of developing a blood clot in your legs. The symptoms of a blood clot are swelling, redness and pain in your calves. If you develop these symptoms, please let us know right away.

Getting ready to leave the hospital

Recovery from surgery varies and depends on the extent of the surgery as well as your age and health. Since it's difficult to predict your post-op needs before surgery, you should make plans for both going home and going to an inpatient rehab hospital. Additionally, some patients need to approach therapy at a slower pace than inpatient rehab and will best be served at a skilled nursing facility (SNF).

During your hospital stay, plans for your discharge are completed with the nurse practitioner, case manager and social worker. They will help with insurance and appropriate referrals to inpatient rehab or help you arrange for home health visits, physical/occupational therapy and any assistive devices you may need.

When can I leave the hospital?

For most back surgeries, you'll be able to go home one to three days after your operation. For neck surgery, you may go home in one to five days. Your hospital stay depends on the type of surgery you had and your health.

In general, you can be discharged when:

- Your vital signs are stable.
- You can get up and move around with or without using a walker.
- You can eat without nausea.
- You can take pain medications by mouth.
- You have resumed normal bladder activity.
- Your drains are removed, and your wound is healing.

Discharge to inpatient rehabilitation

If you need more intensive therapies, a short stay at an acute rehabilitation center may be recommended. To qualify for acute rehab, you must be able to tolerate three hours of therapy a day and need two of the following therapies: physical, occupational or speech.

Before surgery, we verify if you have benefits for inpatient rehabilitation. Then, after surgery, your insurance company/ Medicare evaluates your progress and approves you to go to rehab or deems you able to go home.

At inpatient rehab, you will:

- Be evaluated by a physician, nurses and therapists
- Have an individualized daily therapy schedule
- Participate in three hours of therapy a day to strengthen you physically
- Receive education on safety and precautions as you recover
- Meet with your medical team and family weekly to determine the estimated length of stay based on clinical assessments
- Get a home exercise program to follow when you leave

Items to bring to inpatient rehab

- ☐ Sneakers and socks for walking and therapy
- ☐ T-shirts to wear under your brace (if applicable)
- ☐ Toothbrush, toothpaste, hairbrush and other personal care items
- ☐ CPAP machine (if applicable)
- ☐ Pants or shorts with loose elastic or drawstring that are easy to get on
- ☐ Zip or button-up long-sleeved shirt or jacket in case you get cold

Discharge to home

Many people go directly home from the hospital. The best time to plan for this is before surgery. Arrange for help at home by asking dependable family members or friends. You will need someone to stay with you for one to three days once you are home.

Depending on how you're doing, you may be able to be left at home for short periods if your caregiver works, but you will need assistance at home for a couple of weeks with driving, meals, errands and household chores. You will also need to arrange transportation home from the hospital.

Caring for yourself at home

Now that your surgery is complete, you can concentrate on the next phase—recovery. After any surgical procedure, the body needs time to restore damaged tissues. Recovery is a six- to eight-week process, sometimes longer, so please be patient, take your medications and follow activity limits.

Activities and limitations

It is important to take things easy at first. Fatigue is common, so gradually return to your normal activities.

Walking is encouraged. Start with a short distance and gradually increase to 1 or 2 miles daily. Stair climbing, riding as a passenger in a car or taking public transportation are also allowed in most cases.

Activities to avoid:

- Smoking, as it delays healing
- Using non-steroidal anti-inflammatory drugs (NSAIDs) if you had a fusion
- Sitting for long periods
- Lifting anything heavier than 10 pounds (e.g., a gallon of milk)
- Reaching overhead
- Running
- Straining
- Bending or twisting at the waist if you had back surgery
- House and yard work until after your first follow-up visit
- Driving until after you are cleared by your doctor
- Sexual activity until after your follow-up visit
- Soaking in a pool of water (bath, swimming pool or hot tub)

Returning to work

If you have a sedentary job, you may return to work in one to two weeks. A person with a more strenuous job may have to remain off work for two to four months.

Medications

Pain management

It can take up to six weeks to get over the general pain and tiredness after your operation. Pain medication will not make you pain-free, but it should make the pain tolerable.

After surgery, pain is managed with narcotic medication. Because narcotic pain pills are addictive, they are used for a limited time (four to eight weeks). Then, pain is managed with acetaminophen (e.g., Tylenol).

If you had a fusion, do not take non-steroidal anti-inflammatory medications, such as ibuprofen, Aleve, aspirin, Motrin and Advil, for six months following surgery as these medications may block proper bone healing.

Muscle relaxants

If you had posterior neck surgery, muscle spasms after surgery can be painful. These spasms can be managed by the combination of muscle relaxants, rest and stretching.

You'll take muscle relaxers every eight hours. Do not stop muscle relaxants unless directed as this will increase your pain. Some examples of muscle relaxants are metaxalone, methocarbamol, carisoprodol, cyclobenzaprine and tizanidine.

Constipation

Anesthesia, pain medications and inactivity can all cause constipation. Drink plenty of water and use over-the-counter stool softeners or laxatives after surgery to help. Over-the-counter remedies include Colace, Metamucil, Surfak, MiraLAX/Senokot and milk of magnesia, and as a last resort, use an enema.

If you have chronic gastrointestinal conditions, please talk to your doctor. You should not go longer than three days without a bowel movement.

Incision care

Care of your incision is vital to the success of your surgery. Once you leave the hospital, follow these guidelines:

- You and your caregiver should always wash your hands before touching the dressing or incision.
- You may remove the dressing and shower three to four days after surgery unless instructed otherwise. You do not need to place another dressing on the incision.
- Do not apply any ointments or alcohol.
- Your incision will be covered by Steri-Strips or Dermabond. Leave the Steri-Strips in place for 14 days after surgery. Steri-Strips can get wet and may fall off on their own before that time.
- Your incision is closed with dissolvable stitches. If you do not have staples, you will not need to come in to have your sutures removed.
- If you have staples, they need to be removed 10 – 14 days from the date of surgery.
- Inspect your incision daily, using a mirror if needed.
- Incisions may be numb or tender for a few weeks after surgery.
- Some redness around the incision is common and usually disappears within one to three weeks.

Neck and back braces

Neck brace

After neck surgery, you'll wear a cervical collar for about six weeks. Sometimes, with more complex surgery, it can be up to 12 weeks. This reduces the stress on the neck area and helps improve bone healing and decrease pain.

You do not need to wear your collar in the shower, and if you are sitting up in a chair, you can remove it temporarily. You should wear it in bed while sleeping. If you experience skin irritation from the brace rubbing your skin, do not apply talc powder. Use a scarf or handkerchief between the skin and the brace to prevent irritation.

Back brace

After back surgery, wear your brace for the first four to six weeks when you are up for extended periods, leaving the house, riding in a car or doing physical therapy. When you are in bed, reclining in a chair, getting up to go to the bathroom or around the house, you do not need to wear your brace.

The brace provides support and reminds you not to bend at the waist. If you feel the brace is putting you in an uncomfortable position or not fitting properly, contact your surgeon's office.

Bone stimulator

A bone stimulator may be given to you at one of your post-op visits or mailed to you by a medical device company. If you have not received a bone stimulator by three weeks after your hospital stay and had a spinal fusion, please notify your surgeon's office.

Swallowing

After ACDF surgery, the most common problem is difficulty swallowing. During the surgery, your windpipe and esophagus are gently held to one side so that your vertebrae can be seen. This may cause swelling after surgery, throat tenderness and pain, a choking type of sensation, or a feeling of fullness in the neck. These symptoms will gradually decrease over the next few weeks or months.

When to call the doctor

Call your surgeon's office if you have:

- Pus or bad-smelling drainage from the wound
- Redness, swelling or increased pain around the incision edges
- Opening of the incision
- A fever greater than 101 degrees with/without sweats or chills
- New/unfamiliar pain or weakness in the arms or legs
- Difficulty with urination or bowel movements
- Pain or numbness in the rectal, vaginal or scrotal area

Caring for yourself at home

Follow-up care

Follow-up care is very important after back or neck surgery. You'll typically see your doctor for a follow-up visit one to three weeks after discharge. Then, you may have additional visits at three, six and twelve months after surgery.

At your visit, your doctor may:

- Refill medications
- Inspect your incision and remove staples
- Take an X-ray to see how you are healing
- Evaluate nerve function and strength if you had any pain, numbness or weakness before surgery
- Update you on the activities you should and should not do
- Refer you for physical therapy if needed

Appointment list

Use this sheet to keep track of your testing and appointments.

Pre-op class

Date: _____ Time: _____

Location: _____

Pre-admission testing appointment

Date: _____ Time: _____

Location: _____

Pre-op imaging required?

☐ Yes ☐ No

Date: _____

Location: _____

Additional pre-op testing

_____

Surgery

Type of surgery: _____

Date: _____ Time: _____

Check-in time: _____

Check-in location: _____

Driver to take you home: _____

Follow-up appointment

Date: _____ Time: _____

Post-op imaging required?

☐ Yes ☐ No

Date: _____

Location: _____

Medication list

Please bring a list of all prescription and over-the-counter medications, including herbal medications, supplements and vitamins, with you to your appointments.

Name	How much	How often

Allergies

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