



Post-Operative Instructions - Anterior Cervical Spine Surgery

The following is a list of instructions for your convalescence, following your neck surgery. These represent general instructions to be used as guidelines. They may be modified for an individual patient.

1. The surgical procedure you had was performed in conjunction with another surgeon or physician assistant. Post-operative questions can be addressed with either provider. This team approach leads to better patient care and outcome.
2. In most cases, your surgery will not require a cervical (neck) collar. If a soft collar is given, this will be worn for comfort only. If a hard collar is given, generally this is worn at all times except for showering, unless advised otherwise. The length of use will be determined by your surgeon.
3. Neck pain following surgery is minimal. You will have some inter-scapula (between the shoulder blades) muscular discomfort or spasms. You may have difficulty swallowing or hoarseness. This should pass in 10-14 days.
4. You may drive 10 days after surgery, if your neck feels comfortable. If you are wearing a hard collar you cannot drive. You can be a passenger in a car after 7 days if you are comfortable.
5. Limit your lifting to no more than 10 pounds, and avoid overhead lifting.
6. You may shower and wash your hair 24 hours following the surgery. It is important to keep the waterproof dressing over the incisions so they do not get wet.
7. If you are wearing a hard collar, this can typically be removed for showering, unless advised otherwise by your surgeon. Change your collar in front of a mirror to keep your head and neck still and to ensure you are wearing the collar properly.
8. If you are wearing a soft collar, you may remove it for showering.
9. You can remove the dressing by the 5th post-operative day and leave the incision(s) open to air. The sutures that were used are absorbable and do not need to be removed. Occasionally a small piece of suture persists; bring this to the attention of your surgeon at your office visit. You will notice Steri-strips covering your incision when the dressing is removed. Once the Steri-strips get wet, they may curl up and fall off by themselves.
10. Your first post-operative visit with your surgeon or physician assistant is usually 2 weeks after the surgery. An x-ray will be taken to check the placement of the graft and/or instrumentation. A prescription will be included in the surgical packet of information that is mailed to you prior to your surgery.

11. Medications may include pain relievers and analgesics to control pain, although they may cause drowsiness and constipation. They may also be habit forming and you may want to consider the amount of pain medication you are taking. You may also consider taking multivitamins with iron on a daily basis for a few weeks post-operatively.
12. Please call the office if you are in need of any prescription refills. Be sure to call during business hours on Monday through Friday from 9am to 5pm. Prescription renewal by phone may require 48 hours to refill. Please be aware that prescriptions for narcotics will not be provided by a covering (on-call) surgeon.
13. Constipation is a common side effect of some pain medications so it is important to drink plenty of liquids and eat a diet high in fiber. You may need to take a stool softener for a short time while taking pain medication, but avoid strong laxatives. Consider Milk of Magnesia, Metamucil, Fibercon, Citrucel or other mild laxatives.
14. Your surgeon will tell you when you may return to work. It usually occurs between the 3rd and 4th week following your operation.
15. Report any increase in post-operative pain, fever, chills, drainage, swelling of the wound or any redness of the wound immediately to our office. If there is drainage, note the color, amount and consistency. Also call us if you are having headaches. Do not hesitate to call if you have any questions.
16. CAUTION: It is well known that smoking severely slows down the healing process for all patients with low back surgery. Nicotine can adversely affect the rate of fusion and recurrent disc herniation.