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Adult Spine and Cervical Spine
Patient Appointments: (919) 957-6789

What to Expect with an Anterior Cervical Decompression and Fusion

Surgery

- Incision will usually be horizontal and approximately 2 - 3 inches long.
- Surgery can take 1 - 4 hours, depending on the extent of surgery.

Length of Stay

- Most patients go home the same day or the next day after surgery.

Pain

- In addition to the incisional pain in the throat and neck, you may experience referred pain in the shoulders and shoulder blades.
- You may experience “reminder pain” after your surgery. This pain is due to postoperative swelling and irritation of the nerves, and will resolve gradually.
- Take the narcotic pain medications only when you are having pain, and stop taking them as soon as you can.

Brace and Driving

- You will be given a neck brace to provide additional stabilization for the fusion. The brace is to be worn at all times until we remove it at 2-12 weeks after surgery.
- You may drive after the collar is removed and after you have stopped taking narcotics.

Mobility

- The nursing staff will assist you with getting out of bed the first time after surgery.
- At home, we encourage walking multiple times a day as tolerated. Walking will help to prevent potentially life-threatening blood clots in the legs.
- Most patients are able to begin to perform activities of daily living the day after surgery.
- You should not lift anything over 10 pounds until cleared by your surgeon.
- We will prescribe postoperative physical therapy as needed.

Work and Sports

- Most patients return to deskwork at 2 - 4 weeks after surgery.
- Most patients return to heavier work and sports at 3 - 6 months after surgery.

Nutrition

- You may find it difficult to swallow for several days after surgery. Thick liquids (ice cream, yogurt, pudding, Ensure, Boost) or cold drinks are well tolerated.
- You may find that your voice is hoarse after surgery. This is common and usually resolves after several days.

Medications that Affect Surgery and Spinal Fusion

- You must stop taking aspirin and other blood thinners (e.g. warfarin, Coumadin, Aggrenox, Plavix, etc.) for 5-10 days (depending on the specific drug) prior to surgery.
- You must avoid anti-inflammatory medication (e.g. ibuprofen, Motrin, Advil, Naprosyn, Aleve, etc.) for 7 days prior to surgery and for 10 weeks after your surgery.
- You must discontinue the use of bisphosphonates (e.g. Fosamax, Actonel, etc.) for 2 weeks prior to surgery and 8 weeks after your surgery.
- You must avoid nicotine exposure for at least 2 weeks before and 12 weeks after your surgery. This includes second-hand smoke.

Follow-Up Care

- You will need to follow-up with us periodically with x-rays for 2 years after surgery.