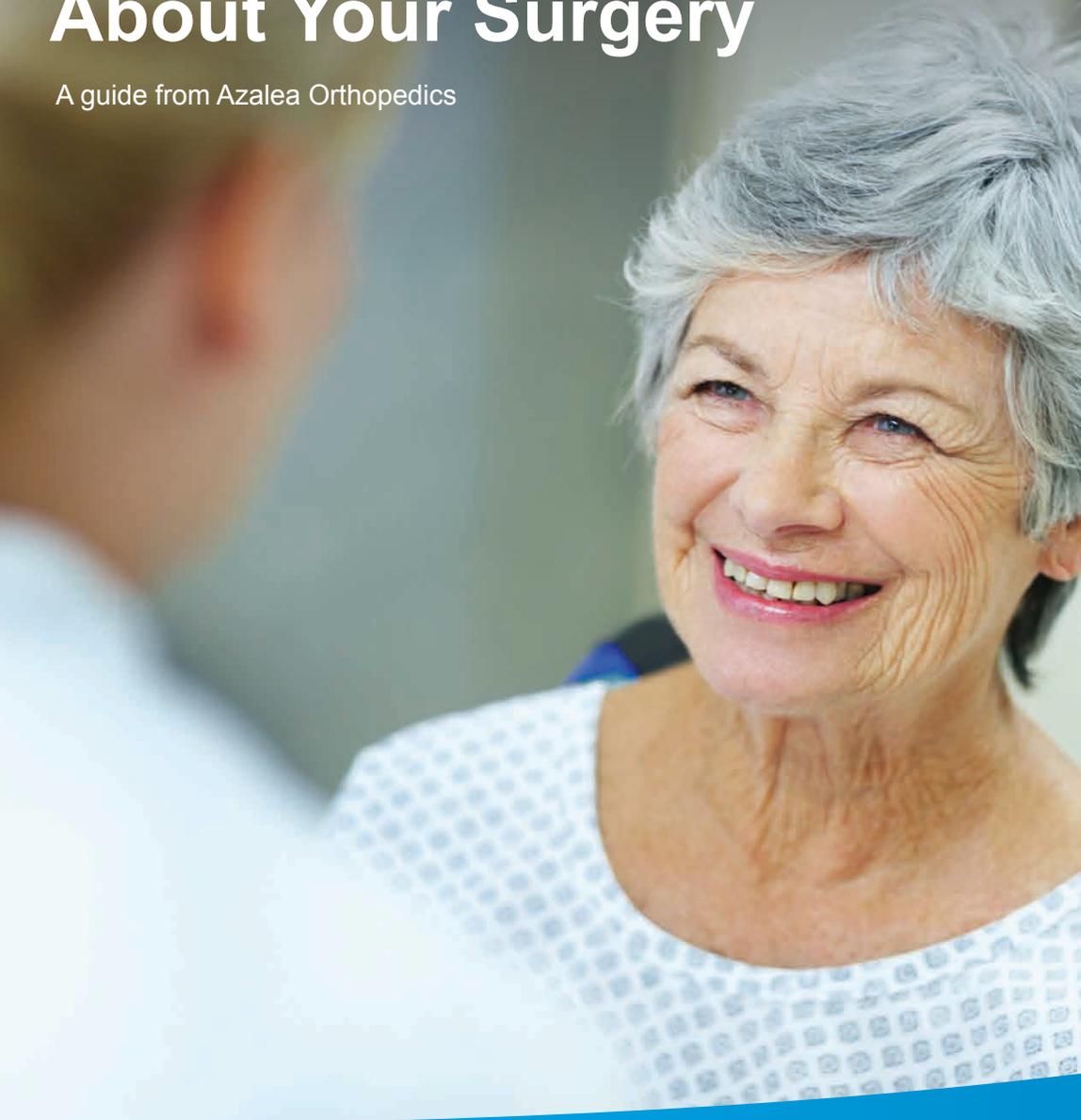


About Your Surgery

A guide from Azalea Orthopedics



ANTERIOR CERVICAL
DISCECTOMY/FUSION/PLATE

AZALEA
ORTHOPEDICS

ACDF Expectations

ANTERIOR CERVICAL DISCECTOMY/FUSION/PLATE

Your doctor has recommended an Anterior Cervical Discectomy (ACDF) Likely, it is because you suffer from a disc herniation or degeneration in the upper part of the spine known as the cervical area. The Anterior Cervical Discectomy is a procedure that involves surgically entering the front (anterior) of the neck (cervical) and removing a damaged cervical disc (discectomy). Implants of bone and/or metal are put in a place of the damaged disc and act to fuse the two vertebrae together.

This is a brief overview of the procedure and is not intended to include complete information about your condition or the surgery. Your surgeon will discuss any recommended surgery with you in more detail. You are ENCOURAGED to ask your surgeon and his team any questions you may have.

Surgery may be recommended for patients experiencing symptoms including but not limited to

- Pain in the neck, shoulder, shoulder blade and arm/hand.
- Numbness and weakness in arm(s) caused by pressure on a nerve.
- Unsteadiness or weakness while walking.

Treatment performed prior to surgery (any or all of the following)

- Medications (pain pills, muscle relaxants, anti-inflammatory medications).
- Physical therapy, acupuncture, etc.
- Epidural blocks to the cervical area.

Tests that may ordered prior to the operation (any or all)

- MRI of the neck: a magnetic resonance imaging scan is also called an MRI. An MRI uses magnetic fields and radio waves to take pictures of the inside of your body. This test helps physicians see normal and abnormal areas.
- Myelogram and CT of the neck: A procedure to examine the spinal canal with a contrast media dye. A CT myelography uses a special x-ray machine with a computer, called a CT scan, which takes pictures of the body in slices.

- EMG/NCS of the arms: An EMG is used to test how well your muscles and nerves are working. It may be used to help determine if you have a muscle and nerve problem disease.
- Medical Clearance: Most surgeons require patients to undergo a medical evaluation and clearance prior to the surgery as well as pre-admission testing. The tests are done to evaluate your health before surgery.

Technique of surgery:

- You may have a needle placed in your vein to receive fluids and medicine. A tube may be placed to help you breathe. Occasionally a catheter is placed in your bladder.
- An incision is made in the front of your neck.
- The spine is reached by retracting the windpipe (trachea), feeding tube (esophagus), and vessels (carotid artery and jugular vein).
- Removal of one or more discs and bone spurs (arthritis) that are causing pressure on the spinal cord and nerves in the neck.
- A metal plate may be inserted in your neck to help support the bone while it is healing .
- The incision is closed.
- A neck brace may be worn for several weeks after the operation (that decision will be made by your surgeon).

Risks of operation (including, but not limited to)

- Infection. You will be given antibiotics during the operation and for 24 hours after the operation, but infection remains a risk, even with the antibiotics.
- Hoarseness - about 5%, with 4% resolving spontaneously.
- Difficulty swallowing, usually resolves a few days after surgery, but may be persistent.
- The operation may be performed at different or additional levels of the spine due to disease at those levels or unusual configurations of the spine.
- Weakness and/or numbness of the arm(s).
- Paralysis of the arms and/or legs or problems with bladder control (rare: <1:10,000).
- Failure of the fusion (bone) to heal: you must quit smoking for at least 3 weeks before the operation. Patches or nicotine gum cannot be used.
- Failure to obtain preoperative relief of symptoms.
- Anesthetic risks to include heart attack, pneumonia, stroke, pseudoarthrosis and death. Your surgeon will discuss these with you.

Expectations following surgery (including but limited to)

- Medications will be ordered for pain relief and for muscle relaxation.
- You will be asked to walk on the day of your operation.
- You will have a drain in place for at least the first 24 hours.



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