

Dhruv B. Pateder, MD, FAAOS TOWN CENTER ORTHOPEDIC ASSOCIATES
Anterior Cervical Discectomy & Fusion (ACDF)



Recovery from this surgery is generally very quick. Most patients who have this surgery either go home the same day or the morning after surgery. Here are some of the common issues and concerns that arise with most cases.

- Discomfort in the posterior aspect of the neck (back of the neck) is normal and is experienced by up to 50% of patients. What causes this pain? The disc and the surrounding ligaments where surgery is performed has collapsed after years of degenerative changes. Surgery restores the disc height and the previously contracted posterior ligaments to their natural height. The “stretching” of these structures is the main reason for this pain. It generally lasts for several hours to days. In patients who do experience this pain, it is generally very tolerable and most do not require medications after a few days.
- Most patients develop some degree of dysphagia- swallowing difficulty after surgery. This is completely normal. Why does this happen? It is secondary to intubation (insertion of the “breathing tube”) and esophageal retraction during surgery. The coordinated motion of the esophagus can be altered after retraction. This can temporarily hinder the esophagus’s ability to propel food to the stomach. Clinically, this can feel like food is “getting caught”. This sensation typically resolves within a few hours to a few days. For multilevel surgery (fusion of 3 or more discs), this can last for several weeks while gradually improving in time. If you are having trouble swallowing larger pills, try taking them with apple sauce, yogurt, or any other thicker semi-liquid/suspension.

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- You will be given a soft cervical collar after your surgery. In the majority of cases, patients do NOT have to wear the collar unless they like to wear it and find it to be helpful. If Dr. Pateder wants you to wear the collar after surgery, he or his physician assistant will specifically address it after surgery.
- With the use of modern instrumentation, neck motion immediately after surgery is encouraged. We generally recommend that you slowly increase neck motion in all planes (looking up, looking down, side to side motion and rotation) so that you can do all your activities of daily living within a few days. We will demonstrate the specific motion before and after your surgery while you are in the hospital.
- Incision care for this surgery is generally very easy. There are 2 layers of dressing. The outermost layer is a waterproof dressing that is removed on the second day after surgery. Under that dressing is a Steri-Strip which is directly on the incision. The Steri-Strip is also waterproof and can be washed with soap and water. The Steri-Strip will fall off by itself in 10 days.
- You may start showering the day after surgery; however, no soaking the wound for at least 2 weeks. This means no swimming pools, hot tubs, lakes, etc. for at least 2 weeks after surgery or until the incision is completely healed/sealed.
- If the Steri-Strip has not fallen off 10 days after surgery, you may remove it.
- Outpatient physical therapy is started, if one needs it, after you are seen at the 2 week postoperative visit. A prescription will be provided at that time