

Michigan Orthopedic Specialists
Dr. Nilesh Patel MD

Surgery Date : _____

Apx Time: They will call you the night before with arrival time

Review and share all of the enclosed information regarding your diagnosis and surgical procedure with your family members who will be caring for you.

You must **STOP** smoking for 2 weeks before and 6 months after a fusion

Your surgery location:

- o Surgeons Choice Medical Center - Southfield (248-423-5117)
- o Surgical Institute of Michigan- Westland (734-729-7960)
- o Beaumont- Dearborn (313-593-7411)

Pre-Procedure Instructions:

Cervical ** STOP taking medications below prior to surgery - see below

- **Stop 5 days prior**
 - o NSAIDS (aleve, advil, motrin, naproxen, Mobic, Celebrex, voltaren)
 - o Blood Thinners (Coumadin, Plavix, aspirin, pradaxa)
- Lovenox stop 12 hours prior to surgery
- Eliquis and Xarelto stop 48 hours prior to surgery

Lumbar ** STOP taking medications below prior to surgery - see below

- **Stop 5 days prior**
 - o Blood Thinners (Coumadin, Plavix, pradaxa) * ASA 325mg switch to ASA 81mg
 - o Lovenox stop 12 hours prior to surgery
 - o Eliquis and Xarelto stop 48 hours prior to surgery
- NSAIDS are ok to take up to the day of surgery as well as a baby aspirin 81mg

** DO NOT smoke, drink, eat from midnight, of the night before surgery (unless directed otherwise by anesthesia) this include cigarettes, water, gum, candy, and coffee

-Continue to take all blood pressure and diabetic medication BUT ask anesthesia for specific instruction for medication to take the morning of surgery.

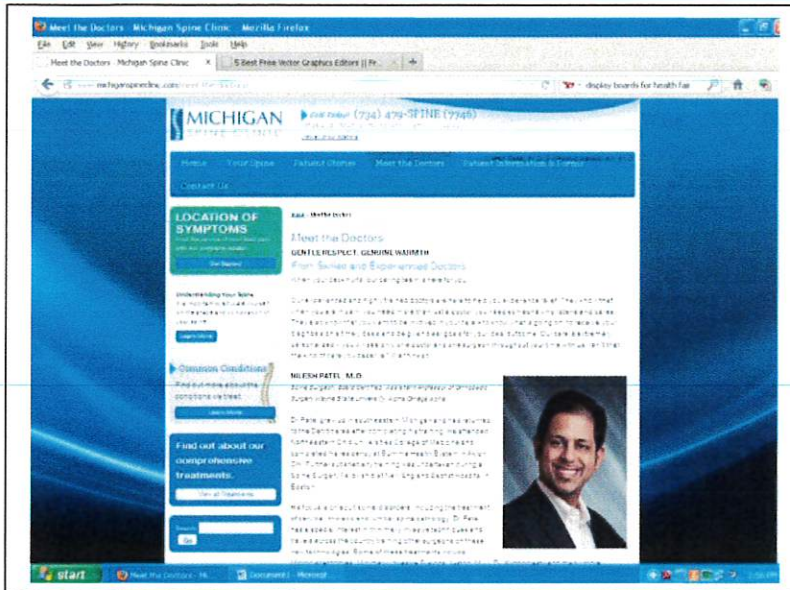
After Surgery:

**Pain medication will be prescribed to you for a Maximum of 8 weeks after surgery. Anything longer will need to be provided by your family doctor or pain management. If refills are need in the first 8 weeks contact out office, a 5 day notice is needed for all prescriptions and no prescriptions are called in out managed on weekends or after 12 noon on Fridays.

**DR. PATEL'S
DR. RAMAKRISHAN
WEBSITE**

Please take a few moments to visit Dr. Patel's website www.michiganspineclinic.com

Here, you will find easy to understand explanations, illustrations and videos about your specific condition and The available surgical, and non-surgical treatment options.



As always, if you have questions about your care, do not hesitate to contact the Dearborn Office at 313-277-6700.

Your Team Of Healthcare Providers:

Dr. Patel

Brian Vosko PA-C

Amanda F RMA

Emily MA

Dr. Patel office Contact Information :

Emily Phone: 313-277-6700 ext 317

Email: Emily.miller@miortho.com

TEXT ONLY LINE ACTIVE FOR 3 MONTHS AFTER SURGERY 313-774-2274

- Surgical Procedures
 - ➔ Cervical/Neck Surgery
 - Anterior Cervical Discectomy and Fusion (ACDF)
 - Cervical Corpectomy and Fusion
 - Cervical Laminectomy and Fusion
 - Posterior Cervical Foraminotomy (Laminotomy)
 - Cervical Arthroplasty
 - Corpectomy
 - Lumbar and Thoracic Surgery
 - Anterior Lumbar Interbody Fusion (ALIF)
 - Foraminotomy
 - Kyphoplasty (Thoracic and Lumbar Spine)
 - Laminectomy
 - Lateral Interbody Fusion (DLIF or XLIF)
 - Microdiscectomy
 - Minimally Invasive Instrumentation
 - Minimally Invasive Lumbar Fusion (Percutaneous Fusion)
 - Sacroiliac Fusion
 - Scoliosis Surgery
 - Transforaminal Lumbar Interbody Fusion (TLIF)



Post –Op Cervical Fusion/Disc Replacement, What to Expect and Instructions Dr. Nilesh Patel and Dr. R. Ramakrishnan

You have recently undergone a spinal fusion or disc replacement on your neck with Me and my team. It is normal to feel anxious about the next few months. I will walk you through the recovery process and follow you in the office for at least 6 months- 1 year.

Symptoms:

- **Arm pain** typically improves over the first 2-3 months with a plateau at 6 months. It is normal to have fluctuations in pain in the first 3 months.
- **Neck pain** can continue to improve up to 1 year post op.
- **Arm Numbness, tingling and weakness** can take up to one year to improve (nerves regrow at 1 mm /day); whatever is not improved at 1 year is likely to stay.
- **Balance and Coordination: can improve up to 1 year after surgery**
- **Swallowing: after anterior surgery most patient will have difficulty swallowing for the first few weeks, this normally improves within the first 6 weeks. Initially eat soft foods and cool liquids. Thickened liquids like pudding and jello are helpful**

Avoid Smoking: Smoking decreases the fusion rate by 300% and

Incision:

Anterior Surgery: (front of neck)

May remove bandages after 48 hrs. unless you are having any drainage then you keep covered until your post op appointment.

- You may take a shower with incision uncovered

Posterior Surgery: (back of neck)

- Keep covered until your first post op visit.
- It is normal for back of neck incision to drain for up to 7 days
- You may soak in a pool or hot-tub when the wound is completely healed and looks like a thin line (approx. 21 days)

Brace:

- **Soft Collar:** usually used for comfort. May take off as needed, helpful to keep on at night. Think of the brace as a tool to help you maintain good posture. In the future (after you are fully fused) use it when doing any heavy lifting.
- **Hard Collar:** use at all times except in seated shower

Immediate Recovery:

- ACDF /disc replacement (Anterior neck surgery) one or two level surgery if typically outpatient (minimal 8 hour stay): Performed in Surgery Centers or outpatient hospital
- Posterior cervical fusion (back of neck) is typically 1-2 nights in the hospital.

Extended Recovery:

- Typical healing time from a 1-3 level cervical fusion is 6 months to 1 year. It takes a **minimum of 6 months** to heal a fusion but can take up to 2 years to fully consolidate the bone (slower healing in diabetics and smokers)
- Healing time for a disc replacement is 6 months for the metal endplates to stabilize.
- Muscle and soft tissue healing time is 3 months. We will take x-rays at most office visits to evaluate your progress and monitor the hardware (screws, cages, etc)

Activity: For the first 6 weeks you will be encouraged to use good posture and avoid excessive awkward neck motion or overhead lifting. Typical restrictions are no lifting greater than 20 lbs for the first 6 weeks with a gradual increase in lifting restrictions until the fusion is felt to be healed (6 months - 1 year). You can drive when you are off your narcotic pain medications and you feel like you can turn your neck comfortably. Most light activities ie: going to restaurants, movies, grocery store can begin immediately.

Exercise: isometric hand pushes and side to side rotation can start after the first 48 hours. (see handout attached) Walk as much as possible. OK for aerobic non-impact exercise (stationary bike and elliptical)

Nutrition: Good nutrition is important: A balanced diet with adequate protein helps the healing process. Take at least 3,000 units of Vitamin D per day, and at least 1,000 of Calcium daily after surgery for the first 3 months. Use stool softeners (Colace, peri-colace) when on pain medications to avoid constipation.

Pain Control: Narcotic pain meds Will be prescribed by Dr. Patel for the first 3-4 months typically. In general we want you to try and take as little as possible and try to spread the time between doses over time. **Ice** and using the brace can help with pain. After the first 3-4 months your PCP or a pain doctor will take over prescriptions if needed.

You may have a sore throat; you can try Chloraseptic spray (or generic) as well as throat Cepacol lozenges.

Other Medications:

- No Anti-inflammatory for first 3 months unless approved by Dr. Patel (Motrin, Advil, Aleve, Naproxen, Celebrex, Mobic, etc)
- Resume all home meds and blood thinners after discharge from hospital (Aspirin, Plavix, Coumadin etc)

Long Term: Once the fusion has healed you shouldn't have any new problems at that specific level itself. There is a chance you can have issues at other levels in your spine above or below your fusion.

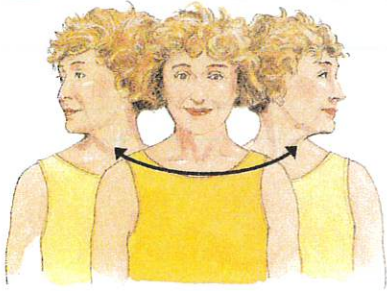
After you have been discharged from follow up, please always feel free to call me or follow up for any new issues you are having with your neck/back

Thank you for entrusting me with your care

POST OP CERVICAL Spine Surgery

Rotation

Rotating your head helps increase motion. Sitting down, slowly turn your head from left to right. Turn as far as comfortable and try to increase as flexibility increases.



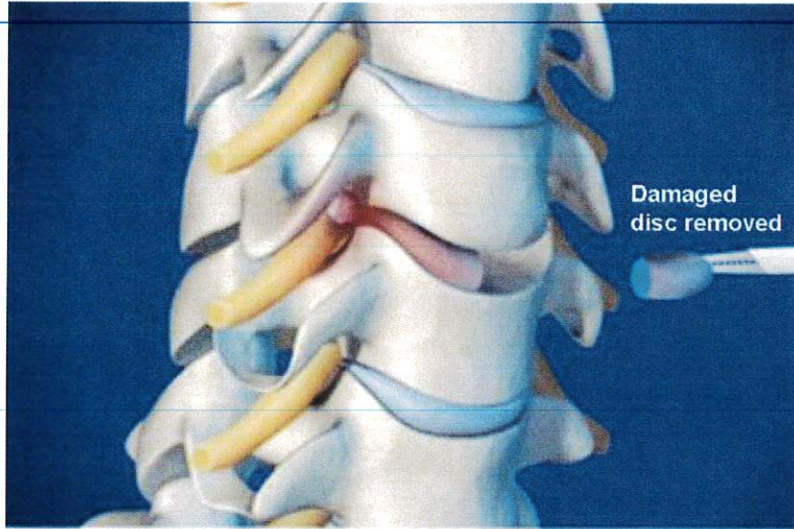
Resisting Side-to-Side Movement

Resisting side-to-side movement helps strengthen your neck. Press your hand against one side of your head and resist the movement for 10 seconds. Repeat on the other side.

**AVOID A LOT OF DOWNWARD LOOKING, AVOID FALLING ASLEEP
WITH NECK DOWN/FLEXED**

Updated: 7/21/2020 by Patel

(ACDF) Anterior Cervical Discectomy and Fusion



Overview

This surgery removes a herniated or diseased disc and relieves neck and radiating arm pain caused by parts of the disc pressing on nerve roots.

Incision Created

The surgeon performs this procedure through an incision on the front of the neck.

Disc Removed

First, the surgeon removes the diseased or damaged disc. Removing the disc relieves pressure on pinched nerve roots, alleviating pain.

Spacer Inserted

Next, the space above and below the removed disc is cleared and prepared for a vertebral spacer. A bone graft material is inserted into the spacer, and the implant is placed between the vertebrae.

Metal Plate Attached

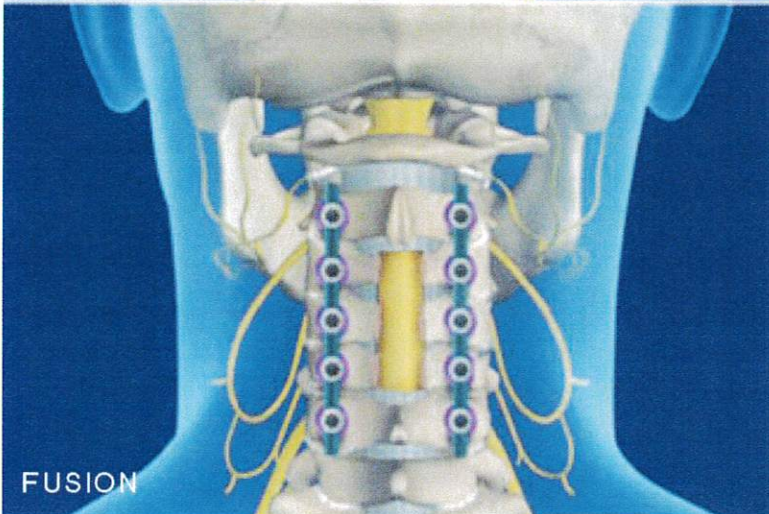
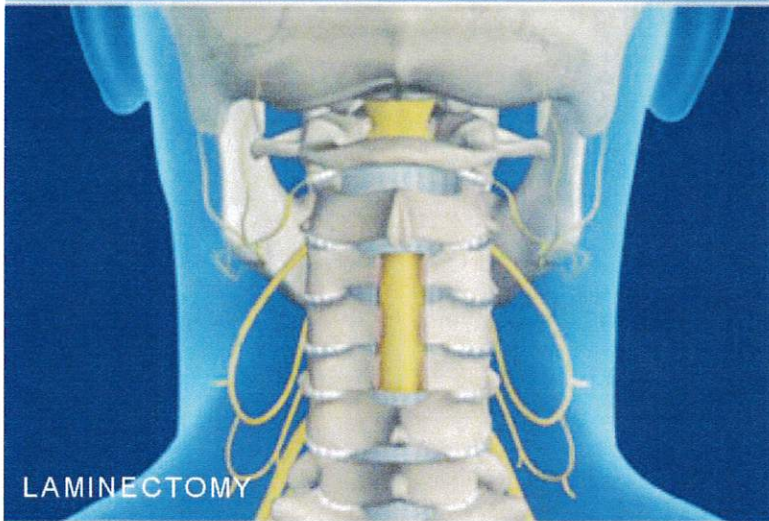
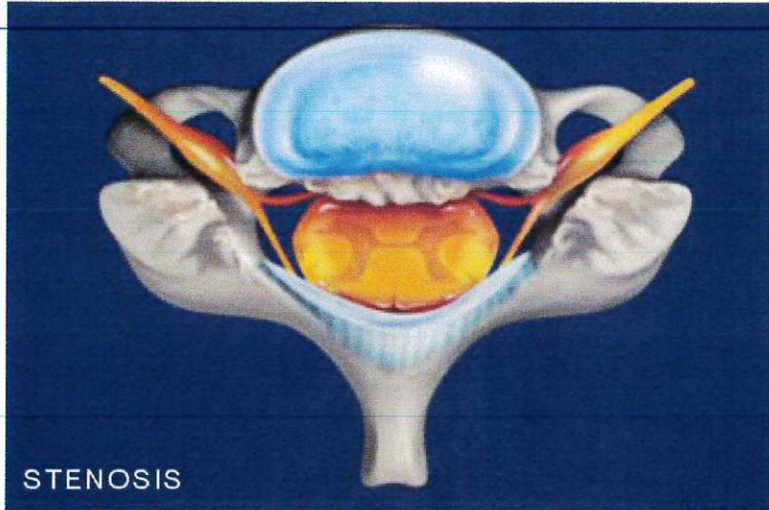
The surgeon may then screw a small metal plate over the area to hold the bones in place while the vertebrae heal.

End of Procedure

During the healing process, the vertebral bone above and below the spacer will knit together to form a new bone mass called a fusion.



Posterior Cervical Laminectomy and Fusion



Overview: This procedure removes a section of bone from the rear of one or more vertebrae to relieve the painful and disabling pressure of stenosis. The spine is then stabilized with rods and screws.

Preparation : The patient is positioned to give the surgeon access to the back of the neck. The surgeon creates a incision to expose the vertebrae.

Removing the lamina (Laminectomy)
The surgeon uses a special instruments to cut a rectangular trough of bone from the lamina. The surgeon carefully removes the bone therefor opening up the spinal canal and relieving pressure from the spinal cord and nerve roots.

Clearing Bone Spurs : The surgeon inspects the spinal canal and foramen - Any bone spurs behind the spinal cord and nerve roots are cleared away.

Fusing the Vertebrae : Once all problem areas have been corrected, the surgeon creates a fusion to stabilize the cervical spine. The surgeon places screws in the vertebrae. Rods are placed through the screws in the vertebrae, locking the spine in a natural position. Bone graft may be placed in the facet joints to promote the growth of bone that will complete the fusion. The graft is obtained from the lamina that was already removed and is ground into small pieces and mixed with some allograft (bone bank bone)

End of Procedure : After the spine is stabilized, the incision is closed. Drains may be inserted in the wound to prevent fluid buildup. The patient may require a cervical collar for 6 weeks.

