

ATLANTIC SPINE SPECIALISTS

CERVICAL AND LUMBAR DISORDERS · SPINAL TRAUMA · LOW BACK PAIN · SPINAL TUMORS · SCOLIOSIS · MICROSURGERY

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POST-OPERATIVE INSTRUCTIONS FOR CERVICAL DISCECTOMY

**PLEASE FOLLOW ONLY THESE POST-OPERATIVE INSTRUCTIONS.
DO NOT FOLLOW OTHER RECOMMENDATIONS YOU MAY RECEIVE.**

Wound Care

- Remove outer dressing over cervical wound 48 hours after surgery and leave wound uncovered and exposed to the air. Underneath this outer dressing may or may not be steri-strips (small pieces of tape) these will fall off and should not be pulled off. If you perspire a lot, you should keep the wound covered with a single gauze dressing changed twice daily for one week.
- 72 hours after surgery you may take a shower and get the surgical wound wet. **Try not to soak the wound with the shower head.** Try and take quick showers. You may not go in a bathtub, pool, Jacuzzi or any body of water until the wound is well healed. Do not soap or scrub the wound. Gently pat the wound dry after the shower. The steri-strips will frequently fall off within 1 – 2 weeks of surgery. Sutures closing the wound are placed under the surface of the skin and will dissolve on their own. You can remove the collar during your shower, be careful not to move your neck very much.
- Do not put any creams or lotions on your wound unless otherwise directed by your physician.
- **If your incision becomes red or oozes, you should call the office immediately. If your temperature goes over 101 you should immediately contact the office.**

Medications

- You may be given medication(s) to take after you leave the hospital:

- 1) A pain pill which you can take as you need it.

Be aware that **pain medication can cause constipation.** You should use a stool softener or laxative for 1 – 2 weeks after surgery or at least until you feel you are having normal bowel movements. Do not underestimate how significant this can become. You can use Senokot, Milk of Magnesia (MOM), Miralax or Citrate of Magnesium. Both can be found at your local pharmacy. You should follow the directions on the bottle.

- 2) A steroid for 4 days to minimize swelling and scarring. This medication should be started on your first full day at home after surgery.

Activity Restriction

- Avoid bending or twisting your neck. You should wear the cervical collar that you will receive from the hospital for 3 days. The collar does not completely restrict your neck movement. You should consciously try to avoid neck bending or twisting. You should wear the collar while sleeping for the first three days.
- You may ride in the car as a passenger. You may drive when you feel comfortable.

What To Expect After Surgery

- The majority of all patients will experience significant reduction of their arm pain shortly after surgery depending on the duration of the symptoms before surgery, the amount of nerve inflammation and the extent of the nerve compression. It is also not uncommon in the first several weeks after surgery for the nerve to remain intermittently irritated when you start to walk with long strides.
- You may have a sore throat or some mild trouble swallowing. This is normal and will go away.

Wound Drainage

It is not uncommon for surgical wounds to have some scant drainage. If this occurs, you should do your best to keep the wound clean and dry. We recommend you wipe the wound with Iodine or Betadine and cover it with a loose gauze bandage 3 times a day. Iodine and Betadine are over-the-counter antiseptics you can obtain at a local pharmacy. You should not place any creams on the wound. Even antibiotic creams tend to keep the wound moist and prevent them from drying and scabbing. Iodine or Betadine would be preferable.

Post-Operative Anti-Coagulation

After surgery, anti-coagulation should be avoided. The risk of developing a hematoma if anti-coagulation is started too soon after surgery is quite high. The risk of anti-coagulation needs to be weighed against the benefits of preventing cardiovascular events. In general, we recommend that no oral or injectable anti-coagulation be given to a post-operative patient for 10 days. The risk of developing an epidural hematoma is high. When anti-coagulation is started, it should be done so without a bolus and slowly.

Please contact the office if anybody is recommending that you start the anti-coagulation sooner.

Anti-coagulation medications include:

- Heparin
- Coumadin
- Plavix
- Aspirin
- Fish Oil
- Eliquis

Reasons to Contact the Office

If, post-operatively, you experience any fevers greater than 101 degrees, pounding headaches, excessive wound drainage, increasing pain in the arms or legs, or incontinence of urine or feces (where you can't control your urine or feces), you should contact the office immediately.

If you should have any questions, please feel free to contact the office.