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Cervical Post-operative Instructions

ACTIVITY RESTRICTIONS

- Most patients who have a “desk job” return to work approximately 1-2 weeks after surgery. However, you may return to work sooner if you feel comfortable enough (physically and mentally) and you do not require the use of narcotic medications while at work. Some patients have returned to work as early as 1-2 days after, while others have taken longer than 4 weeks.
- NO driving while taking NARCOTIC medications
- No lifting more than 10 pounds unless discussed prior to surgery (as a rule, do not lift anything that will cause you to “strain” your neck or is “too heavy”). Specifics about lifting will be discussed and demonstrated in physical therapy after surgery.
- It is NOT necessary to wear a cervical collar unless you have been instructed to do so OR you prefer wearing it for comfort
- You are encouraged to walk on flat, non-slippery surfaces as much as you feel comfortable. You may ride an upright stationary bicycle or walk on a treadmill as soon as you feel comfortable. You are encouraged to “move” your neck for activities of daily living. However, please do not perform any excessive motion exercises until you have been instructed to do so by Dr. Upadhyay or your physical therapist
- DO NOT SMOKE as this may significantly decrease your chances of healing/ fusion (mending of the bones together)
- ALWAYS be mindful of good body mechanics as discussed with your physical therapist or Dr. Upadhyay before hospital discharge

PAIN MANAGEMENT

- Post-operative pain is to be expected and will vary depending on several factors: the type of surgery, prior use of narcotic pain medications, and personal tolerance of pain. Your post-operative pain management will be discussed individually before discharge.
- After cervical spine surgery the nerve root may remain inflamed for several days to weeks. This is because the nerve root was being compressed for an extended period and needs to “cool down” (decreased inflammation). You may be placed on a short course of steroids to help reduce this inflammation.

- It is normal to have some spasms and aching pain in the back of the neck and shoulders area following Surgery. This occurs because the spacer (or bone graft) which is replacing the degenerative disc is restoring the normal intervertebral height (disc height) and stretching the surrounding structures which were previously contracted. A similar example is the pain you would experience if someone grabbed and pulled the skin of your arm; however, as time passes, your body adapts to this pulling force, and you will not have pain anymore. Similarly, your body will adapt over time to this restored disc height.
- Do NOT take any anti-inflammatory pain medication (also none as NSAIDs/nonsteroidal anti-inflammatory drugs) for the first three months following surgery, as they may inhibit your body's efforts to fuse (mend the bones together). The medications include (but are not limited to): Motrin/Ibuprofen/Advil, Aleve/ Naprosyn, Excedrin, Lodine, Relafen, Celebrex, Daypro, Vioxx, Aspirin, etc. The exceptions to this rule are IF we place you on these medications after surgery or if your internal medicine/family physician feels that you should be on Aspirin for cardiac issues or NSAIDs for other medical issues.
- It is normal to have some difficulty swallowing after having spine surgery performed from the front of the neck (anterior cervical discectomy and fusion). For most patients, this problem resolves in several days and they can return to a regular diet. For a smaller percentage of patients, this problem improves gradually over a matter of one to several weeks (it generally takes a longer time to return to "normal swallowing" as we get older). This is one of the most common issues after anterior neck surgery and is due to the swelling around the esophagus (the tube that connects the mouth to the stomach) which must be moved out of the way (as it sits on top of the spine) in order to reach the bone and discs of the spine during surgery.
- The following medications are prescribed for most patients unless there is a contraindication: Narcotics (Percocet, Vicodin, Dilaudid, etc.) 2. Muscle relaxers (Robaxin, Flexeril, etc.) 3. Steroids (Medrol Dose Pack)
- Medications will only be refilled during office hours. Please be aware of how many pills you have left so that you will not run out when the office is closed.

INCISION CARE (Part1)

- Unless otherwise stated, your incision(s) have been sutured from the inside with material that dissolves. Thus, there are no sutures or staples that need to be removed later. Overlying the incision are Steristrips which are similar to the old "butterfly" Band-Aids. They provide extra support and will curl up and fall off by themselves (usually in 1-3 weeks). If a Steristrip is starting to come off and you can see that the incision under that strip is healed, you may go ahead and pull off that Steristrip.

INCISION CARE (Part2)

- You will be sent home with a dressing over the Steristrips. You may remove the outer dressing 48 hours after surgery. Thereafter, you may shower and wash the Steristrips with soap and water. Gently dry the Steristrips until they start to peel off as described above. Do NOT soak the incision

by taking baths or sitting in a pool/hot tub until the incision is completely healed and the Steristrips have fallen off (Generally 2-3 weeks).

- Healing tissue that will exist along your incision does not contain the pigment melanin that normally protects the skin against the sun. For cosmetic reasons, it helps to protect the incision from the sun by using sunblock with at least SPF 30 or higher for 6 to 12 months.

CALL

- Dr. Upadhyay office 475 33 SPINE (7463) opt 3 if it is after business hours/weekends a call can be put into our answering service or you would need to go to emergency room Dept IMMEDIATELY if any of the following occur:
- Fever (>101.5 degrees Fahrenheit), chills or sweats that occur beyond 2-3 days after surgery. It is NOT unusual to have a low-grade fever (100.5 degrees Fahrenheit) for 2-3 days after surgery
- Redness or swelling or warmth around the incision(s), NON-clear drainage from the incision, or increased pain in or around the incision
- Any neurological change in the arms or legs such as new weakness or increased pain/tingling/numbness
- Bowel or bladder incontinence that is new
- Persistent or increased difficulty swallowing or speaking
- Severe headaches that are different in nature to prior headaches and ones that are worsened with standing and better with lying down
- Abdominal bloating associated with persistent nausea and vomiting (often these symptoms will be accompanied with constipation or inability to have a bowel movement)
- Calf swelling, redness, pain or warmth as this can be a sign of a deep venous thrombosis (also known as a "blood clot")
- Chest pain, difficulty breathing or cough

FOLLOW-UP APPOINTMENT

- The first post-operative appointment is 2-3 weeks after surgery with Dr. Upadhyay. If you did not make the first follow-up appointment when you signed up for surgery, please call Dr. Upadhyay'S office, to make the appointment after discharge from the hospital **Ph# 475 33 SPINE (7463) opt 1.**