



Anterior Cervical Fusion (neck) and Posterior Lumbar Interbody Fusion (back) Surgery Information Sheet

Anterior Cervical Fusion – the surgeon makes a small incision in the front of your neck. All or a portion of the disk is removed. A bone graft is inserted to plug the opening. A metal plate may be used to keep the vertebrae stable. As you heal, the graft and vertebrae grow together.

Posterior Lumbar Interbody Fusion – the surgeon makes an incision of the lumbar or low back area. Small pieces of bone may be placed between vertebrae. Bones and bone grafts grow into one unit. This stabilizes the vertebrae at that point of the spine. Sometimes wires, rods, screws or plates are also used for additional stabilization.

Diet

- After surgery you will be offered ice chips and/or clear liquids. You will then advance to full liquids and your usual diet.

Medication

- Initially, pain medication will be administered intramuscular or intravenous. These will be discontinued and oral medication will be started prior to discharge.
- Resume your medication as taken prior to surgery unless otherwise instructed before discharge.

Activities and restrictions

- You need to check with your surgeon before returning to work or resuming heavy housework such as vacuuming, laundry, or lifting heavy bags of groceries.
- Avoid prolonged periods of sitting or standing.
- Avoid bending over from the waist. Bend slowly at the knees if necessary.
- When getting in and out of resting position, do so by getting up and down from the side lying position. You will receive instructions about this at the hospital.
- After the ACF surgery, you must not flex, extend or rotate your neck in any activities.
- Continue to walk and exercise. Gradually increase your activity. Plan for rest periods to avoid fatigue.
- No driving until your surgeon allows you to.

- You may resume sexual activity when you feel comfortable.

Wound Care

- After the ACF surgery, you may be instructed to wear a cervical collar.
- After the PLIF surgery, you will be using an orthosis (brace). Instructions will be given regarding proper applications and use. Continue to wear your orthosis unless otherwise instructed by your doctor. Plan to wear it for approximately 6-12 weeks.
- Keep your incisions clean and dry. You will receive instructions on wound care and when to resume showering/bathing. If small pieces of tape are directly over the incision, do not remove them.
- You may be required to wear white ted stockings. Continue to wear them until your doctor tells you they are no longer necessary.
- You may have a drainage tube at the incision site. This is generally removed prior to discharge.
- You may have a urinary catheter to drain your bladder.
- You may have an incentive spirometer to use while awake to exercise your lungs and help prevent postop complications.

Reasons to contact your physician

- Swelling, redness or foul odor from your incision
- A fever over 101 degrees
- Leg swelling, calf tenderness or increased pain
- Chest pain, shortness of breath, or any respiratory problems such as unusual sputu
- Any other questions, concerns or problems such as discomfort not controlled with medication or difficulty sleeping