

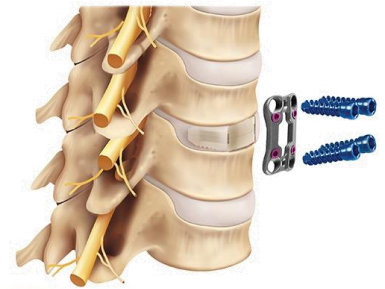


Operation Information

Anterior Cervical Discectomy and Fusion (Cage + Plate)

Introduction

Anterior cervical discectomy and fusion is a surgical procedure used to treat neck problems such as bulging, herniated disc, degenerative disc disease and spinal instability, etc. Discectomy is the removal of the disc and any fragments between the vertebrae. After the disc is removed, the space is filled with a bone graft, the goal is to help the bones fuse together into one solid bone. This is known as fusion. In order to provide stability during fusion, the doctor may reinforce the bone graft with a metal plate screwed into the vertebrae (cage and plate).



Bone grafts are made from your own bone cells from the ilium (autograft), a donor (allograft), titanium metal, man-made plastic, ceramic or bioresorbable compounds (bone graft substitute). The doctor will explain the risks and benefits of different types of bone graft materials to the patient before the operation.

Source:
<https://www.globusmedical.com/wp-content/uploads/2019/05/ACDF-spacer-with-cervical-plate-and-screws-1.jpg>

Outcomes

The expected outcomes of this operation are to treat for symptoms due to cervical spondylosis aims to relieve pain or numbness and prevent further permanent damage to your nerves.

Procedures

1. The operation is performed under general anaesthesia.
2. You lie in a supine position.
3. If an autograft is used, the iliac area is also prepped to obtain a graft.
4. An incision is made above the collar bone at the front of the neck.
5. Instruments are used to separate and hold the neck muscles and soft tissues apart so that the doctor can work on it.
6. An X-ray is taken to identify the correct disc.
7. The damaged disc and fragments that are pressing on the spinal nerves are removed.
8. An incision is made over the crest of the ilium, a section of bone graft is obtained from the upper most of the pelvis (for autograft only).
9. The bone graft is then shaped and placed into the space between the vertebrae.
10. A metal plate is fixed into the vertebrae to reinforce the bone graft (optional).
11. A drainage tube may be placed in the wound. The skin is stitched.

Possible Risks and Complications

1. Wound infection
2. Nerve damage
3. Vertebrae fail to fuse
4. Bone graft migration
5. Implants (e.g. screw, plate, cage) failure, fracture, loosening, subsidence or displacement
6. Persistent pain

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. Good hygiene can prevent surgical wound infection. Therefore, we advise you to clean up yourself on the day of the operation.
2. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
3. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia. Please inform the doctor if you are taking medications that affect blood coagulation, such as Aspirin, Plavix, Warfarin, Xarelto or Pradaxa, nonsteroidal anti-inflammatory drugs (NSAIDs) such as Ibuprofen, Naproxen and Chinese medicine.
4. No food or drink six hours before the operation.
5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
6. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
 - feel dizzy after general anaesthesia. Please call for nurse assistance when getting out of bed to prevent a fall accident.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You should avoid bending the head forward or backwards. You may need to wear a neck collar for short term protection.
4. You may need help with daily activities such as mobilisation and bathing.
5. The hospital stay is typically for 1 – 2 days which may vary with the health condition of the patient.

Wound Care

1. The wound will be covered with a sterile dressing which must be kept clean and dry.
2. You may take a shower after the operation but must ensure that the dressing is waterproof and remains clean and dry.
3. The stitches or staples will be removed at an out-patient clinic during subsequent a follow-up visit (if any).

Diet

1. A normal diet may be resumed as instructed after recovery from anaesthesia.
2. Make sure there is no difficulty in swallowing when resuming a normal diet.

Advice on Discharge

1. Medication for pain relief may be taken as needed.
2. Recovery time for the wound generally takes 4 – 6 weeks. Recovery of neurological symptoms started before surgery varies, depending on the cause and severity of the symptoms.
3. You should avoid bending your head forward or backward or turning your neck excessively.
4. Heavy lifting, straining or strenuous exercise should be avoided for at least two to four weeks.
5. You may gradually return to normal activities. You should avoid sitting for long periods of time, walking is encouraged especially for those who had a bone graft taken from the hip.
6. You may wear a neck collar for protection when in the crowd. Please follow your doctor’s instructions.
7. Immediately consult your doctor or return to the hospital for professional attention in the event of severe wound pain associated with redness and swelling, secretion of pus, massive bleeding, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms etc.
8. Any follow-up consultations should be attended as scheduled.

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification