

Home Care After Cervical Spinal Fusion (Anterior and Posterior)

Surgery Date: _____
Doctor: _____

This handout explains how to care for yourself at home after cervical spine surgery. Follow these instructions as you heal.

Collar Care

Hard Collar

If you have a hard collar, wear as directed. Wear it while sleeping and showering.

You may shower after 5 days with the hard collar on. Follow the steps you were shown to remove and change the collar pads. After your shower, remove the collar. Put on clean, dry pads. Cover the incision with a clean dressing if needed. Then put the collar back on.

Most people do not need a hard collar after surgery. Your surgeon will decide during surgery if you need one.

At your first clinic visit, your care team will tell you when you can stop wearing the collar or change how often you wear it.

Soft Collar

If you have a soft collar, wear it for comfort as needed during the first 2 weeks. Wear it when you are:

- Out in public
- Sleeping
- Driving

You do not need to wear the soft collar while bathing.

Anterior Cervical Fusion

Your incision is closed with sutures that dissolve under your skin. Steri-Strips™ are placed over the incision.

The Steri-Strips™ will slowly peel off as they get wet when you shower. You may gently remove them after 14 days. Clinic staff can also help remove them at your 2-week post-op visit.

Posterior Cervical Fusion

Your incision may be closed with staples or sutures. These will be removed at the Spine Clinic in 2-3 weeks. In some cases, sutures that dissolve are used instead.

Keep a clean dressing over the incision for the first 5 days. If there is no drainage after 5 days, you may leave the incision open to air.

Home Care

Activity

Walking is your exercise until your doctor says you can do more. There are no limits on climbing stairs or sitting. Let your comfort guide how long you sit, stand, or climb stairs. Most people need to change positions after sitting for 60 minutes.

Follow these activity restrictions:

- **Do not** play sports other than walking.
- **Avoid** impact aerobics.
- **Do not** lift more than 10 pounds, about the weight of 1 gallon of milk
- **Do not** reach overhead
- Limit repeated or extreme neck movements

Travel

Limit travel you do not need during the first 6 weeks after surgery. Talk with your care team at your pre-op visit if you have travel plans.

Your care team will talk with you about when to stop these limits at your first post-op visit.

Driving

Do not drive while taking narcotic pain medicine. Wait until your reflexes have returned to normal.

When you start driving again, begin with short trips. A collar may make it harder to safely check your blind spots.

Sexual Activity

You may return to sexual activity as pain allows. Follow all other activity limits after surgery.

Sleeping

If you have a hard collar, sleep on your back or side with the collar on for the first 6 weeks.

If you have a soft collar, wear it while sleeping for the first 2 weeks.

When sleeping on your side, you may place cushions behind your back, between your knees, or along the side of your neck for comfort. Make sure your pillow does not push your head forward.

Do not sleep on your stomach. Keep your neck straight and in a neutral position while sleeping.

Compression Stockings

Wear your compression stockings (TEDS) until you are walking at least 3 times each day. The stockings help improve blood flow

and lower your risk of a blood clot.

Remove the stockings 2 times each day for 1 hour. Wear them while sleeping.

Wash the stockings with soap and water and let them air dry.

If you have swelling, put the stockings back on and raise your legs. Call the Spine Clinic to discuss the swelling.

Constipation

Constipation is common after surgery. Surgery, narcotic pain medicine, less activity, and changes in your diet can cause constipation.

See Health Facts for You #4843, Constipation from Opioids (Narcotics).

Smoking and Nicotine

Do not smoke or use nicotine products. This includes cigarettes, gum, patches, pouches, chewing tobacco, and vaping. Also avoid secondhand smoke.

Smoking can slow bone healing. It is best not to smoke for at least 4-6 months after surgery.

Throat and Voice Changes

If you had an anterior cervical fusion, you may have a sore throat or hoarse voice for a few weeks. You may also feel like something is catching in your throat.

These may help:

- Use throat lozenges
- Take smaller bites of food
- Take frequent sips of water
- Eat soft foods

Incision Care

Good incision care can help prevent infection. Wash your hands before caring for

your incision. Keep the incision clean and dry.

If the dressing becomes soaked, remove it. Cover the incision with several layers of clean gauze and tape the edges.

After 5 days, you may leave the incision open to air if there is no drainage. If you have drainage, change the dressing as needed.

After 5 days, check the incision each day. Check for redness, swelling, or drainage. Some redness and swelling are normal. A small amount of clear or slightly blood-tinged drainage is also normal.

Do not wash directly over the incision. Gently wash around it with soap and water.

Let the area air dry.

Do not put creams, lotions, ointments, or alcohol on or near the incision.

Pain

Pain, numbness, tingling, and weakness in your neck or arms are common while you heal. Nerves may take several weeks to heal after surgery. If you have pain at home:

- Put ice on your neck for 15-20 minutes each hour for 4 hours. Do not put ice directly on your skin. Wrap the ice pack or bag of ice in a towel.
- Reduce your activity for 48-72 hours. Slowly do more activity as your pain allows.
- You may use heat after 72 hours. Put a barrier between the heat and your skin. You may use heat alone or switch between heat and ice.
- Try to relax your shoulders. Holding your shoulders tense can make muscle pain worse.

Pain Medicine

Take pain medicine as prescribed by your doctor. For narcotic pain medicine, do not take more than the prescribed dose. Taking more may cause you to run out early. An early refill is not guaranteed.

The Spine Clinic does not prescribe opioids for more than 6 weeks after surgery. If you used opioids before surgery and need to keep taking them, talk with the provider who prescribed them before surgery.

Tylenol® (Acetaminophen)

You may take up to 3,000 milligrams of acetaminophen each day.

Percocet® and Vicodin® also contain acetaminophen. Include this amount when adding up how much acetaminophen you take each day.

If you have liver disease, talk with your doctor before taking acetaminophen.

NSAIDs

Do not take non-steroidal anti-inflammatory drugs (NSAIDs) for 3 months after surgery. These medicines may slow bone healing. NSAIDs include ibuprofen, Motrin®, Advil®, and Aleve®.

Gabapentin

Take gabapentin as prescribed. It can help with nerve pain. **Do not** suddenly stop taking gabapentin. Stopping it suddenly can cause anxiety, trouble sleeping, nausea, diarrhea, shaking, confusion, high blood pressure, and seizures.

Medicine Refills

The Spine Clinic staff will help you manage your pain medicine, pain, and activity. Allow at least 2 full business days for refill requests. Refills are not available after hours or on weekends.

Call the Spine Clinic when you have at least a 2–3 days' worth of pain medicine left. Be ready to give the name, address, and phone number of your pharmacy.

You will need to talk with nursing staff about your current symptoms and how much medicine you are taking.

Return to Work

When you can return to work depends on your recovery and the type of work you do. Talk with your doctor before you return to work.

Follow-Up Visits

If you have staples or sutures that need to be removed, clinic staff will help schedule your first visit about 2 weeks after surgery. For all other patients, the first clinic visit will be about 6 weeks after surgery. Other visits will be scheduled as needed.

When to Call

Call the clinic if you notice:

- Increased pain, swelling, or redness in or around the incision site.
- Sudden increase in pain or pain not relieved by medicine.
- Increased drainage, change in the color of drainage, or any odor from the incision. You will need to describe what the drainage looks like, how it smells, and how much there is.
- A fever above 100.5°F or 38.1°C for 24 hours.
- New weakness that was not present when leaving the hospital or before surgery.
- Difficulty using your hands/fingers.
- A “new” chest pain or “new” problem with breathing.
- Redness, warmth, or tenderness in the back of the calf of your leg(s).
- A headache that is different when sitting or lying.
- Inability to urinate or feeling like you are not urinating fully.
- Loss of bladder or bowel control.

If you have any trouble breathing, cannot swallow, or have any major voice changes, call 911.

Who to Call

If you have questions, please contact your provider through MyChart or call your provider listed in your After Visit Summary or After Hospital Care Plan. For a list of UW Health Clinics, visit

www.uwhealth.org/

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 10/2026 University of Wisconsin Hospitals & Clinics Authority, All Rights Reserved. Produced by the Department of Nursing. HF#4499