

Home Care After Cervical Spinal Fusion (Anterior and Posterior)

Surgery Date: _____
Doctor: _____

This handout will review the care you need to follow once you are home. If you have any questions or concerns, please ask your nurse or doctor. Our staff is here to help you. If you have questions after you are at home, please call the numbers at the end of this handout.

Patients with a Hard Collar

For the first 4-6 weeks, you must always wear the hard collar. You must wear the collar even when you shower and sleep. When you return for your first clinic visit, you will be instructed what the next step is.

Bathing with a Hard Collar

You may shower after 5 days with the hard collar on. To remove and change padding, follow the instructions you were shown at your fitting. When done bathing, remove the collar and place a clean dressing over the incision if needed. Put the hard collar back on with clean and dry pads.

Patients with a Soft Collar

For the first 2 weeks, use the collar for comfort as needed or when out in public, sleeping or driving. The soft collar does not need to be worn during bathing.

All Patients

No sports except for walking or using an exercise bike, if allowed. No impact aerobics. Walking is your form of exercise until your doctor gives you the okay to do more. There are no limits on stair climbing or sitting. Use your comfort level as a guide for the amount of time you sit or climb stairs. Most people find they need to change positions after 60 minutes of sitting.

Smoking

We strongly suggest you quit smoking, avoid nicotine products (including cigarettes, gum, patches, pouches, chewing tobacco, and vaping), and second-hand smoke. Smoking will delay bone healing. It is best not to smoke for at least 4-6 months after surgery.

Compression Stockings (TEDS)

To improve blood flow and decrease the risk of getting a blood clot, you need to wear elastic stockings (TEDS) until you are walking at least 3 times a day. You will receive these while you are in the hospital. Remove the TEDS 2 times each day for one hour. You should sleep with them on. If you notice any swelling, you should resume wearing the TEDS, elevate your legs, and call the spine clinic to discuss. You may wash the TEDS with soap and water and let air dry.

Effect on Your Throat

If you have had an anterior cervical fusion, it is common to have a sore throat or hoarse voice for a few weeks after surgery. You may also feel a “catching” sensation in your throat. You may find lozenges, eating smaller bites, frequent sips of water, and eating soft foods helps.

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 the collar when sleeping the first 2 weeks. If side sleeping, place a cushion behind the back, between your knees, side of your neck for comfort. Be sure the pillow is not pushing your head forward. Avoid sleeping on your stomach.

Limits

- **No driving** while taking narcotic pain medicine and your reflexes return to normal. Recommended to start with short and infrequent distances. Wearing a collar can limit your ability to check blind spots safely.
- **No lifting** more than 10 lbs. (about 1 gallon of milk) until your first post-op visit.
- **No overhead reaching** until first post-op visit.
- **Limit repetitive and extreme neck range of motion** until first post-op visit.
- **Limit unnecessary travel** for the first 6 weeks postop. If you have travel plans, discuss this at your preop visit.

Sex

Okay to resume sexual activity as pain allows. Be sure to comply with all other post-op restrictions.

Incision Care

Proper care of the incision helps to prevent infection.

- Always practice good handwashing prior to caring for your incision.
- Keep the incision clean and dry. If the dressing becomes saturated, remove and apply several layers of gauze and secure with tape around the edges.
- After 5 days, okay to leave open to air if there is no drainage. If there is drainage, change the dressing as needed.
- After 5 days, check the incision daily to be sure it is clean and dry.
- Check for redness, swelling or drainage. Some redness and swelling are normal.
- A small amount of clear or slightly

blood-tinged drainage from the incision is normal.

- **Do not wash directly over the incision.** Wash around the incision gently with soap and water and then let air dry.
- **Do not use any creams, lotions, ointments, or alcohol near or on the incision.**

Anterior Cervical Fusion

The incision is closed with sutures that dissolve under the skin and covered with Steri-Strips™ (small pieces of tape) on the skin. These will slowly peel off as they get wet when you shower. You may gently remove them after 14 days.

Posterior Cervical Fusion

The incision is closed with staples or sutures and will be removed in 2-3 weeks at the Spine Clinic. Occasionally, the closure is done with dissolvable sutures. Keep a clean dressing over the incision for 5 days. If there is no drainage at day 5, it is okay to leave open to air.

Pain

It is common to have some pain, numbness, tingling, and weakness in your neck or arms as you heal. Nerves can take several weeks to heal after surgery. If you have pain once you return home, try these options to lower the pain:

- Ice the neck for 15-20 minutes each hour for 4 hours. **Do not** put ice directly on the skin. Use a pre-made ice pack or put ice in a plastic bag. Wrap the ice pack or bag in a towel prior to placing on the skin
- Reduce your activity for the next 48-72 hours (such as walking). Advance as tolerated.
- Heat compress with a barrier 72 hours after surgery. May use alone or alternating with ice.

You may also need to use pain medicine. If needed, take it as prescribed by your doctor.

- **Narcotics: Do not** increase the prescribed dose without calling the Spine Clinic to discuss. Doing so will cause you to run out of medication early and will not guarantee an early refill.
- **Tylenol® (acetaminophen):** You may take up to 3000 milligrams per day. Percocet® and Vicodin® also contain Tylenol®. If you have liver disease, **do not** take Tylenol® without checking with your doctor first.
- **Do not** take non-steroidal anti-inflammatory drugs (NSAIDs) (ibuprofen®, Motrin®, Advil®, Aleve®, etc.) for 3 months. These medicines may delay bone healing.
- **Gabapentin:** Take as prescribed. This medicine is helpful for nerve pain and should not be stopped abruptly as it can cause side effects like anxiety, insomnia, nausea, diarrhea, tremors, disorientation, high blood pressure, and seizures.
- If you are not sure about a medicine, please call the Spine Clinic.

Constipation

Constipation is common after Surgery. Surgery, narcotic pain medicine, decreased activity level, and a change in your diet can cause constipation. Please see *Health Facts for You* #4843: Constipation from Opioids (Narcotics).

Refills

The Spine Clinic staff will help you balance pain medicine and manage your pain and activity. **Please allow at least 2 full business days for refill requests.** Refills cannot be provided after hours or on the weekends. We do not expect you to need opioids beyond 3-7 days after surgery.

However, if these medicines were used before surgery, and you feel you will need to continue taking them, talk to the prescribing provider to resume management of opioids if use is ongoing. **We do not** prescribe opioids beyond 6 weeks post-operatively.

If you need a refill on your pain medicine, call the Spine Clinic. Please call when you have at least a **3-to-4-day supply left** of your medicine. Be ready to give the name, address, and phone number of the pharmacy where you want to pick up a refill. You will need to speak with nursing staff to discuss current symptoms and the amount of medicines being used.

Future Clinic Visits

The nursing staff will help you schedule your first clinic visit in 2-3 weeks if you have staples or sutures. For all other patients, your first clinic visit will be in 6 weeks. All other clinic visits will be as needed.

Return to Work

Your return to work will depend on your recovery and the type of work you do. Talk to your doctor before you return to work.

When to Call

- 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

Spine Clinic

Monday-Friday between 8 am and 5 pm.

(608) 265-3207

For urgent question or concerns after hours, please call the paging operator at **(608) 262-0486**. Ask for the “orthopedic resident on call.” Leave your name and phone number with the area code. The doctor will call you back.

Toll-free- **1-800-323-8942**.

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 © 6/2023 University of Wisconsin Hospitals & Clinics Authority, All Rights Reserved. Produced by the Department of Nursing. HF#4499