

Dr. Gurmit Singh

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Discharge Instructions

Anterior Cervical Disc-Replacement

What to expect after my surgery:

This surgery may be done as an outpatient, overnight hospital stay or admission.

Hospital stay: You can expect to be in the hospital anywhere between 0-3 days pending your progress and until discharge criteria is met. Dr. Singh or his team will round daily and check on your progress. Criteria for discharge is stable vital signs, swallowing liquids, walking without difficulty, urinating without difficulty, pain tolerable with the oral medication, no nausea, vomiting, fever, chills, shortness of breath.

Collar: You will be wearing a soft cervical collar for up to 2 weeks. The purpose is to remind you to stand in a good posture, ensure proper body mechanics, as well as provide additional stability and support while you heal. You do not need to wear the collar in bed **UNLESS SPECIFICALLY INSTRUCTED BY DR. SINGH.** You should wear it when out of bed. Dr. Singh will discuss weaning off the collar as an outpatient.

You have a metal plate and screws (made of non-magnetic titanium or cobalt-chrome so that it will not interfere with an MRI scan) to stabilize your neck as part of the surgery. This will stabilize the bones until a solid fusion has occurred.

Activity Restrictions: No lifting greater than 10lbs, no extreme twisting and turning movement or aggressive activities. You are otherwise ok to do all daily activities.

Diet and Swallowing: Swallowing may be difficult for the first few days, up to a couple of weeks. Soft diets are recommended such as applesauce, pudding, yogurt, scrambled eggs, etc., advancing textures as tolerated. Protein shakes, Boost, Ensure are good for nutrition if you are having trouble eating. You may crush medications that we have prescribed and put them in applesauce to help get them down if you have trouble swallowing them.

Icing (20 minutes on, 20 minutes off) the incision will help with swelling. Eating popsicles or ice chips will help reduce swelling of your throat as well as soothe the sore throat. DO NOT USE HEAT PACKS ON INCISION.

Medications: Prescriptions will be prescribed to you at the hospital for inpatient surgery or prior to surgery if you are having outpatient surgery. If you need a refill of any of the prescriptions, please call Dr. Singh's clinic at (360) 570-3460 ext. 5035 (voicemail only) and leave a message of what medication(s) you need refilled. Please call at least 48-72 hours prior to being out of your medication as we cannot refill narcotic medications after hours or on weekends. Please check your pharmacy the day after you call to see if they have your prescription ready.

You may resume your home medications with the exception of **NSAID'S (Ibuprofen, Aleve, Advil, Naproxen, diclofenac, meloxicam)** which need to be held off for 3 months as these medications delay bone healing. Anticoagulants must be held off for 3 days post-surgery due to risk of bleeding, unless specified.

Symptoms:

You may experience muscle pain in the back of the neck and shoulders. Pain, numbness, weakness, or tingling that was present prior to surgery that persists. This may last a while as the nerve needs time to heal. Icing the incision will help with swelling. Eating popsicles or ice chips will help reduce swelling of your throat as well as soothe the sore throat. DO NOT USE HEAT PACKS ON INCISION.

Incision: You will have a dressing that is made up of island dressing or white gauze with clear Tegaderm. This is water resistant. It is okay shower at post-op day 3 and let water run over the dressing. Dressing can be removed at 1-week post-op. If incision is dry then leave the incision open to air, if the incision is still wet/oozing/healing then ok to cover with dressing. There are thin white strips covering the incisions - LEAVE THEM IN PLACE, DO NOT REMOVE THEM, ALLOW THEM TO FALL OFF. DO NOT RUB THE INCISION. There are dissolvable sutures under the skin that do not need to be removed. These help hold the skin together until it heals. You may have some suture that is visible above the skin - we will trim that suture when you follow up in clinic. You will be contacted and scheduled by Dr. Singh's office for a wound check appointment for 10-14 days after surgery if you were not already scheduled. Any residual steri-strips will be removed at that time, and necessary sutures will be removed/trimmed.

Therapy: Occupational, and/or physical therapies may be ordered as part of your recovery program while in the hospital. The therapists and social workers will help you plan outpatient physical therapy if it's needed. Otherwise upon discharge, walking will be your therapy. You do not need to have a formal course of therapy right away. This may be discussed at your 6-week post op appointment.

****CONSTIPATION:** The pain medication often causes constipation, take the prescribed Senna daily while you are on the pain medications. You may also add stool softener (Colace) and MiraLAX daily if needed. Limiting the number of narcotics will help improve constipation. Increase fluids, fresh fruit (prunes) and vegetables high in fiber to help with constipation. If you have not had a bowel movement within 1-2 days after returning home from the hospital, over the counter medication may be purchased at most drug stores: Magnesium Citrate (liquid), suppository, or enema. Start this by day 3 or 4 if unable to have a bowel movement. Please call Dr. Singh's office for further suggestions to help with this.

Driving:

It is best not to drive for the first 3 weeks after surgery. This is because driving involves a lot of bending, twisting, and turning of the back. You should not drive while you are taking narcotic pain medication. If you are wearing a collar you should not drive unless it is cleared by Dr. Singh.

Diet:

You may resume your regular diet. Nutrition is extremely important for wound healing. You may be instructed to take vitamin supplements such as a multivitamin, and Calcium with Vitamin D. These can be purchased at most grocery stores or pharmacies. In addition, nutritional shakes such as Ensure or Boost can also provide supplemental nutrition.

Symptoms:

After surgery you may still be experiencing pain, numbness, weakness, or tingling that was present prior to your surgery. This may last a while as the nerves need time to heal. This will most often improve with time after surgery. Call the office or go to the Emergency Room if you experience new numbness, tingling, weakness, or loss of bowel or bladder control.

Watch for the following signs and symptoms and call the office if they occur:

Temperature is greater than 101° F

Persistent drainage from the wound of blood or clear fluid

Any drainage of pus from the wound

Increasing redness and swelling around the incision

Separation of the wound edges

Do not apply any lotions, ointments, or other products to your incision unless directed by your physician

Fever:

Some patients have low grade fevers (99°-101°F) in the immediate post-operative period. This is almost always because your lungs are not fully re-expanded after the general anesthetic.

You can treat this fever with Tylenol but it is important to try to cough the phlegm out of your lungs, take deep breaths to re-expand your lungs, and begin to increase your activities as tolerated

Wound infections are rare in the first couple days after surgery. If you have a low-grade fever, try coughing and deep breathing.

General:

Smoking inhibits wound healing. This can lead to persistent pain and require additional surgery in the future. **Do not smoke!**

For any post-operative problems or concerns, call (360) 570-3460 ext. 5035 (voicemail only). If you need to speak with someone directly, do not dial the extension, wait on the line and the prompts.