ACDF (Anterior Cervical Discectomy & Fusion) Discharge Instructions

Congratulations on completing your anterior cervical decompression and fusion surgery! These instructions will help guide your recovery at home. Please read them carefully and keep them for reference.

Activity Guidelines

Walking and Movement

- Start walking the day after surgery and gradually increase your walking time each day[1]

- Walking is one of the best activities for your recovery - aim to walk several times throughout the day

- You may climb stairs, but take your time and use the handrail

- Early movement after surgery helps reduce complications[1]

- Listen to your body and rest when you feel tired

Lifting Restrictions

- **Do not lift more than 10 pounds for 4 to 6 weeks** after surgery (10 pounds is about the weight of a gallon of milk)

- Avoid repetitive bending, lifting, and twisting motions during this time

- When you need to pick something up, bend at your knees instead of your waist

- Ask for help with heavy objects, grocery bags, laundry baskets, and pets

Neck Movement

- You may move your neck gently and comfortably

- Avoid sudden or forceful neck movements

- Gentle neck exercises starting within the first week after surgery are safe and may help your recovery[2][3]

- Do not sleep in awkward positions that strain your neck

Returning to Activities

- Most patients return to driving within 12 to 16 days after surgery[4][5]

- You may resume driving when you are no longer taking narcotic pain medications and can comfortably turn your head

- Most patients return to work within 14 to 16 days, though this varies based on the type of work[4][5]

- Sedentary or desk work can typically be resumed sooner than physically demanding jobs

- Gradually increase your activity level as tolerated

- Avoid high-impact activities and contact sports until cleared by your surgeon

Neck Brace (If Prescribed)

- **Wear your neck brace exactly as directed by your surgeon**

- Your surgeon will tell you when to wear the brace and when you can remove it

- The brace is (often) optional and may be used for comfort if desired[6]

- Research shows that a collar may not be needed for one or two-level fusion surgery[3]

- Your surgeon will tell you when you can stop wearing the brace

Wound Care

Showering

- You may shower **24 hours after surgery**[6]

- Let water run gently over your incision - do not scrub it

- Pat the incision dry with a clean towel after showering

- **Do not take baths, use hot tubs, or go swimming** until your surgeon says it is safe (usually 2-4 weeks)

Skin Glue Care

- Your incision is closed with skin glue (also called surgical adhesive)

- The glue will peel off on its own in 7-14 days - do not pick at it

- You do not need to apply any ointments or creams to the incision

- Keep the area clean and dry between showers

- It is normal to see some bruising or swelling around the incision

When to Call Your Surgeon

Contact your surgeon's office right away if you notice:

- Increasing redness, warmth, or swelling around your incision

- Drainage or fluid leaking from your incision

- Fever over 101.5°F (38.6°C)

- Severe or worsening neck or arm pain

- New numbness, weakness, or tingling in your arms or hands

- Difficulty swallowing that gets worse or does not improve[1]

- Difficulty breathing or shortness of breath

- Difficulty urinating or loss of bowel/bladder control[1]

- Severe headache or changes in vision

Pain Management

- Some pain and discomfort after surgery is normal and expected

- Take your pain medications as prescribed

- Most patients are able to stop taking narcotic pain medications within 6 to 7 days after surgery[4]

- Use ice packs on your neck for 15-20 minutes at a time to help reduce pain and swelling

- **Do not take ibuprofen (Advil, Motrin), naproxen (Aleve), or other anti-inflammatory medications (NSAIDs)** unless your surgeon specifically tells you it is safe

- Use acetaminophen (Tylenol) for mild pain relief instead

Swallowing and Eating

- Some difficulty swallowing is common after anterior cervical surgery and usually improves within a few weeks[1]

- Start with soft foods and gradually advance your diet as tolerated

- Take small bites and chew thoroughly

- Drink plenty of fluids to stay hydrated

- If swallowing difficulty persists or worsens, contact your surgeon

Follow-Up Appointment

You have a follow-up appointment scheduled for approximately 2 weeks after surgery. Please call the office if you did not receive an appointment time or need to reschedule.

At this visit, your surgeon will:

- Check your incision healing

- Assess your recovery progress

- Discuss when you can return to work and normal activities

- Answer any questions you have

Exercise and Rehabilitation

- Gentle neck movements and staying active are important for your recovery[2][3]

- Your surgeon may recommend a home exercise program starting within the first week after surgery[2]

- Early exercise programs are safe and may help reduce neck pain and improve your recovery[2][3]

- Outpatient physical and occupational therapy typically starts 12 weeks after surgery

- **Most patients see rapid improvement in the first 4 to 6 weeks**, with continued improvement until 3 to 4 months after surgery[7]

- Neck pain typically improves within the first 3 to 4 weeks, while arm pain often improves even faster[7]

Important Reminders

- Keep all follow-up appointments with your surgeon

- Do not smoke - smoking slows healing and increases complication risk

- Maintain a healthy diet and stay well-hydrated

- Get plenty of rest, but avoid staying in bed all day

- Gradually return to your normal routine as you feel able

- Most patients experience significant improvement in neck and arm pain after surgery[5]

- Be patient with your recovery - most improvement happens in the first few months, with symptoms reaching a stable level around 4 months after surgery[7]

If you have any questions or concerns about your recovery, please contact Dr. Foster's office at Olympia Orthopaedic Associates.

References

1. Adverse Events and Their Risk Factors 90 Days After Cervical Spine Surgery: Analysis From the Michigan Spine Surgery Improvement Collaborative. Zakaria HM, Bazydlo M, Schultz L, et al. Journal of Neurosurgery. Spine. 2019;30(5):602-614. doi:10.3171/2018.10.SPINE18666.

2. Early Self-Directed Home Exercise Program After Anterior Cervical Discectomy and Fusion: A Pilot Study. Coronado RA, Devin CJ, Pennings JS, et al. Spine. 2020;45(4):217-225. doi:10.1097/BRS.0000000000003239.

3. Effectiveness of Early Cervical Functional Exercise in Patients After Anterior Cervical Discectomy and Fusion: A Randomized Controlled Trial. Wang ZR, Zhang M, Wang B, Li XB, Huang AB. Journal of Orthopaedic Science : Official Journal of the Japanese Orthopaedic Association. 2025;30(3):415-422. doi:10.1016/j.jos.2024.08.004.

4. Recovery Kinetics After Cervical Spine Surgery. Subramanian T, Shinn DJ, Korsun MK, et al. Spine. 2023;48(24):1709-1716. doi:10.1097/BRS.0000000000004830.

5. Practical Answers to Frequently Asked Questions in Anterior Cervical Spine Surgery for Degenerative Conditions. Subramanian T, Kaidi A, Shahi P, et al. The Journal of the American Academy of Orthopaedic Surgeons. 2024;32(18):e919-e929. doi:10.5435/JAAOS-D-23-01037.

6. Ambulatory Care vs Overnight Hospitalization After Anterior Surgery for Cervical Radiculopathy: The FACADE Randomized Clinical Trial. Lönnrot K, Taimela S, Satopää J, et al. JAMA Network Open. 2024;7(11):e2447459. doi:10.1001/jamanetworkopen.2024.47459.

7. Recovery Trajectories After Anterior Cervical Discectomy and Fusion. Asada T, Zhao E, Ehrlich AM, et al. Spine. 2025;:00007632-990000000-01214. doi:10.1097/BRS.0000000000005582.