

Posterior Cervical Surgery (With or Without Instrumentation and Fusion) Discharge Instructions

Congratulations on completing your posterior cervical spine 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
- Walking is one of the best activities for your recovery - aim to walk several times throughout the day[\[1\]](#)
- **Early movement after surgery significantly reduces complications** including urinary retention, readmission, and other adverse events[\[1\]](#)
- You may climb stairs, but take your time and use the handrail
- Listen to your body and rest when you feel tired

Neck Movement

- You may move your neck gently and comfortably
- Avoid sudden or forceful neck movements
- Do not sleep in awkward positions that strain your neck

Returning to Activities

- Most patients return to driving within 16 days after cervical spine surgery[\[2\]](#)
- 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 16 days, though this varies based on the type of work[\[2\]](#)
- 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

Cervical Collar or Figure-of-Eight Brace (If Prescribed)

- **Wear your cervical collar or figure-of-eight brace exactly as directed by your surgeon**
- Your surgeon will tell you when to wear the brace and when you can remove it
- Cervical collars after posterior cervical surgery are (often) optional. Your surgeon may prescribe one for comfort or specific reasons related to your surgery[\[3\]](#)[\[4\]](#)
- The brace is primarily meant to remind you to move carefully and may provide comfort during healing
- A “Figure-of-Eight” brace is a brace that goes underneath your armpits and crisscrosses behind your back. It is intended to keep tension off of your incision during activities that would pull your shoulder blades apart, such as when being pulled out of bed by therapists. It is prescribed only to patients felt to have high risk of incision issues.
- Your surgeon will tell you when you can stop wearing the brace(s) if prescribed

Medication Instructions

Pain Management

- Some pain and discomfort after surgery is normal and expected
- Take your pain medications exactly as prescribed
- Most patients are able to stop taking narcotic pain medications within 7 days after cervical spine surgery[\[2\]](#)
- Use ice packs on your neck for 15-20 minutes at a time to help reduce pain and swelling

Important Medication Restrictions

- **Do not take ibuprofen (Advil, Motrin), naproxen (Aleve), or other anti-inflammatory medications (NSAIDs)** unless your surgeon specifically tells you it is safe
- These medications may interfere with bone healing if you had a fusion procedure
- Use acetaminophen (Tylenol) for mild pain relief instead

Other Prescribed Medications

- Take all other medications exactly as prescribed by your surgeon
- Do not stop taking any medications without talking to your surgeon first
- Contact your surgeon if you experience side effects from any medications

Wound Care

Showering

- You may shower **24 hours after surgery**
- 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)

If You Have Skin Glue:

- 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

If You Have Sutures or Staples:

- Your incision is closed with sutures (stitches) or staples
- Keep the area clean and dry between showers
- Do not apply any ointments or creams to the incision unless your surgeon tells you to
- Your sutures or staples will be removed at your follow-up appointment (usually around 2 weeks after surgery)
- It is normal to see some bruising or swelling around the incision[\[5\]](#)

When to Call Your Surgeon

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

- Increasing redness, warmth, or swelling around your incision[\[1\]](#)
- Drainage or fluid leaking from your incision[\[1\]](#)
- 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
- Wound edges that are separating or opening[\[5\]](#)

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
- Remove sutures or staples if you have them
- Assess your recovery progress
- Discuss when you can return to work and normal activities
- Answer any questions you have

Important Reminders

- **Do not smoke** - smoking slows healing and significantly increases complication risk[\[6\]](#)
- 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
- Keep all follow-up appointments with your surgeon

- Most patients experience significant improvement in their symptoms after posterior cervical surgery[7]
- Be patient with your recovery - continued improvement occurs over the first several months

What to Expect During Recovery

- Posterior cervical fusion with decompression results in significant clinical improvement in the majority of patients[7]
- Fusion rates are very high (over 98%) with modern techniques[7]
- Some patients may experience temporary increased neck pain or stiffness in the early recovery period
- Most improvement happens in the first few weeks to months after surgery

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. [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.
3. [Utility of Cervical Collars Following Cervical Fusion Surgery. Does It Improve Fusion Rates or Outcomes? A Systematic Review.](#) Karikari I, Ghogawala Z, Ropper AE, et al. World Neurosurgery. 2019;124:423-429. doi:10.1016/j.wneu.2018.12.066.
4. [Support or Constraint? A Comprehensive Analysis of Postoperative Cervical Bracing Practices: Insights From the Italian Society of Neurosurgery \(SINch\) Survey and a Systematic Review of the Literature.](#) Bernucci C, Cracchiolo G, Raspagliesi L, et al. European Spine Journal : Official Publication of the European Spine Society, the European Spinal Deformity Society, and the European Section of the Cervical Spine Research Society. 2025;;10.1007/s00586-025-08913-x. doi:10.1007/s00586-025-08913-x.
5. [Managing Complications of Posterior Spinal Instrumentation and Fusion.](#) Wenger DR, Mubarak SJ, Leach J. Clinical Orthopaedics and Related Research. 1992;(284):24-33.

6. [Complications, Readmissions, and Reoperations in Posterior Cervical Fusion.](#) Medvedev G, Wang C, Cyriac M, Amdur R, O'Brien J. Spine. 2016;41(19):1477-1483. doi:10.1097/BRS.0000000000001564.
7. [Outcomes of Posterior Cervical Fusion and Decompression: A Systematic Review and Meta-Analysis.](#) Youssef JA, Heiner AD, Montgomery JR, et al. The Spine Journal : Official Journal of the North American Spine Society. 2019;19(10):1714-1729. doi:10.1016/j.spinee.2019.04.019.