
CERVICAL TOTAL DISC REPLACEMENT

SURGICAL EXPLANATION:

An incision is made on the front of the neck, usually on the left side and in a crease. Once the incision is made, the soft tissue is gently retracted to expose the spine. Disc material, bone spurs and/or arthritis are removed, and the nerves unpinched. The disc space is replaced with a titanium disc and secured with titanium screws to preserve motion in the neck.

HOSPITALIZATION:

This surgery is typically done as outpatient, and the patient can expect to go home the same day.

For more information, please visit www.orthoillinois.com and click the following: Resources, Patient Education, scroll down to Spine Procedures and click on your surgery procedure.

Cervical Total Disc Replacement Postoperative Instructions

Wound Care

- Keep incision area dry and clean. Do not put any ointments or antibiotic solutions on the incision. Let the steri-strips fall off by themselves. You should remove them after two weeks. If you notice **any drainage**, redness, swelling or increased pain at the incision site, call the office immediately. You may use ice to the front of your neck for pain/discomfort and place heat on the back of your neck and shoulders for pain/discomfort.
- You will likely go home from the hospital with a drain. Please refer to the postoperative drain instruction sheet provided to you for any additional showering, incision, and drain care instructions.
- You may shower 4 days after your surgery (Wait 24 hours after drain removal). Remove your dressings after 3 days. Do not take a bath or get into a pool until 6 weeks and seen by your doctor.
- For the best cosmetic result, keep your incision away from direct sunlight and tanning booths until it fades completely to flesh tone. Otherwise, there is a risk of permanent discoloration. You may use vitamin E lotion to massage the incision after 6 weeks.
- You will probably have pain or difficulty with swallowing for the first week after your surgery, particularly with bread and meat. Softer foods, smaller bites, and lots of liquids are helpful in the early phases of healing. You may minimize these difficulties with swallowing by performing the throat exercises three times daily prior to your surgery.
- No collar will be prescribed.
- **If you find that you are having extreme difficulty swallowing, along with voice changes, this may be serious and potentially life-threatening, so you should contact your doctor as soon as possible.**

Activities and Restrictions

- Sleep upright in either a bed or recliner for the first 3 nights after surgery. Keeping your neck above your heart decreases throat swelling and improves swallowing. Some stiffness or ache in the back of your neck is normal immediately after neck surgery, but it usually improves quickly.
- There are no restrictions regarding activities, lifting or sports (within reason; avoid dangerous activities). Return to all activities as tolerated.
- No driving motor vehicles when taking strong narcotic pain medication. You may drive when you can comfortably turn your head to observe traffic and when your judgment is not impaired by pain medication.
- TED stockings should be worn for 2 weeks after surgery during the day then remove at night.

Medications and Nutrition

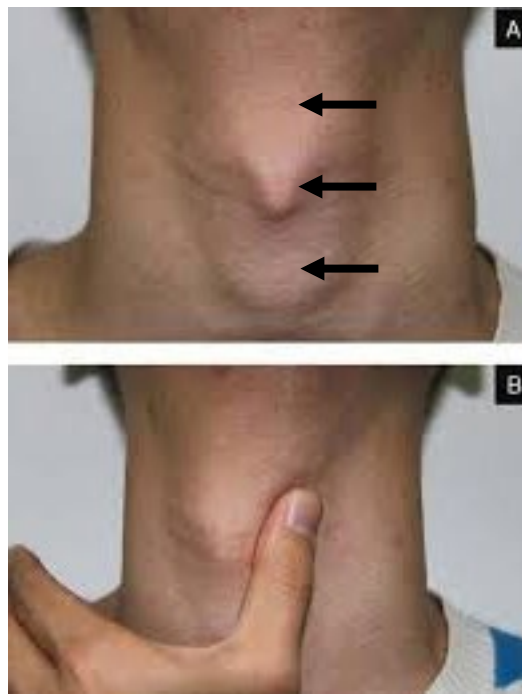
- For the next year, you should take antibiotics prior to any dental work or invasive medical procedure. If possible, avoid dental procedures for 3 months after surgery.
- GI prophylaxis is important to reduce the risk of post-operative complications with this procedure. Pick up either Prevacid 24 hr (lansoprazole) OR Prilosec OTC 20mg (omeprazole) and take 1 tablet by mouth, in AM with food or an empty stomach starting 1 week (7 days) BEFORE surgery and continue for 1 month (28 days) after surgery.
- Do not take anti-inflammatory medication (e.g., ibuprofen, naproxen) for 2 weeks before and 6 weeks after surgery, unless specifically discussed with your surgeon.
- Do not take any blood thinning medication (e.g., Coumadin, Plavix, Eliquis, Xarelto, Aspirin) for 1 week before. Refer to your post op instruction sheet to resume blood thinner as directed by physician.
- Do not take any osteoporosis medication (e.g., Fosamax, Actonel, Evista, Prolia) for one month before and 3 months after surgery, unless specifically discussed with your surgeon.
- Medications for Rheumatoid Arthritis may need to be held for a time period both before and after surgery. Notify your physician of any of these medications (e.g., Enbrel, Remicade, Imuran, Arava, Humira) and refer to your post op instruction sheet for timeframe directed by physician.
- Do not take herbal supplements including fish oils or Niacin (vitamin B3) 2 weeks before or 2 weeks after surgery
- Just a reminder: NO SMOKING. Tobacco smoke (even second-hand smoke) and nicotine (even gum, patches, or E-cigarettes) after fusion surgery will jeopardize the healing process, and may result in chronic pain and the need for further surgery.
- Take over-the-counter calcium (600 mg) daily and vitamin D3 (2000 I.U.) two times daily with meals prior to surgery and for 6 months following surgery. Depending on your pre-op vitamin D level, we may require that you take a prescription vitamin D3 supplement instead. If you have a history of kidney disease or kidney stones, please talk to your PCP regarding adjusting calcium dose before starting supplementation. Increasing your protein intake also improves the rate of successful healing.
- The medications prescribed for your post-operative pain are to be used as needed, not scheduled. You may alternate your pain pill with Tylenol for breakthrough pain as needed (daily limit of Tylenol 4000mg) as needed. Do not take your pain pill and your muscle relaxer at the same time. These medications should be taken 2-3 hours apart.

Questions and Emergencies

Call 815-398-9491 during business hours for questions and emergencies (Monday-Thursday 8 A.M. to 4 P.M., Friday 8 A.M. to noon). **Medication refills will only be authorized during business hours.** Please specify if you calling for an emergency and you will be connected with the spine nurse. All emergencies are reported to the physician immediately.

After business hours, you may call 815-398-9491 and the answering service will contact your physician. If he is out of town or if it is the weekend, another physician or physician's assistant will be available.

Preoperative Tracheal Exercises



- Starting at the top of your throat, gently press on left side to stretch the esophagus and trachea to the right.
- Press until you feel the stretch OR you become uncomfortable and are unable to talk.
- Hold for 30 seconds.
- Perform 3 times a day starting 5 days prior to surgery.
- The stretching exercises are encouraged to minimize any difficulty with swallowing after your surgery.

