

Home Care Instructions

Cervical Disc Replacement

You are recovering from cervical disc replacement surgery. An artificial disc was inserted between your vertebrae to replace a damaged disc and/or decompress the spinal cord and nerves. Below are guidelines that your doctor requests that you follow after you are discharged from the hospital.

PAIN MANAGEMENT

At first, you will be aware of pain and soreness directly related to your surgery. Surgical pain, soreness, and numbness over and near your incision(s) is expected and will gradually decrease. Your doctor will give you a prescription for oral pain medication based on what you were taking in the hospital at the time of discharge. Follow the directions on the bottle. *Do not drive or drink alcohol while taking narcotic pain medications.* Most narcotic pain medications contain tylenol (acetaminophen); please do not take any extra tylenol (acetaminophen) or products containing tylenol in addition to the narcotic pain medications. If a refill is needed, please call the office and request a refill for each medication you will need. Your doctor may decrease the strength of your medication as your discomfort and need for medication decreases. Please note: Refills are not processed on weekends or holidays and require a minimum of 48 hours to process. Narcotic pain medication prescriptions must be picked up at the office, and cannot be called into a pharmacy.

Please do not take any non-steroidal anti-inflammatory drugs (such as Advil, Motrin, Aleve, Naprosyn, Naproxen, Meloxicam, Mobic, Ibuprofen, Voltaren, Diclofenac, Relafen, Nabumetone, etc.) until your surgeon allows this, which could be up to 3 months following surgery. This type medication has been shown to interfere with healing.

It is recommended to use an ice pack over your incision(s) to help with pain and inflammation. Please be careful to only apply ice for short periods of time to prevent tissue freezing and injury.

Please call your doctor's office in the unlikely event that your postoperative pain suddenly increases or if you develop any of the following symptoms: wound drainage from your incision; new weakness in your arms or legs; difficulty breathing; loss of sensation or severe pain in your legs or arms; or loss or change in bowel or bladder control.

DIET

Please resume your normal diet as tolerated. Swallowing may be somewhat difficult initially, so we recommend that you choose foods that are soft and easier to swallow. Icy drinks will help with pain control and also help reduce surgical swelling. If swallowing becomes increasingly difficult, call your doctor's office right away.

Please be sure to eat when taking pain medication as it can cause nausea. Drink plenty of water and fluids; eat fruits and vegetables every day, which are encouraged to

naturally prevent constipation. Please know that pain medication and lack of activity can be a major reason for difficulty with bowel movements. A healthy diet is a good way to manage this. Stool softeners should be taken daily while on pain medication. Laxatives may also be needed. Call your doctor's office if you have any questions or refer to the postoperative bowel management regimen given at your preoperative visit.

INFECTION / WOUND CARE

Infection is not expected after surgery, but it can occur. It is important for you to look at your incision every day until your first office visit. The incision should look deep pink and the edges should be together. Some swelling around the incision(s) or drain site is normal. Fluid can accumulate under the skin, which can be bothersome. This area of swelling should be watched daily. Over time, it should slowly decrease. If the swelling worsens, or if the incision begins to drain, please call your doctor's office immediately. Also call if the incision becomes "angry looking", such as: very red, swollen and hot to the touch, or if a fever greater than 101.0° by mouth occurs. This may be a sign of infection and may need to be evaluated and treated right away. If you need to call after office hours or on the weekend, your doctor's answering service will provide instructions on how to reach your doctor or his associate on call.

In most cases, incisions are closed using special suture (stitches) that dissolve over time and do not require removal. Protective glue is applied over the top of the incisions. It will often look like a scab and will eventually fall off as the incision heals. Steri-strips, or adhesive strips, are placed over the incision; these will fall off over time, usually 1-2 weeks after surgery. **Any outer dressings may be removed the day after surgery, or when you get home.**

Patients are allowed to begin showering following surgery on postoperative day # 2. You do not need to cover your incision(s) when showering. Tub baths, Jacuzzi's, whirlpools and swimming pools should be avoided until all incisions are completely healed to reduce the risk of infection.

Do not apply any lotions, creams, ointments or powders on or around the incision(s) until they have completely healed.

Please call your doctor's office if you have any questions or concerns regarding your incision.

ACTIVITY

At first, you will limit yourself due to stiffness and soreness from your incision. After 1-2 weeks, however, you will want to become more active. Therefore, you should be aware of the following to prevent injury and to assist with the healing process.

1) Please avoid neck extension (looking up or arching the neck) and overhead lifting until your doctor releases you from this restriction.

2) No lifting in general more than 10 pounds.

3) Walking, stair climbing, riding as a passenger in a car or taking public transportation is permitted in most cases.

4) Driving is usually allowed approximately 2-4 week after surgery, but may be longer depending on the extent of the surgery, need for continued cervical collar use and function after surgery. ***Do not drive while taking narcotic pain medication.***

5) **RETURN TO WORK:** This will vary for each patient. Your doctor will make this decision based on the reason for surgery, the outcome of the surgery; the type and length of work required, etc. Return to work during the healing period will only be allowed if the patient can return with restrictions (generally no lifting greater than 10-15 pounds, overhead lifting or activities involving repetitive neck extension, or looking upward). Check with your employer about returning to work with these restrictions.

SCAR CARE

Exposure of a healing incision to sunlight or tanning beds can be potentially harmful and bad sunburn may occur. It is recommended to apply a sun block over the incision (once it is completely healed) during the first year unless otherwise advised by a doctor. After the first year, the scar can have the same sunscreen as used elsewhere for UVA/UVB sun protection.

COLLAR TREATMENT

Cervical collar treatment after surgery may be required. You will be fitted prior to your hospital discharge. If you are given a cervical collar, please wear collar at all times when out of bed. Cervical collars do not need to be worn when sleeping (unless otherwise instructed), and may be removed for showering.

Most collars come with a skin barrier, which should be worn between collar and skin to prevent pinching, rubbing or excessive perspiration. Rubbing alcohol can be applied to your skin anywhere the collar is in contact with your body. This helps to keep the skin dry. Lotions and powders should not be used in this area as these products may cause increased moisture and possible skin sores.

DENTAL PRECAUTIONS

Your dentist and/or oral surgeon should be aware that a metal spine implant system has been implanted prior to any dental cleaning or work. Please avoid any dental procedures for 2 weeks before surgery and the first 2 weeks following surgery. You will not need any prophylactic antibiotics prior to dental work.

FOLLOW-UP

Follow-up is very important after any spinal surgery. Your cooperation in returning to see your doctor at the listed times is appreciated.

FOLLOW-UP SCHEDULE:

Your surgeon will need to examine you and take x-rays each time you return to see him. The doctor will be able to update you on your activity allowances at each office visit.

The follow-up schedule is as follows: **2 weeks after surgery, followed by appointments 6 weeks, 3, 6, and 12 months after surgery.** This may vary based on your individual needs.

If a problem occurs, please call your doctor's office to determine if an office appointment is necessary.

If you have insurance that requires a referral, please remember to obtain one for each office visit after your surgery.

This instruction sheet has been written to give you useful information following cervical disc replacement. This is not a substitute for or in place of your doctor's instructions. If you have been advised differently based on your individual needs, please follow your doctor's recommendations. If you have any questions, please call your doctor's office.

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Postoperative Bowel Management Regimen

Constipation is a common problem many patients face after surgery. If left untreated, constipation can cause significant pain, nausea, vomiting, and lead to injury or re-hospitalization. For this reason, we recommend you follow a bowel regimen while you are on the pain medications used after surgery (i.e. Norco, Percocet, etc.), which are known to cause constipation.

If you develop any abdominal pain, nausea, vomiting, or have not had a bowel movement by the 5th postoperative day, call spine surgery office for further instructions.

The following medications are non-prescription, over-the-counter drugs generally thought to have a high degree of safety and efficacy. If you are allergic to any of the below medications, or have had a bad experience with them, do not use them.

If you have a prescription of narcotic-containing pain medications, please follow this regimen:

1. The day you arrive home from the hospital, begin **docusate sodium with senna (Pericolace or Sennakot-S)**: Take one tablet by mouth twice per day with plenty of water.
2. If you have not had a bowel movement by the second day home, continue #1 and take **polyethylene glycol (Miralax)**, one capful in 6-8 ounces of fluid every morning.
3. If you have not had a bowel movement by the third day home, continue #1 & #2, and take **bisacodyl (Dulcolax)** suppositories, one rectally every twelve hours.
4. If you still have not had a bowel movement after the above treatments, continue #1, #2, & #3, and drink one full bottle of **magnesium citrate**, undiluted.
5. If all of these measures have failed to induce a bowel movement, call the spine surgery office.

*If you develop loose, frequent, or watery bowel movements, reverse these steps.