Texas Neuro Spine Institute

Patient Guide

Understanding Your Surgery

Anterior Cervical Discectomy and Fusion (ACDF)

Dr. Giri has recommended an anterior cervical discectomy and fusion, or ACDF — the most common procedure he performs, drawing on over 20 years of practice. This guide walks through what happens on the day of surgery, what the procedure involves, and what to expect while you recover at home.

Want to see it in motion?
Visit txspineinstitute.com and click "Surgical Animations" on the home page for a visual walkthrough.

On the Day of Surgery

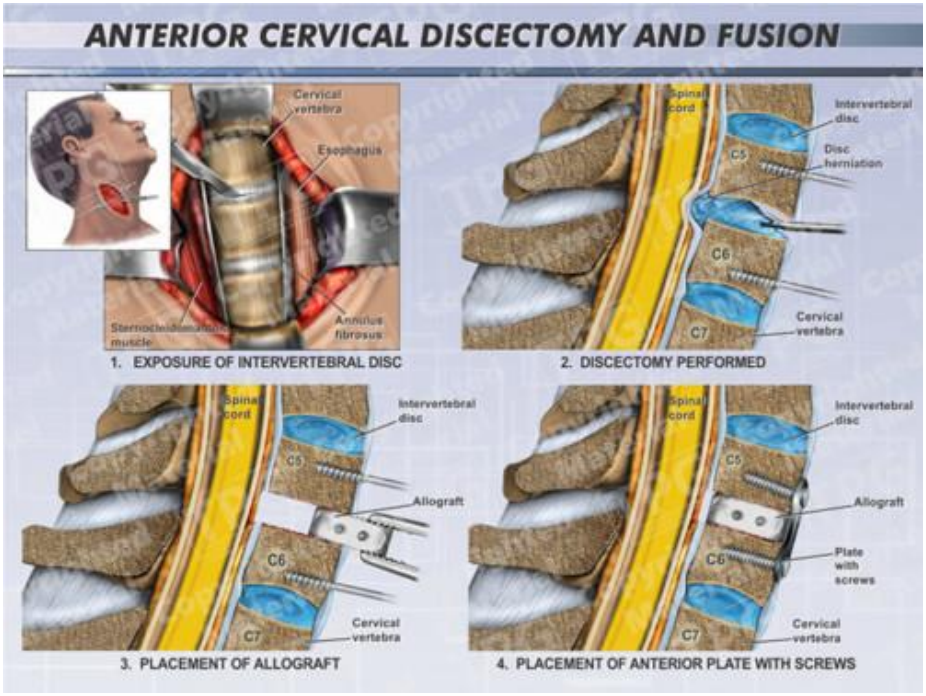
You will arrive 2 hours before your scheduled surgery time. The pre-op nursing team will get you ready, and the anesthesiologist will place you under general anesthesia before Dr. Giri begins.

The ACDF Procedure

Once you are asleep, Dr. Giri makes a skin incision in the front of the neck — either sideways or up and down, depending on how many levels are being treated. He then exposes the disk and vertebrae and removes the disk that is pressing on the spinal canal and nerves, along with any bone spurs, leaving an open space where the disk used to be.

- A cage — made of PEEK (a plastic-like material) or titanium — is placed in that space
- The cage is filled with donor bone as well as a small amount of your own bone taken from the surgical site
- Over time, the bone inside the cage fuses the two vertebrae together into one solid piece
- A plate is placed in front, secured with 2 screws into each vertebral body

If more than one level is being treated, Dr. Giri repeats this process at each level and uses a longer plate secured across all the treated vertebrae.



The incision is then closed with either steri-strips or staples, depending on how many levels were treated. A small drain is placed and will be removed before you leave the hospital.

If a Posterior Cervical Fusion Is Also Needed

In some cases, Dr. Giri may determine that the front (anterior) surgery alone will not provide enough stability — for example, with certain multi-level fusions, revision surgery, or bone quality concerns. When that's the case, a posterior cervical fusion is added, either during the same operation or as a second stage.

For this part of the procedure, Dr. Giri makes a separate incision down the back of the neck to reach the rear of the same vertebrae treated from the front.

- Screws are placed into the lateral masses or pedicles of each vertebra being fused
- The screws are connected on each side with a rod, adding extra stability across the treated levels
- Bone graft is packed along the back of the vertebrae to encourage additional fusion
- The incision is closed with staples, and a drain may be placed temporarily

Adding a posterior fusion means a second incision to care for and typically a longer hospital stay, but the wound care, collar, and activity guidelines below still apply in the same way — Dr. Giri and our office will let you know if anything is adjusted for your specific case.

Hospital Stay

You will stay in the hospital at least one night after surgery — most patients go home the following day. Before discharge, you'll receive detailed instructions on wound care and activity restrictions.

About Your Implants

All hardware placed in your neck is made of titanium and is MRI-compatible. It will not set off airport metal detectors, so there's no need to carry a medical device card.

Caring for Your Incision at Home

- Change the dressing daily using gauze and tape — it does not need to be airtight
- Keep the incision dry for the first 4 days after surgery
- On day 5, remove the dressing before showering and let water run gently over the incision — no soap, ointment, or cream
- Blot the area dry afterward and apply a fresh dressing

Extra dressing supplies are available at CVS or Walgreens if you run out of what the hospital provides.

Activity & Recovery Timeline

- Wear your cervical collar at all times for the first 6 weeks — this allows the fusion to take hold; an appointment will be scheduled to fit the collar before surgery
- No driving and no lifting more than 5 pounds during this 6-week period
- Follow-up visits with Dr. Giri every 2 weeks; the collar is removed at the 6-week visit if x-rays are stable
- Starting at 6 weeks: physical therapy 3 times a week for 4 weeks
- From week 6 to week 12: lifting restriction increases to 15 pounds
- After 12 weeks: restriction-free, pending your surgeon's confirmation

Medications & Bone Healing Support

- Avoid all anti-inflammatory medications for the first 3 months — these can interfere with fusion
- If approved by your insurance, our office will provide a bone stimulator for you to use daily for 4 months

Ongoing Follow-Up

Dr. Giri will follow your progress for 2 years after surgery, with visits spacing out further apart once you pass the 6-week mark.

Questions? Please contact our office any time — we're here to help.

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