

Anterior Cervical Discectomy and Fusion

The surgery recommended for you is

Dr. Giri has recommended an anterior cervical discectomy and fusion for you. This is the most common surgery performed by Dr. Giri over his 20 years of practice. The surgery is explained below. If you want more information, please go to the website(txspineinstitute.com) and click on surgical animations on the home page.

On the day of surgery, you will arrive 2 hours before your scheduled surgery time. The nurses in pre-op will get you ready for the surgery. The anesthesiologist will put you to sleep under general anesthesia. Once asleep, Dr. Giri will make a skin incision in the front of your neck, either sideways or up and down depending on the number of levels of the surgery. He will expose the disk and the vertebrae and then remove the disk causing pressure on the spinal canal and nerves, along with any bone spurs. This will leave a space where the disk was located. He will put a cage in the disk space. This cage is made out of a plastic like material called PEEK or titanium and is filled with donor bone and your own bone. The bone is taken from the area where he is working. Over time the bone in the cage will fuse the two vertebrae together. Then he will place a plate in front with 2 screws in each vertebral body. This is the process for a one level ACDF. If you are having more than one level, then he will remove multiple disks and place multiple cages with bone. Then he will place a longer plate with two screws in each vertebral body. Afterwards, he will close the incision and you will have steri-strips or staples depending on the number of levels. You will have a drain in place that will come out before you leave the hospital. Once the surgery has been completed you will stay in the hospital at least one night. Most patients do go home the next day. Before you leave the hospital we will give you discharge instructions regarding the wound care and restrictions.

All the metal placed in your neck is made out of titanium and is MRI compatible. The metal will also not set off the metal detectors at the airport, so you don't have to worry about carrying a card.

Once at home, we want you to change the dressing daily. The hospital will provide dressings for you to take home. If you run out, then you can buy more at CVS or Walgreens. We just want you to use gauze and tape for the dressing. The dressing does not have to be air tight. Do not get the incision wet for 4 days after the surgery. On day 5 after the surgery, take the dressing off prior to the shower and you can run water over the incision. Do not use any soap, ointment, or cream. Then blot the area dry and place a new dressing over the incision.

You will have to wear a collar at all times for 6 weeks. This is required to allow the fusion to take place. An appointment will be made to pick up the collar prior to the surgery. During this 6 week period, you will not be able to drive and cannot lift more than 5 pounds. Dr. Giri will see you every two weeks during this time and will remove the collar at the 6 week follow up, assuming the x-ray results are stable. At this time, we

want you to do physical therapy 3 times a week for 4 weeks. Physical therapy is very important for the healing process. After 6 weeks, your lifting restriction will go up to 15 pounds for 6 more weeks, then you will be restriction free.

During the first 3 months after surgery, we ask that you do not take any anti-inflammatories as this will inhibit the fusion from taking place. We will also try and get a bone stimulator approved from your insurance company. If approved, the device will be provided to you from our office, and you will use this device daily for 4 months.

Dr. Giri will continue to follow you for 2 years after your surgery. The appointments will start to be spaced out once you have reached the 6 week visit.

As always, if you have any questions please contact the office.

Thank you,

Texas Neuro Spine Institute

