SYDNEY
SPINE INSTITUTE

Sydney Spine Institute
Suite 107, 3 Railway Parade
Burwood NSW 2134
P (02) 9715 5007 | F (02) 9747 6630
E info@sydneyspineinstitute.com.au

PATIENT GUIDELINES

After Anterior Cervical Discectomy and Fusion

General postoperative guidelines

> *Follow your hospital discharge instructions and any additional advice from your surgeon.*

After surgery

- **Hospital stay:** Usually 2–3 nights. You can go home once you are walking safely, your pain is controlled and your team agrees.
- **Symptom relief:** Arm pain may improve early. Numbness, tingling or weakness can take longer and may not fully recover.
- **Neck and throat symptoms:** Some neck discomfort, mild hoarseness or difficulty swallowing is common at first. Softer foods may help. Report symptoms that persist or worsen.
- **Pain and wound care:** Take prescribed pain relief and follow your discharge instructions for dressings, stitches and showering.
- **Follow-up:** Reviews are usually at 2 and 6 weeks, then monthly for a further 1–2 months if needed.

The first 6–8 weeks

- **Walking:** Take short, regular walks and increase your activity gradually. Avoid prolonged bed rest.
- **Bending and lifting:** Avoid excessive neck bending or twisting and do not lift more than 5 kg unless Professor van Gelder advises otherwise.
- **Driving:** Do not drive until cleared by Professor van Gelder, usually at 2–4 weeks. You must be able to turn your head and control the car safely without being affected by pain or medication.
- **Protecting the fusion:** Bone healing is a gradual process and takes 3–6 months. Professor van Gelder will advise you about your progress and any restrictions. Do not smoke, vape or use nicotine. Check with your surgeon before using anti-inflammatory medicines such as ibuprofen or naproxen.

Medicines and bowel care

- **Medicines:** Follow your discharge plan for pain medication and restarting aspirin or blood thinners. Do not change these medicines without advice.
- **Constipation:** Pain medication may cause constipation. Keep walking, drink fluids and use any prescribed laxatives.

Returning to work

Allow around 6–8 weeks off work initially, depending on your recovery and the physical demands of your job. You may initially need shorter hours, lighter duties and lifting restrictions. For physically demanding work, speak to Professor van Gelder about a graded return to work.

Physiotherapy and rehabilitation

A specialist spine physiotherapist can guide safe exercise and your return to normal activities and work. Start when approved by Professor van Gelder.

When to seek help

Contact your GP	For fever, increasing wound redness or discharge, worsening pain, or persistent hoarseness or swallowing difficulty. Notify our office.
Same-day assessment	For a painful, swollen calf or clearly worsening swallowing difficulty.
Emergency Department	If you cannot swallow fluids or saliva, develop new significant arm or leg weakness, or new bladder or bowel problems.
Call 000	For difficulty breathing, throat tightness or chest pain.