

Anterior Cervical Discectomy and Fusion (ACDF)

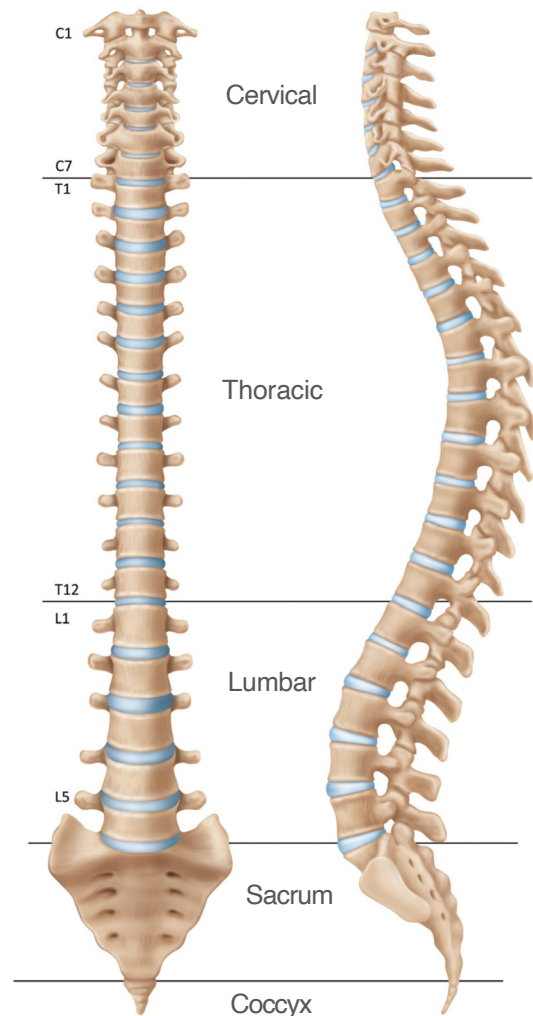
Anterior Cervical Discectomy and Fusion

Dr. Desai has recommended spine surgery to treat your condition. This information will help you understand and prepare for your surgery. Your care provider can show you where in your spine your surgery will occur.

The spine

The spine consists of 33 connected bones called vertebrae (Figure 1). Between each vertebra lies a disk that serves as a cushion.

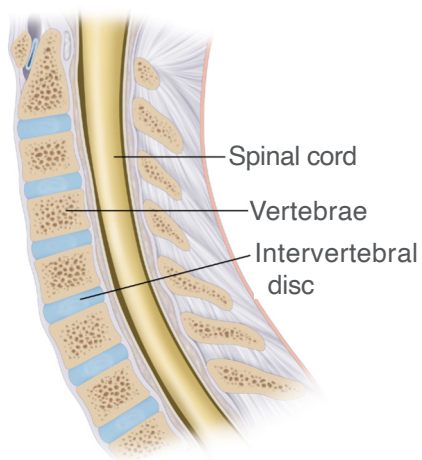
Figure 1. The spine



Cervical spine

The cervical spine is made up of the first 7 vertebrae in the spine. It starts just below the skull and ends just above the thoracic spine. There are fibrous cushions between the vertebrae (intervertebral disks) (Figure 2). Some of the vertebrae in this area function to help you move your head up and down, left and right, and side to side.

Figure 2. Cervical spine (side view)



Spinal fusion

A spinal fusion is a type of surgery where 2 or more vertebrae are joined together. A spinal fusion is needed to repair certain parts of the spine. The damaged part (disk) is removed and replaced with a bone graft or intervertebral device. The segment is secured with screws holding the vertebrae together. As the segment heals, the vertebrae fuse and grow together into 1 bone. This makes the spine more stable.

Your specific type of spine surgery is called an anterior cervical discectomy and fusion (ACDF).

ACDF

An ACDF is a type of neck surgery that involves removing all or part of a disk that may be pressing on the spinal column. This will relieve spinal cord or nerve root pressure and ease the related pain, weakness, numbness and tingling. The procedure may also be called an anterior cervical decompression.

The surgeon will make a horizontal incision in the front of your neck (anterior cervical) at the level where the surgery is needed. The disk will then be completely removed (Figure 3). A bone graft will be placed into the disk space to maintain the disk height and promote the fusion between the vertebrae (Figure 4). Finally, a small metal plate will be screwed into place to hold the segment together while the fusion takes place (Figure 5).

Figure 3. Anterior cervical discectomy

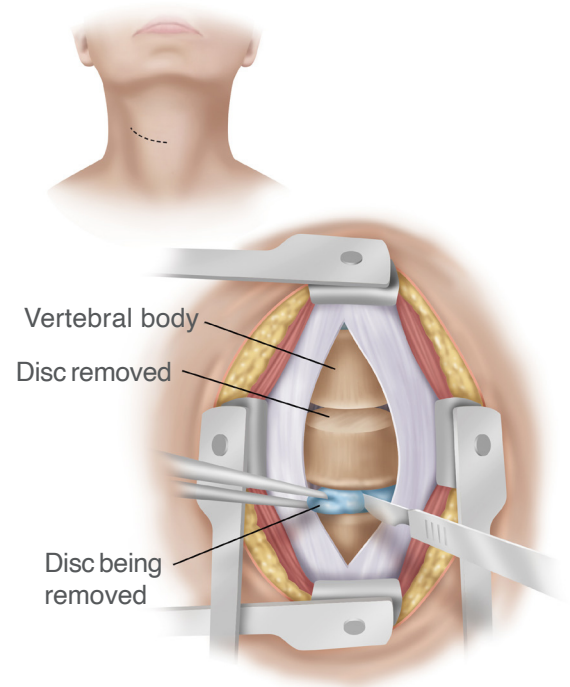


Figure 4. Bone graft in spine (side view)

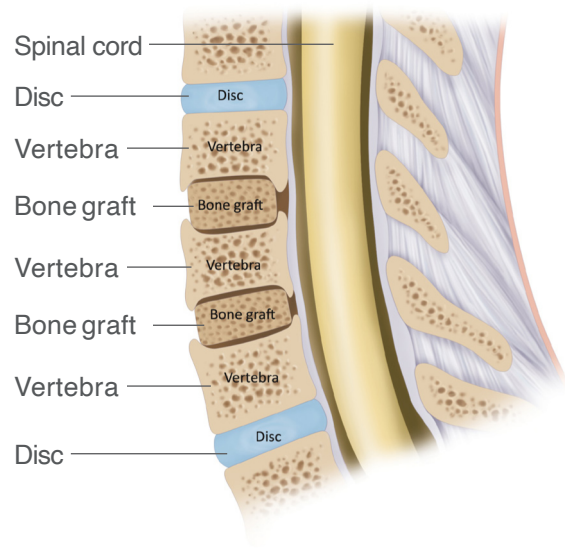
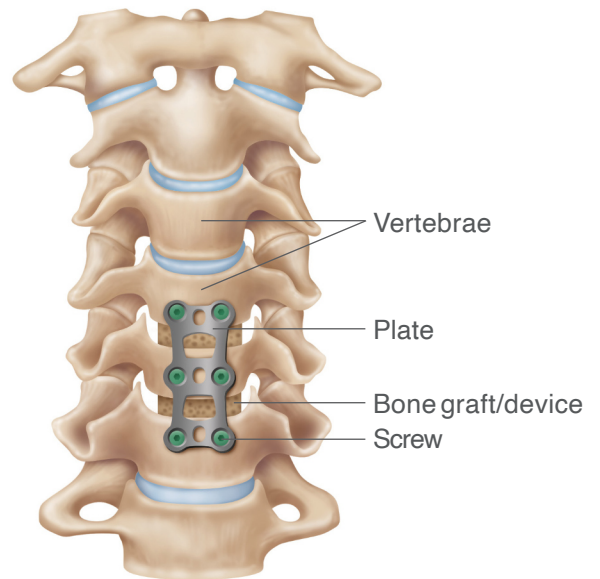


Figure 5. Plate with screws



What to expect after your surgery?

It is normal to experience:

- Neck soreness from the incision and muscle retraction
- Mild trouble swallowing for a few days to a few weeks
- Shoulder blade discomfort as the nerves calm down
- Improvement in arm pain or numbness—sometimes immediately, sometimes gradually
- Fatigue for 1–2 weeks as your body heals

If you ever feel worsening weakness in your arms or legs, fever, severe swallowing trouble, or difficulty breathing, call us immediately or go to the ER.

Activity and Restrictions

For the first 2–4 weeks, you should:

- Walk daily and increase distance gradually.
- Avoid lifting anything heavier than 5–10 lbs.
- Avoid twisting or bending your neck excessively.
- If instructed by Dr. Desai, wear your **cervical collar**.
- Keep your incision completely clean and dry for the first 48–72 hours.
- You may drive once you are off narcotics and can turn your head comfortably and safely.

Incision Care

Keep the dressing clean and dry.

- You may remove your dressing and take a shower after 3 days.
- Do not remove the skin glue and avoid rubbing the incision. The glue will come off on its own.
- No lotions, creams, or ointments unless prescribed.
- Watch for redness, drainage, or increasing pain around the incision.

Medications

Pain medications may be prescribed for a short period

- Percocet (5) or norco (5) are narcotic pain medications. Wean off these as soon as possible.
- Narcotic pain meds can cause upset stomach, constipation and skin rash. Take stool softeners to prevent constipation.
- Muscle relaxers (robaxin or flexeril) can help with spasms.
- Avoid NSAIDs (like Advil, ibuprofen) for 3 months unless prescribed by Dr. Desai—these can slow fusion and cause bleeding.
- Avoid any blood thinners for 5-7 days after surgery as instructed by Dr. Desai.

Returning to Work and Life

Desk/light work: usually 1–2 weeks

- Physical work: 6–8 weeks depending on your job
- Fusion: takes 3–12 months to fully heal. We will monitor your progress with follow-up X-rays.
- Your first visit is usually ~14 days after surgery to check the incision.
- A follow-up X-ray visit is usually around 6–8 weeks.

When to Call Us?

Call immediately or go to nearest ER if you experience:

- Worsening arm or leg weakness
- Trouble swallowing liquids or trouble breathing
- New or worsening numbness, or shooting pain
- Fever $>101.5^{\circ}\text{F}$
- Drainage or swelling at the incision
- Difficulty breathing

X-ray images of ACDF



Pre Op



Post Op



Pre Op



Post Op

Meet Your Surgeon



Dr. Parth N. Desai, M.D., is a fellowship-trained orthopedic spine surgeon who provides comprehensive spine care to patients in the Conyers and Covington area. Though originally from Georgia, Dr. Desai completed his spine training at Northwestern Memorial Hospital in Chicago, IL. He completed his undergraduate at the University of Georgia and medical school at Mercer University. Dr. Desai specializes in the full spectrum of spinal conditions involving the neck and back, including herniated discs, spinal stenosis, degenerative disc disease, spinal instability, adult and pediatric spinal deformity, and trauma. Dr. Desai uses a holistic approach to the treatment of neck and back conditions, and considers surgery to be a last resort option. Dr. Desai has expertise in minimally invasive spine surgery, spinal deformity correction, and in the treatment of failed neck and back surgery.



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