

DR. COOK ACDF INSTRUCTIONS / INFORMATION

**The Surgery Center at
Sacred Heart Medical Park**
36500 Emerald Coast Pkwy
Destin, FL 32541
(850) 269-0301

**Sacred Heart Hospital on the
Emerald Coast**
7800 Emerald Coast Pkwy
Destin, FL 32550
(850) 278-3000

Fort Walton Beach Medical Center
1000 Mar Walt Drive
Fort Walton Bch, FL 32547
(850) 862-1111

Surgical Specialists, ASC
1034 Mar Walton Drive
Fort Walton Bch, FL 32547
(850) 315-9385

1. **NO SMOKING!** Numerous well-designed studies show that nicotine makes it harder for bones to heal and prevents successful fusion from occurring. Nicotine causes blood vessels to tighten and directly interferes with the bone healing process. For this reason, all forms of nicotine use must be stopped – this includes cigarettes, e-cigarettes, chewing tobacco, nicotine patches, and nicotine gum. The problem is nicotine itself. If you smoke or use nicotine products, quitting right away is one of the most important steps you can take to avoid complications and improve your recovery. Some medications, such as Chantix or Wellbutrin, may help with quitting, but these should be discussed with your doctor to see if they are right for you.
2. **Blood Thinners.** Blood thinner medications (anti-coagulants) should be stopped 7 - 10 days before surgery. Examples of anti-coagulants include Plavix, Lovenox, Heparin, Xarelto, Pradaxa, Aspirin, etc. Before discontinuing these medications, please speak with your primary care physician or cardiologist to ensure it is safe to do so. You can restart the prescribed anti-coagulant medications 3 days after the surgery.
3. **Anti-inflammatories.** You should avoid taking any non-steroidal anti-inflammatory drugs (NSAIDs) for 10 days before surgery and for the first 12 months after surgery. These medications can thin your blood, which makes surgery more difficult and increases risks. Common NSAIDs include Motrin, Ibuprofen, Advil, Aleve, Naproxen, Naprosyn, Celebrex, Vioxx, Etodolac, Lodine, Diclofenac, Meloxicam, and Mobic. Research studies have shown that these medications can decrease and even prevent bone healing and successful fusion from occurring. Other medications, such as steroids, should be avoided, but should only be discontinued at the discretion of your primary care physician.

4. **All Other Medications.** All other medications should be discontinued the day of surgery, except beta blockers. These medications help protect the heart after surgery, as shown in research studies. Beta blockers usually end in – 'lol', such as Metoprolol or Labetalol
5. **Vitamins and Herbal Supplements.** All vitamins and herbal supplements (fish oil, St. John's wort, Multivitamins, etc.) should be discontinued at least 7-10 days before surgery and should not be restarted until after the first postoperative visit.
6. **Expect Swallowing Difficulty.** During surgery, the esophagus is gently moved and retracted to allow access to the front of the spine. This can cause temporary inflammation, leading to swallowing difficulties and, occasionally, hoarseness. These symptoms typically improve within 3-6 weeks. For the first 2-3 weeks, plan to follow a mechanical soft diet—such as cold protein shakes, soups, and soft foods. If there is no significant difficulty, you may gradually advance your diet as tolerated.
7. **No Heavy Lifting.** Do not lift anything heavier than 10 pounds.
8. **Cervical Collar (C-Collar).** The C-collar should always be worn, even while sleeping. The C-collar can be replaced with the waterproof collar when taking showers. Plan to keep the C-collar on for a minimum of 6-8 weeks. We will evaluate the continued use of the C-collar at the second postoperative visit. You can sit, lie, or sleep in any position if the C-collar is in place and you are comfortable. Usually, we discontinue the C-collar at the second postoperative visit (6-8 weeks out), and we begin to advance your activities as tolerated using pain as your guide.
9. **The Postoperative Dressing.** The dressing that was applied at the time of the surgery is impregnated with silver and has anti-microbial properties. It is good for up to 7 days unless it is saturated with blood. When taking a shower, the dressing should be removed and placed wound side up on a bathroom counter. After the shower and after the wound has been appropriately dried, the dressing can be reapplied. A dry dressing can be applied to the surgical wound if desired.
10. **Showers.** It is okay to take showers after 7 days; however, do not take baths or submerge the wound(s). The incision should not be vigorously scrubbed within the first 3 weeks. The incision area can be washed with a clean, soapy cloth before washing the rest of the body. Pat-dry the surgical wound with a clean, dry towel prior to drying off the rest of the body.
11. **Walking.** By three weeks after surgery, you should walk at least 1 mile each day. You can do this all at once or break it into smaller walks throughout the day. Walking

helps lower the risk of blood clots (Deep Venous Thrombosis (DVT) and Venous Thromboembolism) and improves your overall recovery and fitness.

12. **Bone Growth Stimulator.** For revision surgeries and multi-level procedures, we make every effort to obtain approval for a bone growth stimulator. This device uses an electromagnetic field to activate the body's stem cells, promoting more robust bone formation. We recommend wearing the stimulator continuously—24 hours a day, except during showering—for approximately 9 to 12 months after surgery. Within one week of your procedure, the bone growth stimulator company will contact you to arrange delivery and provide instructions on proper use. Additional follow-up calls may occur to ensure successful setup and compliance.
13. **Contact Orthopaedic Associates Immediately at (850) 863-2153, if the following occurs:**
 - a. A persistent fever develops and is greater than 101.5.
 - b. Uncontrolled pain despite taking pain medications as instructed.
 - c. Gross purulence (pus) drainage from the wound.
14. **Following Up with Dr. Cook.** You should follow up with Dr. Cook approximately 3 weeks after your surgery. The purpose of this visit is to evaluate the wound, evaluate your overall level of pain, and taper the pain medication. Pain medications and muscle relaxers are to be taken only as needed.
15. **Postoperative Visits.** You will be seen at the following approximate intervals: 3 weeks postoperatively, 6-8 weeks postoperatively, 3½ months postoperatively, 6 months postoperatively, 1 year postoperatively, and then annually thereafter to ensure there are no long-term consequences.
16. **Physical Therapy.** Most patients do not require physical therapy after undergoing an ACDF. However, if there is minimal improvement or significant stiffness present by eight weeks postoperatively, we will consider initiating physical therapy. For patients whose jobs involve moderate to heavy lifting, we typically allow return to work before the eight-week mark. Alternatively, if work cannot resume early, we will begin physical therapy at eight weeks with an emphasis on a work-hardening program, aiming for a return to full duties at approximately three months postoperatively.
17. **Be Patient.** The primary goal of the surgery is to prevent your condition from getting worse. It is common for patients to notice significant improvement, sometimes immediately after surgery. You may experience postoperative pain around the shoulder blades and trapezius area for an extended period following surgery. If symptoms have been present for a long time prior to surgery, improvement in radicular symptoms – such as arm pain, weakness, and numbness – may take longer. Full symptom relief can take 9-12 months.

18. **After Surgery**, if you run low on pain medications, you must allow 72 hours for a refill. DO NOT wait until you are out - **call our prescription request line at (850) 315-9241**.
19. If you have an illness before surgery (within the week of surgery) please notify our office, as your surgery may need to be rescheduled.
20. If an outpatient procedure is scheduled, please arrange to have someone with you at the Surgery Center, drive you home, and stay with you for 24 hours following the surgery. You must have a ride to and from the procedure by a responsible adult, friend, or family member. **You CANNOT use taxis, a ridesharing service (Uber, Lyft, etc.), or public transportation after surgery. We will not accept the liability, and your case will be cancelled.**
21. For urgent issues after hours or on weekends, please call **(850) 863-2153** and the answering service will contact the physician on-call. **Do not leave a message**. Wait for the prompts, and you will be connected to the answering service.
22. Please bring your insurance information, a list of all prescription medications, and a picture ID with you on the day of surgery.
23. Cancelling or failing to attend any of the pre-surgery appointments coordinated for you may result in the cancellation of your scheduled surgery.

DATE OF SURGERY: _____

FACILITY: _____

ARRIVAL TIME: _____

() THE FACILITY WILL CALL 24-48 HOURS BEFORE SURGERY WITH YOUR ARRIVAL TIME