

Dr. Cook ACDF Instructions / Information

The Surgery Center at Sacred Heart Medical Park

36500 Emerald Coast Parkway
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!** There are numerous very well-designed studies that demonstrate nicotine indirectly inhibits and prevents bone healing and bony fusion from occurring. Not only does nicotine use cause blood vessel constriction, it also has a direct effect on the bone healing process itself. This means no cigarettes, no electronic cigarettes, no chewing tobacco, no nicotine patches, and no nicotine gum. It is the nicotine that is the problem. If you are a smoker, you should immediately discontinue nicotine use as this is the most important thing you can do to prevent a poor outcome. Chantix and Wellbutrin are some medications that have been used to assist with smoking cessation, however, these need to be initiated on a case-by-case basis.
- 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. Prior to 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 not take any non-steroidal anti-inflammatory medications (NSAIDs) 10 days prior to surgery and during the first 12 months following surgery. These medications can act as blood thinners and can make the case significantly more difficult to perform, if they have been taken within a week of surgery. NSAIDs include Motrin, Ibuprofen, Advil, Aleve, Naproxen, Naprosyn, Celebrex, Vioxx, Etodolac, Lodine, Diclofenac, Meloxicam and Mobic. Well-designed studies have shown that these medications can decrease and even prevent bone healing and bony fusions from occurring. Other medications such as steroids should be avoided, if possible, but should be discontinued at the discretion of the patient's physician depending on other medical problems.
- 4. All Other Medications.** All other medications should be discontinued the day of surgery, except for beta blockers. These medications have been found by well-designed studies to be cardioprotective in the acute postoperative time frame. These medicines commonly end in -lol, i.e: Metoprolol, labetalol, etc.

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 prior to surgery and should not be restarted until after the first postoperative visit.
6. **Expect Swallowing Difficulty.** To perform the surgery, the esophagus is carefully moved and retracted out of the way to access the front of the spine. This causes inflammation of the esophagus, which results in both temporary swallowing difficulty, and sometimes hoarseness. Most of the time, this gets better within 3-6 weeks. Plan for a mechanical soft diet, such as cold protein shakes, soups, and soft foods in the first 2-3 weeks. If there is no significant swelling or difficulty, it is okay to advance the 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 kept on, even while sleeping. The c-collar can be replaced with the waterproof collar when taking showers. Plan to keep the c-collar on a minimum of 6-8 weeks. We will evaluate the continued use of the c-collar at the second postoperative visit. The patient can sit, lay, or sleep in any position if the c-collar is in place and the patient is comfortable. Usually, we discontinue the cervical collar at the second postoperative visit (6-8 weeks out), and we begin to advance the patient's activities as tolerated using pain as their 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. If the wound is dry, then it uncovered to the open air.
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 prior to 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.** You should walk at least 1 mile a day, every day by the 3-week postoperative mark. This can be done in one session, or it can be broken up over multiple sessions over the course of the day. The goal is to reduce the postoperative incidents of deep venous thromboses (DVT) and venous thromboembolism and improve the aerobic capacity of the patient.
12. **Bone Growth Stimulator.** For revision surgeries, as well as all levels of surgery, we try to get a bone growth stimulator approved. This device uses an electromagnetic field to help stimulate the body's stem cells to form bone more aggressively. We recommend you wear the bone growth stimulator 24 hours a day, (except for showering). The bone growth stimulator will be worn approximately 9-12 months postop. You will receive a call from the bone growth stimulator company within one week from surgery and more often after the surgery to deliver the bone growth stimulator and educate you on how to use it.

13. **Contact Orthopaedic Associates Immediately at (850) 863-2153, if the following occurs:**
 - A persistent fever develops and is greater than 101.5.
 - Uncontrolled pain despite taking pain medications as instructed.
 - 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 symptoms have not significantly improved by 8 weeks out, or there is significant postoperative stiffness, we will consider initiating physical therapy. If the patient has a job that requires moderate to heavy lifting, we will usually allow the patient to return to work no sooner than 8 weeks postoperatively. Alternatively, we will initiate physical therapy at the 8-week postoperative mark and focus on a work hardening program to get the patient ready to go back to work by approximately 3-1/2 months postoperatively.
17. **Be Patient.** The primary goal of the surgery is to prevent the patient from getting worse, however, it is common for patients to notice significant improvement, sometimes as early as on the recovery room table. It is typical for the patient to experience postoperative pain in the region around the shoulder blades and trapezial area for an extended period after surgery. If symptoms have been present for a long time, they can also take longer for the radicular symptoms such as arm pain, weakness, and numbness to improve. Sometimes it can take upwards of 9 – 12 months to get significant resolution of the symptoms.
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 of medication to call us. **The prescription request line is (850) 315-9241.**
19. If you have an illness prior to 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.**

**Fort Walton Beach**

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FL 32547

Destin

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Coast Parkway, Suite 3101
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Niceville

554-D Twin
Cities Boulevard
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Panama City

1827 Harrison Avenue
Panama City, FL 32405

Crestview

5300 South Fardon Boulevard
Crestview, FL 32536

P 850-863-2153 F 850-809-4312

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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 the day of surgery.
23. If you cancel, or do not show up to one of the appointments coordinated for you before your surgery, it may result in your surgery being cancelled.

DATE OF SURGERY: _____

FACILITY: _____

ARRIVAL TIME: _____

() THE FACILITY WILL CALL YOU 24-48 HOURS PRIOR TO SURGERY WITH YOUR ARRIVAL TIME