CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Anterior cervical discectomy and fusion

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, starts with the least invasive options that suit your condition. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. We assess you through your history, an examination, and imaging where needed, and we talk through what we find with you.

This operation is called anterior cervical discectomy and fusion. In plain terms, the surgeon works from the front of your neck, removes a worn-out disc that is pressing on nerves or the spinal cord, and joins the two vertebrae together so they heal as one solid piece. We usually suggest it when non-operative care such as activity change or physiotherapy has not given you enough improvement. It suits people whose symptoms match the findings on their scans, especially arm pain from a trapped nerve, pressure on the spinal cord, or neck pain with nerve symptoms. If you have noticeable muscle weakness, we may suggest operating sooner rather than later. The aim is to relieve your pain, settle your nerve symptoms, and help you return to your usual activities.

Before the operation

Once your operation is booked, we will give you clear instructions to follow in the days before you come in. You will need to stop eating and drinking for seven hours before surgery. We ask for seven hours rather than a shorter time so we can bring you forward if the theatre list runs early. Some medicines can affect your surgery, so tell us everything you take, and we will let you know which ones to pause and when. Bring a written list of your current medications with you. Arrange for someone to drive you home afterwards, as you will not be able to drive yourself. Wear loose, comfortable clothing on the day. If you have other medical conditions, you may also need blood tests or a review with the anaesthetist before surgery.

On the day

You will arrive at the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will then meet the anaesthetist, the doctor who puts you to sleep and looks after you during the operation. This operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain

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relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed. Afterwards, you will wake up in the recovery area, where nurses keep a close eye on you while the anaesthetic wears off. Once you are stable, you will either move to a ward or go home, depending on the procedure and how your recovery is going.

What the operation involves

The word 'anterior' means 'from the front'. Your surgeon makes a small cut on the front of your neck and works through to your spine from there. This way of reaching the spine means the worn-out disc can be removed without disturbing the spinal canal, the space that holds your spinal cord. Your surgeon removes the disc at the exact level that is causing your symptoms, then joins the two vertebrae together so they heal as one solid piece. This joining is called fusion.

To hold the bones together while they heal, your surgeon places a spacer made of a safe implant material into the gap where the disc used to be. Sometimes a small plate is added over the front of the spine for extra support. The choice depends on how many disc levels need treatment, and your surgeon will explain which approach suits you. If more than one disc is worn, the surgeon may instead remove a small piece of bone from a vertebra to reach the compressed nerves or cord, then fill the gap with a spacer.

The cut on your neck is closed with stitches, and a dressing goes over it. You will keep that dressing on for about 10 days, as described in the recovery section.

The aim of all of this is simple: take the pressure off the nerve or spinal cord, and give your neck a stable, healed structure in place of the worn-out disc.

After the operation

You will wake up in the recovery area, where nurses watch you closely as the anaesthetic wears off. Your team will tell you whether you go home the same day or stay one night in hospital. Pain relief is planned for you before you leave, and the nurses will check in with you regularly to make sure it is working. You will have a dressing over the small cut on your neck. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. Most people are up and walking within hours of surgery, and gentle movement around your home helps your recovery. Please arrange for someone to stay with you for the first 24 hours after you get home.

Recovery

The first few days bring some soreness at the front of your neck and some trouble swallowing. This is expected. Swallowing usually feels easier as the swelling settles, and soft foods and plenty of fluids help in the meantime. Your pain relief plan from hospital will keep you comfortable while you move around at home.

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You will be up and walking soon after surgery, as described above, and gentle movement around your home helps you heal. Your physiotherapist will guide you through simple neck and shoulder movements as your recovery progresses. You will not wear a brace. You can do light daily tasks at home, but avoid heavy lifting and strenuous activity until your surgeon tells you the bone has healed solid. Sleeping propped up with extra pillows can be more comfortable in the early days.

Milestones come as events rather than dates. Once the swelling settles, eating and talking feel normal again. Once your surgeon clears you to drive, you can return to the road; the general rules are that you must be able to hold the wheel with both hands and react in an emergency stop, and you must be off strong pain medication. Our driving guide explains this in more detail. As your neck strength returns, you can build back towards work and the activities you enjoy.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you along the way.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

The front-of-neck approach means some structures near the spine are moved aside during surgery. This can irritate the nerves that control your voice and your swallowing. You might notice a hoarse voice, or find that food or drink goes down slowly or feels like it sticks. This is common in the first days and usually settles as the swelling goes down. If swallowing stays difficult after the early days, or your voice does not return to normal, bring it up at your next review.

Some people feel more neck pain in the first few days after surgery than they expected. This usually eases with your pain relief plan. A smaller number of people have a deep, aching pain in the neck that lasts much longer. If pain is still troubling you months later, tell us at your review so we can look into it.

The two vertebrae are meant to heal together as one solid piece. Sometimes they do not join fully. You might notice neck pain that keeps coming back, or pain that never really settles the way you hoped. If this happens, we can check whether the bones have healed at your review appointments.

The spacer or plate holding the bones can occasionally shift before the fusion has healed. Warning signs include new or worsening neck pain, or a feeling that something has changed in your neck. Infection is also possible. Watch for redness spreading out from the wound, swelling, warmth, or fluid leaking from the cut. If you notice any of these, contact the clinic straight away. If you feel unwell with a fever, go to the emergency department.

Because one disc level above or below the fusion takes on extra load, it can wear out over time. This may cause new arm or neck pain years later. If that happens, bring it up at your review and we can arrange scans.

The complications table on this page lists typical rates if you want the specifics.

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When to call us

Call us if you notice redness, swelling, warmth or fluid leaking from your wound, or if you feel hot and feverish. Call us if pain suddenly gets much worse, or if new pain appears that was not there before. Go to emergency if you have calf swelling or pain, or shortness of breath. Go to emergency straight away if you lose feeling in an arm or leg, or cannot move it.

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