

SPECIFIC TOPICS

Returning Home After Surgery

Most patients who have had either an anterior or a posterior cervical operative procedure will leave the hospital a day or two after surgery. With their neurosurgeon's approval, they may return home even if they live a considerable distance away. Pain after cervical spine surgery is usually treated with a combination of analgesics, such as Darvocet, Vicodin, or other similar medications. Also muscle relaxants, such as Flexeril, are often used in addition to the analgesics.

Fusion Patients

Patients who have had fusions are generally discouraged from using anti-inflammatory medications because these tend to delay fusion. If you are a smoker, you will have been **strongly urged** by your surgeon to cease smoking. Medications (including patches or Zyban) will be prescribed for you, if necessary, to help you cease smoking during your recovery period. This is essential because smokers have **25% less likelihood** of a successful fusion than non-smokers!

Applying Heat

Heat is often effective treatment following cervical surgery. Applying heat by heating pad or warm towel several times a day will bring comfort to virtually every patient who has had a posterior surgical procedure and to some patients who have experienced anterior cervical surgery. This heat relieves the natural tightness that occurs during the postoperative period. A dry covering should be placed over the incision while the heat is applied.

Cervical Collar

If you have had a posterior operative procedure, you might be prescribed a soft **cervical collar**. This is purely for your comfort and should be discontinued as soon as possible. The purpose of the collar is to help relax the muscles in the back of the neck by keeping the chin up.

In general, the physicians at Front Range Center for Brain & Spine Surgery, P.C., discourage the routine use of cervical collars. If you will recall your childhood, either you or your friends may



have experienced a broken arm. If so, it was put in a cast that was probably removed in about six weeks. At that moment, you were no doubt surprised to see the loss of muscle that occurred through immobilization. We feel that by avoiding the cervical collar, patients reduce the degree of muscular degeneration. Therefore we prescribe collars only when necessary for immediate comfort or additional support.

A **neck brace or hard cervical collar** is generally reserved for a patient who has had fracture treatment and should be worn until the surgeon directs that it be discontinued.

Length of Recovery Period

Patients who have had a posterior operative procedure without fusion have one advantage over patients who have had anterior procedures that include fusion. After the muscle spasm has decreased for posterior, non-fusion patients, they do not have to wait for the bone graft to fuse! Patients who have had anterior procedures will have had bone grafts and plates employed and will naturally have a period of generally eight to ten weeks while the bone itself heals. It should be noted that this does not mean that the fusion patient will experience more discomfort during healing than the non-fusion patient. Bone healing will be ascertained by your surgeon through postoperative x-rays at appropriate intervals. Usually, the first x-ray is taken about eight weeks postoperatively. **Only after receiving an OK during a recovery checkup with your surgeon should an anterior or posterior fusion patient begin some of the activities listed below.**

Postoperative Muscle Tightness

During the postoperative period, patients will no doubt experience some muscular tightening. We advise patients to begin gentle range-of-motion exercises—usually three or four weeks postoperatively for fusion patients and as soon as comfortable for patients who have had posterior, non-fusion operations. These stretching exercises are designed to maintain the tone of the muscles of the neck through some very mild ligament stretching.



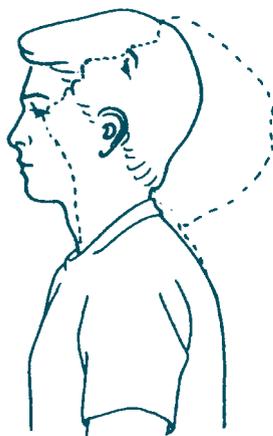
The Six Movements of the Neck

The human neck makes essentially six movements. All movements of the neck are combinations and varying percentages of these six movements. These gently performed movements are:

1) flexion—the movement in which the chin is lowered down toward the chest



2) extension—the neck is extended, as in looking upward toward the ceiling



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3 and 4) lateral rotation to the left and to the right—these are simply direct lateral rotation to either side



5 and 6) lateral flexion may be best described as trying to place the ear upon the shoulder through a sideways movement of the neck, directing the ear toward the shoulder tip on both sides



These six movements may be slowly performed occasionally to stretch the neck ligaments if they tend to feel tight. The movements can be performed at any time by patients who have **not** had fusions. If you have had a **fusion**, your surgeon will discuss with you when you can start them.

It is important that the patient himself or herself initiate these movements. Someone else should **not** grasp the patient's head and try to manipulate the neck in the above directions.



Tiredness After Surgery

You may have noticed, following your surgery, that you seem to tire easily. This lack of endurance is common to all patients who have had major operative procedures. Usually this is attributable to general anesthesia and dissipates in one month. Walking or similar aerobic activities can help patients regain their normal energy.

Smoking

It has been mentioned above, but cannot be stressed enough, that smoking will delay the healing of your incision. The anesthetic will remain in your system for a longer time and you will experience more fatigue if you continue to smoke postoperatively. The use of appropriate medications, such as a nicotine patch or the medication Zyban, are available to help you stop smoking during the postoperative period and beyond. Of particular importance is the fact that Zyban, if used, should be started and used for two weeks before diminution of smoking is begun.

Nutrition

During recovery from surgery, good nutrition is critical. Eating a well-balanced diet, a plan for which may be obtained from the hospital dietary staff, is very important. You should not overeat and gain weight. A daily multiple vitamin may also be helpful.

Car Riding and Driving

Car driving is of particular concern for patients who have had cervical surgery. The rapid, brisk movements we make while driving a car may be extremely uncomfortable during the first few weeks after surgery. As a general rule, we have found that, following neck surgery, it is more comfortable to be a passenger in a car than to be the driver. Car trips should be quite short for the first few weeks. If longer trips are contemplated out of necessity, we suggest that your comfort may be enhanced by the use of a soft cervical collar during the trip. We also suggest that heat be applied to the muscles by means of a hot towel or heating pad several times during the trip to help reduce some of the muscle and ligament tightening.