

Cervical Surgeries

Understanding your cervical surgery

You may be scheduled to have a cervical (cer-vi-cal) microdiscectomy (micro-disc-ec-tomy).

Discectomy (disc-ec-tomy) is a surgery to remove cervical (neck) herniated disc material that is pressing on a nerve. Microdiscectomy uses a special microscope to view the disc and nerves. This larger view allows the surgeon to use a smaller cut (incision). This causes less damage to surrounding tissue.

Cervical fusion is surgery to connect two or more bones (vertebrae) in your neck so they heal into a single bone. This will stop these two bones from moving and reduce pain.

You may also need to have a disc removed. If so, the surgeon will replace it with an artificial or fake disc. This might also be called a disc prosthesis or spine arthroplasty device. The fake disc will allow your neck to move like normal.

Because we want all of your questions to be answered every step of the way during your care, we have put together a list of the most commonly asked questions. We know that each patient is different. It is important to talk with your provider to get the best answer for your situation.

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Cervical Surgeries

How will I decide what surgery to have?

- Please discuss your surgical options with your surgeon.
- If you are not 100% certain, please call our care team at 207-885-0011 to discuss your questions or concerns.
- Decisions should always be based on your values and what's important to you.

What do I need to know about my medications?

- **Please let us know if you are taking blood thinners (Coumadin, Aspirin, Plavix, Xarelto, Predaxa, Eliquis, Heparin, and others).** If you take any of these medicines, you will need permission from your specialty doctor or your primary care provider before you stop taking them. You will need to have a plan in place for restarting them after your surgery. Please talk to your surgeon or call our office at 207-885-0011 with any questions.
- You should take all your normal medications unless otherwise instructed by our office or the pre-op team.
- Check with your surgeon to see if you need to stop taking over the counter medications (such as Aspirin, NSAIDS, and fish oil).
- Please let us know before your surgery if you have had any recent changes in medication or dosing.
- You do not need to bring your home medications to the hospital. Unless otherwise instructed during your pre-op assessment.

Questions you might have before your surgery

How will my pain be controlled?

- If you are taking pain medicine before your surgery, talk to your surgeon about how much and how often you take it. This will help them anticipate what your pain medicine needs may be following surgery.
 - We will manage your pain medication needs for 4-6 weeks after your surgery. You may not need pain medication for this long.
 - Many people only need pain medicines for 1-2 weeks following surgery.
 - If you need pain medication after the 4-6 week period, we may work with your primary care provider on a long term pain management plan.
 - If you do not have a primary care provider, we recommend that you start the process of finding one now.
 - If you have any questions or concerns about your pain management plan, please ask your surgeon or call our office at 207-885-0011.
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How long will my surgery be?

- Your surgeon can most accurately answer this question, so be sure to ask.
- On average, this type of surgery takes approximately 1-2 hours.

How long will I be in the hospital?

- Most patients need to stay overnight in the hospital for 2-4 days.
- Once we are sure your pain is managed and you can safely take care of your basic needs (bathroom, eating, drinking, walking), you will be able to go home.

Do you have instructions for my other health care providers?

- We recommend you tell your primary care provider you are going to have surgery.
- Inform your other health providers of your pain management plan.

Questions you might have after your surgery

When can I return to work?

- This depends on what you do for work and the progress of your post-surgery recovery.
- For many cervical surgeries, light duty can be achieved within 2 weeks and full duty within 4-6 weeks.
- If you know before your surgery that you must return to work by a specific date, please tell your surgeon so you can make a plan with this goal in mind.

How soon after my surgery can I drive?

- You may drive if you are no longer taking pain medication and if you have full range of motion and full leg strength to ensure safe driving.
 - Before driving, sit in your parked car for 15-20 minutes and practice the motions you would use while driving; for example, turning your head as you would to back up the car and pushing the pedals with full strength.
 - Riding in a car right after surgery, even as a passenger can be uncomfortable. We recommend you ride for short distances.
 - Patients that live a distance from the hospital should plan to make frequent stops when traveling home after discharge. Plan to stop and stretch before pain becomes an issue.
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What kind of support will I need at home after my surgery?

- It will be helpful to have meals prepared for a few days to 1 week after you return home.
- If you live alone, these could be made in advance or this could be a good way for friends or family to help out.
- If you have animals, especially dogs that need to be walked, we recommend help caring for them for 1-2 weeks following surgery.
- After surgery, the goal is to keep your spine in a “neutral” position.
- To keep discomfort at a minimum, limit frequent bending, lifting more than 8-10 pounds (about a gallon of milk), or frequently twisting your body for the first 2-3 weeks. If you have more detailed questions regarding support at home after surgery, please call our office at 207-885-0011 to discuss.

What will recovery be like after surgery?

- A majority of patients will experience decreased pain, increased function and mobility. However, it can take approximately 3-6 months for the maximum benefit of surgery to be achieved.
- You may have a temporary increase in symptoms for the first two weeks after surgery.
- How quickly you recover from surgery depends on your health history, activity, and the length of nerve compression prior to surgery. If you have increasing numbness and/or weakness after discharge, please call our office.

What can I do to help the healing?

- Limit or avoid activities which increase the pain.
- Change positions often or rest in positions that lessen your pain.
- Be aware and use good posture when moving, sitting and standing.
- Use ice or heat to comfort.
- Do stretching and simple exercises in comfortable amounts.
- Stop smoking.
- Get enough sleep.
- Eat a healthy diet.
- Drink plenty of water to stay hydrated.

**For questions and more information,
please call our office.**

Call Center Hours: 8 a.m.-5 p.m., Monday-Friday
Phone: 207-885-0011

You can also visit our website at
mainemedicalpartners.org/neuroedu