



COASTAL ORTHOPEDICS

Dr. Eric Sundberg

Anterior Cervical Fusion/Anterior Cervical
Disc Replacement

941-792-1404 X3234

What To Expect

- You will be contacted by Dr. Sundberg's assistant to help you through the surgical process. (Contact number 941-792-1404 X 3234)
- You will be required to obtain clearances based on your medical history. Please make Dr. Sundberg's team aware of any specialists that you see.
- You will have a preop appointment with Dr. Sundberg's Physician Assistant who will review your procedure with you and answer any questions you may have.
- You will have a preop appointment with the surgical facility.
 - If your surgery is at Coastal Orthopedics outpatient Surgery Center, the surgical nurse will contact you by phone.
 - If your procedure is at the hospital, you will have an appointment at the hospital.
 - The facility will give you instructions in regards to preop testing requirements for your procedure. This MAY include bloodwork, chest X-ray and EKG. **Please make the facility aware if you have had the COVID vaccine.**
- Please have a list of all your medications with the dosages and how often you take them.
- You will need to stop medications that can thin your blood, so include all over the counter and herbal medications in your list.

What Does Surgery Entail?

- You will meet with Dr. Sundberg and the Anesthesiologist in preop area. Dr. Sundberg will answer any questions you may have and mark your neck.
- Your procedure is done under a general anesthetic. This means that once you are asleep, a tube will be placed to protect your airway.
- You may or may not have a foley catheter placed after you are asleep to drain your urine. This is determined by the length of your procedure.
- You will have your nerves monitored by a neuromonitoring specialist during your procedure. Small needles will be placed after you are asleep.

What Does Surgery Entail? Cont.

- Dr. Sundberg will make an incision on the front of your neck. Usually it will be on the right side of your neck. Please advise Dr. Sundberg if you have had any type of previous surgery in the neck region. This includes any type of throat surgery. You may require an ENT (Ears, Nose and Throat) specialist to evaluate your vocal cords prior to surgery if you have had previous surgeries in the neck region. Dr. Sundberg will make this determination based on your past surgical history.
- Along with his PA, he will dissect down to the spine and remove the disc(s) and/or bone spurs causing your pain. This will decompress the spinal cord and allow your body to start healing the spine and nerves.
- If you are undergoing a fusion a cage (also called a spacer) will be packed with bone product and placed where the disc was removed.

What Does Surgery Entail? Cont.

- If you are undergoing a total disc replacement, instead of a cage being placed, we will use a device that mimics a normal disc. Not every patient is a candidate for this procedure.
- After your procedure is completed Dr. Sundberg will determine if you require a drain. If a drain is placed, the output of the drain will be measured every 8 hours and recorded. The drain will be removed before you leave the hospital if you are admitted or in the office (you will have a drain removal appointment with a Coastal Orthopedics Cast tech, usually 2 days after your procedure) if your procedure is performed at our outpatient surgery center.
- You will be closed by the PA and will have dermabond (surgical skin glue) over your incision.
- You will be placed in either a soft or hard neck collar following surgery and will need to wear it up to 6 weeks following surgery. (The PA will advise time requirement based on your procedure)

What to Expect Postoperatively

- Dr. Sundberg wants his patients to be up and walking the same day as surgery. This helps to aid in quicker healing and general health of patients. Please walk 10-20 mins twice per day.
- Some patients feel more comfortable sleeping slightly upright for the first couple nights. This could mean sleeping in a recliner chair or sleeping in bed with pillows elevating your head.
- You will need to cut your food into small pieces and chew food more than normal to avoid choking. Also have water available to help swallow food. The tightness is related to swelling and will improve.
- If you are having problems breathing call 911.

What to Expect Postoperatively

Cont.

- If you are having difficulty swallowing water contact Dr. Sundberg's office so we can assess your symptoms.
- You may remove your collar to eat and shower.
- You may shower 3 days after surgery if you do not have a drain. You may shower 2 days after your drain is removed.
- You may not lift anything greater than 5 lbs after surgery.
- You will see the PA 2 weeks after surgery. X-rays will be taken at that appointment and restrictions will be reviewed.
- No tub bathing, pool, hot tub or ocean until your incision is pink with no scabs. The PA will assess your incision.
- If you develop a fever (greater than 100.4 F) or drainage/redness of your incision, you need to contact Dr. Sundberg's assistant at 941-792-1404 x3234

Once You are Home

- Ice your neck 20 min on/20 min off throughout the day. This will help with swelling and pain.
- You will be given pain medication and a stool softener postop. Narcotic medication can cause constipation. We recommend getting over the counter ducolax suppositories to soften the stool at the end of your GI tract.
- Pain medications will take 48 hours to refill. Both Dr. Sundberg and his PA are in surgery multiple days per week and will be unable to refill medications on a daily basis. So please be aware of how many pills you have left.
- Do not take over the counter anti-inflammatories such as Advil, Aleve, or ibuprofen for at least 3 months, as these can cause a delay in healing. Tylenol is ok to take.
- You may have dental work 6 weeks after surgery.
- Contact Dr. Sundberg's assistant if you would like Home health Care at your home after surgery. A nurse and a physical therapist will visit your home 2 days per week.

Risks of Surgery

- Bleeding
- Postop infection
- Pseudarthrosis (you did not fuse, rate is 8-10%)-only for fusion cases
- Hardware failure
- Nerve injury
- Dysphagia (difficulty swallowing)
- Hoarseness of your voice
- Nerve palsy injury (isolated muscle group weakness)
- Adjacent level breakdown (10-20% chance)
- General anesthesia
- Death, stroke and paralysis are extremely rare

Things to Keep In Mind

- Surgical swelling takes about 6 weeks to improve, so increased activity prior to 6 weeks can increase swelling and pain.
- Arm pain can take 6 weeks or longer to improve because the nerve is irritated from being pinched.
- Numbness can take much longer to improve. That part of the nerve heals in very small increments and we do not consider anything permanent in regards to numbness until 1 year from the date of surgery.
- If you have a fusion, it takes 6-8 months for fusion to occur and your neck pain will continue to improve as fusion occurs.
- You will follow-up in the office at 2 weeks, 6 weeks, and then approximately every 3 months until 10-12 months from surgery. You will see the PA for the bulk of your appointments.