

Cardiff Spinal Clinic

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Anterior Cervical Discectomy and Fusion

Anterior cervical discectomy and fusion (ACDF) is fusing the cervical spine (neck) from an incision at the front of the neck. The oesophagus and the voice box are gently retracted/moved to enable approach to the front of the spine. X-rays in theatre are then used to determine the correct level/s before the disc material is removed and the spinal cord or nerve roots decompressed before a cage is inserted with either screws or a plate.

This procedure is performed for patients with a herniated disc causing nerve root symptoms, a disc osteophyte (bony spur) causing nerve root pain, cervical canal stenosis causing myelopathy (spinal cord compression).

Before anterior cervical fusion: after the decision to proceed with anterior cervical fusion has been made then you will be seen at the pre-assessment clinic where further assessment will be performed as well as the consent form will be signed. You will be given information to take home with you in respect of the consent with regards to risks and benefits and British Spine Registry information.

If you are taking any anti-inflammatory medication or blood thinning medication, then this needs to be highlighted and some medications need to be stopped at varying times before the surgery.

You should not eat six hours before the surgery but clear fluids, ie water, is permitted up to two hours before. You will be admitted to hospital on the day of the surgery approximately one to two hours before the start of the operative list.

During the procedure: an incision is made in the front of the neck. X-rays are used to determine the correct level where the symptoms are coming from. The anatomical structures in the front of the neck will be gently retracted to get access to the spine. The disc/s will then be removed, and a fusion cage will be inserted where the disc was with screws through the cage or a plate applied. A drain will be placed in the neck and then the neck wound will be closed. The surgery takes approximately one to two hours for a single level procedure.

After the surgery: you will be transferred from theatre to the recovery room. You will then be transferred back to your room. Hospital stay is approximately one to two days. The drain will be removed the following day. You will have x-rays before you leave hospital.

It is not uncommon to have some difficulty swallowing after the surgery and this generally improves with time. There will be medication to take home from the hospital. You will be given exercises by the physiotherapist before discharge. You will also need some physiotherapy following the procedure.

Recovery from this procedure varies greatly among patients and is dependent on the number of levels operated upon and the age of the patient as well as their general health. This also applies to return to work but normally this would occur within a period of four to eight weeks. Driving is safe after you have the ability to turn your neck appropriately to be able to reverse. You will have to contact your insurance to clear this. There is no reason why you should not be able to return to fully unrestricted physical activities as well as normal activities following this procedure. This will be guided by follow up visits and x-rays.