

**PCDF Discharge Instructions**  
**Orthopaedic and Spine Surgery Institute**  
**Posterior Cervical Decompression and Fusion (PCDF)**  
**Office #: 703-723-OSSI (6774)**

**Posterior Cervical Decompression and Fusion (PCDF):**

Removes bone spurs that are putting pressure on the spinal cord and/or nerve roots. Screws and rods in your neck hold your spine in place while the body heals and creates bone fusion.

**Post-op pain:** Usually moderate (not severe).

**Goals of Surgery:**

1. 1. Decrease neck and arm pain
2. 2. Stop symptoms of spinal cord compression from getting worse

**Top 4 things your surgeon wants you to know:**

1. 1. **Pain in the back of the neck and between the shoulder blades is common after a PCDF.** This usually gets better over the next few weeks. If you have trouble breathing after surgery, call 911 or go to the Emergency Room immediately.
2. 2. **You should avoid Nicotine** before and after your fusion for AT LEAST 3 MONTHS, nicotine interferes with healing of your fusion.
3. 3. **You should also avoid anti-inflammatories (NSAIDs)** for for at least 6-12 weeks after your surgery or until your surgeon gives you the ok to start taking them again. (Examples of NSAIDs: Ibuprofen (Motrin™, Advil™), Naproxen, Naprosyn (Aleve™), Meloxicam (Mobic™), Celebrex, Diclofenac, etc...)
4. 4. **In some cases, after a PCDF, you do not need a collar. If your surgeon did give you one based on your condition, you should wear your collar as directed by your surgeon until your first post-operative appointment.** You should also avoid excessive bending and twisting of your neck after surgery. Your surgeon will decide when your collar can come off.

Thank you for choosing OSSI.

If you have any concerns or questions do not hesitate to contact us on [www.OSSI-virginia.com](http://www.OSSI-virginia.com)

**Question Card (QCARD)**

Answers to frequently asked questions ABOUT YOUR PCDF:

<b><u>Airway/Breathing/Throat Pain:</u></b> <ul style="list-style-type: none"><li>• If you have <u>any trouble breathing or have excessive swelling in your neck</u>, call 911 or go to the emergency room immediately.</li><li>• Having a sore throat is normal, this gets better over the next few weeks after surgery.</li><li>• Stick with soft foods that are easy to swallow. Take small bites and chew your food well. Advance your diet to normal as tolerated.</li><li>• Ice and popsicles help with sore throat.</li></ul>	<b><u>Nicotine/smoking</u></b> <ul style="list-style-type: none"><li>• It is important to avoid all types of nicotine <u>for at least 3 months after your surgery</u>, as this decreases fusion rates and can lead to future complications. (Ex: cigarettes, smokeless tobacco, e-cigarettes, nicotine patches or gum)</li></ul>
<b><u>Dressing/Shower</u></b> <ul style="list-style-type: none"><li>• You can take your dressing off 1-2 days after surgery. <b>You can take a shower 2-3 days after surgery, once the incision is sealed and not open or leaking fluid.</b></li><li>• Ok for gentle soap and water to run over incision, do not scrub, pat dry with towel. Please avoid tub baths, swimming pools and hot tubs until the incision is completely healed (4-6 weeks).</li><li>• <b>Occasionally your incision may bleed and your dressing may get saturated with blood, this is okay.</b> The dressing can be changed to a new, clean dressing.</li><li>• If the bleeding does not slow down or stop with a clean/dry dressing, you may need to be seen for a wound check.</li></ul>	<b><u>Incision care</u></b> <ul style="list-style-type: none"><li>• If there is no drainage, your incision can be left open to air without a dressing after 3 days.</li><li>• If there is drainage, cover with a clean and dry dressing. If it does not slow down or stop after a few days, you may need to call the office to have your wound checked.</li><li>• If you have skin glue or tape, try to leave intact for the first 2 weeks.</li><li>• Notify our office if you have a fever of 101.5F or if you notice redness at your incision site and the area around incision is warm or hot to your touch.</li><li>• The incision area should always be kept clean and dry.</li></ul>

<p><b><u>Pain/Weakness</u></b></p> <ul style="list-style-type: none"> <li>• <b>Surgical neck pain and muscle spasms are normal after a spine surgery.</b> This usually gets better over the next few weeks.</li> <li>• Numbness, tingling and weakness that you had before surgery may take time to improve.</li> <li>• If you develop significant new weakness after you get home, you should call the office: 502-584-7525 or go to the Emergency Room.</li> </ul>	<p><b><u>Collars</u></b></p> <ul style="list-style-type: none"> <li>• <b>Not everyone gets/needs a collar after surgery.</b></li> <li>• If you have been given a collar following surgery, the goal of the collar is to keep your chin up and away from the chest and stabilize your fusion.</li> <li>• <b>You should wear your collar until your first post-op appointment.</b></li> <li>• <b>You should wear it as ordered by your surgeon.</b></li> <li>• <b>It is ok to take collar off while showering,</b> however keep your chin up and head still.</li> </ul> <p><b><u>***My Collar instructions (write below):</u></b></p>
<p><b><u>Anti-inflammatories (NSAIDS)</u></b></p> <ul style="list-style-type: none"> <li>• <b>You should also avoid anti-inflammatories (NSAIDS) for <u>for at least 6-12 weeks after your surgery</u>,</b> or until your surgeon gives you the ok to start taking them again. (NSAIDs: Ibuprofen (Motrin™, Advil™), Naproxen, Naprosyn (Aleve™), Meloxicam (Mobic™), Celebrex, Diclofenac, etc...)</li> </ul>	<p><b><u>Driving</u></b></p> <ul style="list-style-type: none"> <li>• No driving until you are off of all narcotic/sedative medications AND can move well enough to be safe behind the wheel, this is <u>usually after your first post-operative appointment</u>.</li> <li>• <b>Check with your doctor at your first follow up appointment (4-6 weeks post op) about when you should start driving.</b></li> </ul>
<p><b><u>Pain Medication/Refills</u></b></p> <ul style="list-style-type: none"> <li>• If you need refills on your prescriptions, please contact Leatherman Spine Center 2-3 days before you are out of medications so we have sufficient time to process your request. <u>Refill requests on Friday afternoons/holidays will likely be addressed on the next business day.</u></li> <li>• <b>Opioids are an addictive medication, therefore, you should start weaning off opioid pain medications on your own as soon as you are able to (Ex: Hydrocode/Oxycodone).</b></li> </ul>	<p><b><u>Other Medications</u></b></p> <ul style="list-style-type: none"> <li>• <u>Tylenol(Acetaminophen):</u> Your pain medication likely has acetaminophen in it. Taking additional Tylenol/acetaminophen can put you over the daily recommended 4,000mg, which can harm your liver.</li> <li>• <u>Muscle Relaxers:</u> One of the side effects of your muscle relaxer is drowsiness. If you begin to feel too drowsy and you are not able to get up safely to ambulate, decrease the frequency of your muscle relaxer.</li> </ul>
<p><b><u>Activity</u></b></p> <ul style="list-style-type: none"> <li>• When you go home you may get up and walk... <b><u>we want you to be active!! J</u></b></li> <li>• You may go up and down stairs, but make sure to hold on to the rail and have someone with you</li> </ul> <p><b>You should avoid excessive bending and twisting of your back and may not lift anything over 10 pounds until cleared by your surgeon – typically 6 weeks post-op.</b></p>	<p><b><u>Constipation/Bloating:</u></b></p> <ul style="list-style-type: none"> <li>• <b>A common side effect of narcotic pain medication is constipation.</b></li> <li>• Taking over the counter stool softeners/laxatives may help. Please follow package instructions.</li> <li>• <u>Stool softeners/Laxatives include:</u></li> </ul> <p>Milk of Magnesia, Miralax, Dulcolax suppository, fleets enema, Magnesium Citrate Drinking fluid, activity, and diets high in fiber are also helpful in relieving constipation.</p>
<p><b><u>Follow up with Primary Care Provider</u></b></p> <ul style="list-style-type: none"> <li>• If you have any of the below problems, we suggest <b>you see your Primary Care Provider within 1 week after your surgery</b> to make sure your other medical issues are doing ok.</li> <li>• See your <u>primary care provider</u> if you have a <u>history of:</u> Heart problems, lung problems, stroke, diabetes, are over the age of 65, are taking a blood thinner, or have several medical problems, or take greater than 10 prescription medications.</li> </ul>	<p><b><u>Emergency Room Use</u></b></p> <ul style="list-style-type: none"> <li>• You have trouble breathing, chest pain, or significant NEW weakness after your surgery, please go to a Emergency Room immediately.</li> <li>• If you have any other problems related to your surgery, <b><u>PLEASE CALL OUR OFFICE BEFORE GOING TO THE EMERGENCY ROOM,</u></b> as we can likely address your problem or get you an appointment scheduled and save you a trip to the ER.</li> </ul>