Cotton O'Neil Neurosurgery and Spine Center — Stormont Vail Health

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Preparing for Your ACDF

VERSION V1.0

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Anterior cervical discectomy and fusion. What is different about getting ready for this particular operation.

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Start with the general guide

Our **Preparing for Your Spine Surgery** handout covers everything that is the same no matter which operation you are having: stopping nicotine, getting your medical conditions optimized, the medication review and the coordinated preoperative visit, setting up help at home, the Hibiclens showers, and the morning-of routine.

Read that one first. This page only covers what is specific to an ACDF.

If anything here conflicts with what Dr. Tuchek, the pre-anesthesia team, or your other physicians tell you, **follow their specific instructions.** Those are tailored to you; this is a general roadmap.

What makes this operation different

ACDF is done **through the front of your neck**, not the back, under **general anesthesia**. Through a small transverse incision, the diseased disc is removed and replaced with an interbody spacer, and a small plate or integrated cage holds the segment in place while bone fusion completes over the following months.

Two consequences shape how you prepare:

1. **It is a fusion.** Bone has to heal for the operation to succeed.
2. **The approach passes next to your throat.** A mild sore throat and some difficulty swallowing for a few days afterward is normal and expected.

The universal step that matters most here: nicotine

The general guide asks every patient to be off nicotine for at least four weeks. For a fusion that instruction carries extra weight.

The bone may not fully fuse, which is more likely across multiple levels and in patients who use nicotine.

If you smoke, vape, dip, or chew, this is the most important thing you can do for your surgery. Call our office at **(785) 368-0767** for a referral to Stormont Vail's tobacco-cessation support.

Ask how many levels are planned

The number of levels changes what you should pack and how long your family should expect to wait.

- **Plan to arrive about two hours before your scheduled time**, unless the hospital pre-op call gives you a different time.
- Surgery takes **1–2 hours per level**.
- **Most single-level patients go home the same day. Two-level cases often stay one night.**
- **Dr. Tuchek does not routinely use a cervical collar after surgery.**

So: if your operation is a single level, plan a same-day ride home and **arrange for a responsible adult to stay with you overnight**. If it is two levels or more, pack an overnight bag anyway — it costs nothing to bring it home unused.

Plan for a sore throat and swallowing

Mild sore throat and difficulty swallowing for a few days is normal. So is temporary hoarseness — the nerve to the voice box runs near the approach and can be irritated, which usually recovers.

- **Stock soft, easy-to-swallow foods** at home — such as yogurt, soup, applesauce, or smoothies — for the first few days.
- **No formal voice rest is needed.** Speak normally as comfortable; temporary hoarseness usually improves on its own.

Knowing this ahead of time is most of the preparation. It is expected, not a sign that something has gone wrong.

The skin check applies to the front of your neck

The general guide asks you to check the skin over your surgical area at least two weeks out. For an ACDF that means **the front and sides of your neck** — not your back.

Do not shave the front of your neck in the days before surgery, since shaving nicks can raise the risk of irritation or infection. Tell us about any rash, open sore, cut, or active infection there with enough lead time that we can address it before your date.

What to arrange for afterward

- **Return to desk work in about two weeks.** Ask for that time off now rather than the week of surgery.
- **Driving when you are off narcotics.** Line up rides for at least the first stretch, including your ride home and your follow-up visits.
- **Bony fusion completes over three to six months, and imaging at follow-up confirms it.** Expect follow-up appointments across that window and plan around them.

Other handouts that matter most for this operation

Ask our office for these:

- **Preparing for Your Spine Surgery** — the general prep guide. Start here.
- **Anticoagulant and Antiplatelet Medications** — if you take aspirin, Plavix, Brilinta, Eliquis, Xarelto, Pradaxa, Savaysa, or Coumadin.
- **GLP-1 Medications and Surgery** — if you take Ozempic, Mounjaro, Wegovy, or Trulicity.
- **The Day of Your Surgery** — the morning-of routine and what happens at the hospital.
- **Spine Surgery Recovery** — what the days and weeks afterward look like.

When to call us

Before surgery, call our office at **(785) 368-0767** during clinic hours if you develop a fever, cough, or new illness; a new cut, rash, or skin infection on your neck; or if you realize you took a medication you were told to hold.

For medical emergencies, call 911 or go to the nearest emergency department. The clinic line is not an emergency line and is not staffed overnight.

The general guide's full "When to call us" list applies to this operation as well.

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This handout provides general guidance for patients of Chad Tuchek, MD at Cotton O'Neil Neurosurgery and Spine Center, Stormont Vail Health. It is not individualized medical advice. Always follow the specific instructions you receive from your surgeon and at discharge. **For medical emergencies, call 911.**