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

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Preparing for Your Posterior Cervical Fusion

VERSION V1.0

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Decompression and fusion from the back of the neck. 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 a posterior cervical fusion.

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

This operation addresses the spinal cord **from behind the neck**. The lamina at the affected levels is removed, the cord is given room, and lateral mass screws connected by rods stabilize the segment. Bone graft is placed to promote long-term fusion. **Intraoperative neuromonitoring is used throughout** — nothing extra is needed from you beforehand, and the anesthesia team tailors your anesthetic for it.

It is the approach used for **multi-level disease — three or more levels** — and for cases where the cord compression comes primarily from behind. The goal is stated plainly:

> Goal is to halt myelopathy progression and give the cord space to recover.

Three things follow, and each one changes how you prepare: it is a **multi-hour operation with a hospital stay**, it involves **more muscle dissection at the back of the neck** than an anterior approach, and **bone has to heal** for the fusion to succeed.

The universal steps that matter most here: nicotine, skin, and dental timing

Nicotine. The general guide asks every patient to be off nicotine for at least four weeks. For a fusion that instruction is load-bearing:

> Nicotine impairs bone healing and fusion.

Skin and hair. Wound infection is a recognized risk of the posterior approach. The general guide's skin check applies to **the back of your neck and upper back** for this operation — tell us about any rash, open sore, or active infection there with enough lead time that we can address it before your date. **Hair along the back of your neck is clipped in the operating room** — do not shave it at home; wash your hair normally and follow the general guide's Hibiclens instructions.

Dental work. The general guide asks you to finish any planned dental cleaning or dental work more than two weeks before surgery, and not after. That timing rule earns its place here.

Plan the calendar now, not the week of surgery

- **Plan to arrive about two hours before your scheduled time**, unless the hospital pre-op call gives you a different time.
- **Surgery typically takes three to four hours.** Tell whoever is waiting.
- **Expect a hospital stay of one to three nights.** Pack for the longer end of that.
- **Return to desk work in four to six weeks. Full activity at three months.**

Arrange time off and rides on that scale, not on a one-week scale.

Expect the early soreness — and set up help for it

The muscle dissection at the back of the neck is more substantial than an anterior approach, so expect meaningful neck and shoulder-girdle soreness in the early weeks.

Having **extra pillows or a supportive neck or travel pillow** on hand can help you find a comfortable sleeping position in the early weeks.

That is why the general guide's "identify a primary caregiver" step is not a formality for this operation. Our **Caregiver Preparation Guide** is written for the person helping you — give it to them before surgery, not after.

Three things to know before surgery day, so they are not a surprise

Neck stiffness. Some lasting stiffness is an expected trade-off of fusing several levels, rather than a complication.

Temporary facial or eyelid puffiness. Because the operation is performed face-down for several hours, mild temporary facial or eyelid puffiness afterward is common and usually settles over a day or two.

C5 palsy. After cervical decompression, some patients develop weakness of the shoulder or upper arm. It typically appears in the days after surgery and usually improves over weeks to months. Knowing the name and the shape of it beforehand is most of the preparation.

About a cervical collar

A soft collar is not routinely used after surgery. If one is planned for comfort in your case, our team will let you know and provide it.

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.
- **Caregiver Preparation Guide** — for whoever is helping you at home.
- **Caring for Your Incision** — wound care, which matters for a posterior neck incision.
- **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 upper back; 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.**