

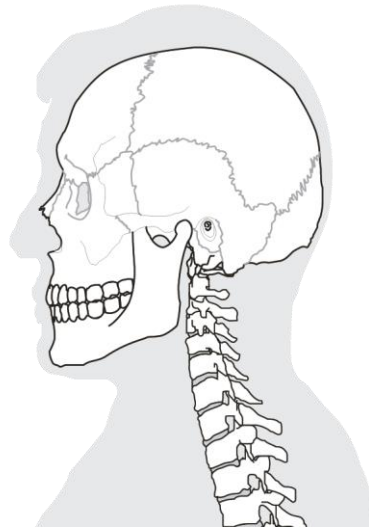
Neck Surgery

(Cervical Spine Surgery)

Your surgery and recovery at home

I am having a:

- ☐ Discectomy
- ☐ Laminectomy
- ☐ Foraminotomy
- ☐ With fusion
- ☐ With instrumentation



This booklet belongs to: _____

We also give you 'Preparing for Your Surgery' booklet.

Read both booklets carefully.

Bring both booklets to every hospital visit before your surgery.

Neck Surgery

(Cervical Spine Surgery)

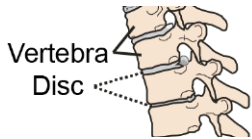
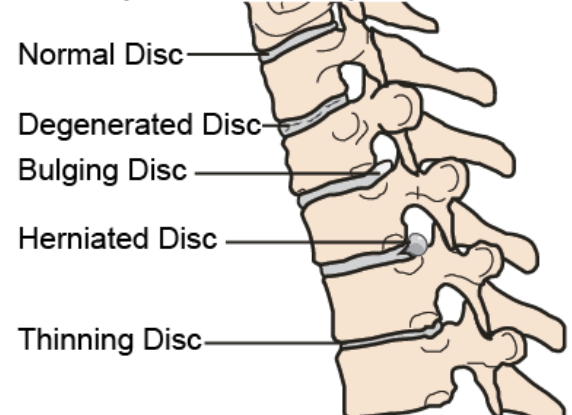
You are having surgery (an operation) on the neck - the cervical part of your spine. This surgery is usually done to relieve pressure on a spinal nerve or the spinal cord. This could be caused by:

- a bulging disc
- a narrowing of the spinal canal
- a bone spur
- worn out or injured disc(s)
- a tumor
- a broken bone in the neck

This pressure can result in:

- pain in the neck, shoulder(s), or arm(s)
- numbness and/or tingling in the neck, arm(s), or finger(s)
- weakness in the arm(s)

Examples of disc problems



Types of surgeries to relieve pressure on a nerve or spinal cord

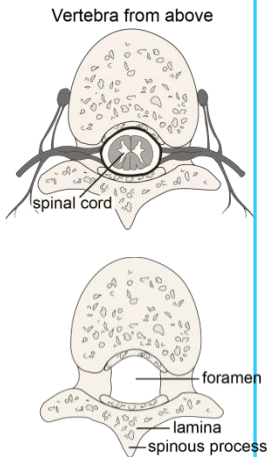
Discectomy	Remove all or part of a bulging disc
Laminectomy	Remove the back part of the vertebra, called the lamina
Foraminotomy	Increase the size of the opening within the spine that holds the spinal column, called the foramen
Fusion	Reinforce the spine between the vertebra with substitute bone, metal plate and screws, wires, or a combination of these to give stability

A discectomy, laminectomy, and/or foraminotomy could be done in the same surgery.

To do the surgery, the surgeon makes one cut through the skin (an incision). You will have one incision 5 to 10 centimetres (2 to 4 inches) long in the front or back of your neck. The surgeon will talk with you about which approach is best for you.

This surgery usually takes about 2 hours.

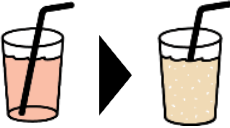


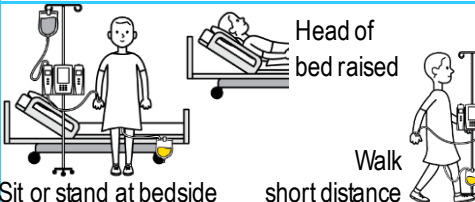
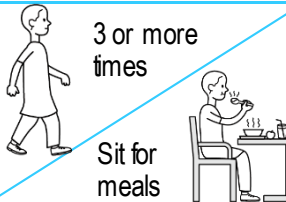

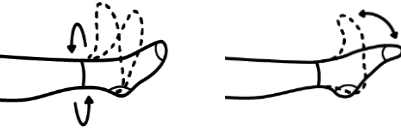
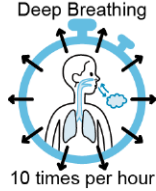
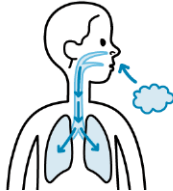
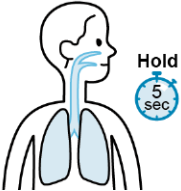


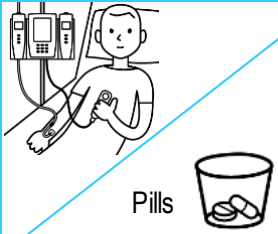

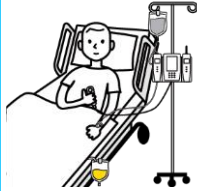
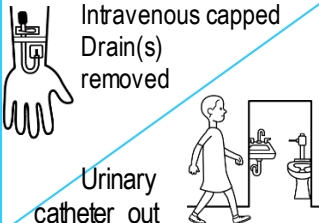
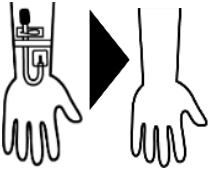
Note: If you had a neck collar fitted before surgery, please bring it with you when you come for your surgery.



Read 'Preparing for Your Surgery' booklet for instructions on how to prepare for your surgery.

Path to Home Guide: Neck Surgery

This gives you an example of a person's recovery in hospital after surgery done by an open incision.

Category	After Surgery		
	Surgery Day	Day 1	Day 2
Nutrition	 Clear fluids to full fluids	 Regular diet	
Activity	 Sit or stand at bedside Head of bed raised Walk short distance	 3 or more times Sit for meals	
	Leg exercises every day 		
Deep Breathing Exercises	Every day    		
Pain Control	 PCA pump*	 Pills	
	Pain at a level comfortable for you		
Tubes and lines	 Intravenous Surgical drain tube(s) Urinary catheter	 Intravenous capped Drain(s) removed Urinary catheter out	

* PCA Patient Controlled Analgesia is a pump connected to your intravenous that lets you give yourself pain medicine when you need it.

After Your Surgery

Going home



How long you stay in the hospital depends on:

- your health before the surgery
- the type of surgery
- how you recover from the surgery

Most people can go home 1 to 3 days after surgery.

You are ready to go when:

- ✓ You are eating and drinking (You can swallow food and drinks safely).
- ✓ You can move around safely.
- ✓ Your incision is healing.
- ✓ Your bladder and bowels are working (can pee and pass gas).
- ✓ Your pain is well controlled with pills.
- ✓ You know what medications (including new ones) you are taking, how to take them, and why you need them.
- ✓ You have prescription(s) for your medications, if needed.
- ✓ You have a ride home from the hospital.
- ✓ You have arranged for some help at home for the first few days, if needed.

Caring for Yourself at Home

Managing pain

It is normal to have some discomfort or pain when you return home. This should steadily improve but might last for a few days to a couple of weeks.

Your pain should be at a comfortable level that allows you to move, deep breathe, cough, and to do every day activities.

The level of pain and type of pain medication you need depends on:

- The type of surgery you had
- How the surgery was done (open or laparoscopy)
- If you were taking pain medicine before surgery

If you had numbness and/or tingling in your arms, hands, or fingers before surgery, it could still be there after surgery. These are usually the last to go away. It can take a few weeks. You might also experience muscle spasms.

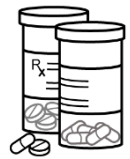
When you are ready to go home, your surgeon will give you instructions to take pain medicine. This might include a prescription for an opioid (narcotic).

For the first few days:

If your pain is at an uncomfortable level, take your pain medicine as directed. As your pain improves, take your pain medicine less often and/or a smaller amount until you have little or no pain, then stop.

At first, you might have to take a prescription medication. After a short time and as your pain improves, a non-prescription pain medicine should be enough to manage your pain.

You might find using an ice pack helps with the pain. Put the ice pack over the painful area for 15 to 20 minutes at a time, 3 to 4 times a day. Always wrap the ice pack in a towel. Never put ice directly on your skin.



Questions about medicines?

Call your local pharmacy and ask to speak to the pharmacist.

For after-hours help, call 8-1-1. Ask to speak to a pharmacist.



Non-prescription pain medicines (also called 'over-the-counter' medicines) – You buy them at the pharmacy without a prescription. You might only need to take this type of medicine if you don't have much pain after surgery.

Examples of non-prescription medicines (and brand names):

- acetaminophen (Tylenol®)
 - acetylsalicylic acid or ASA (Aspirin®)
 - non-steroidal anti-inflammatory drugs (NSAIDs)
- Examples: ibuprofen (Advil®, Motrin®) ★
 naproxen (Naprosyn, Aleve®) ★

★ **Note:** **NSAIDs are not for everyone after surgery.** If you have (or have had) health problems such as stomach ulcers, kidney disease, or a heart condition, check with your surgeon or family practitioner before using NSAIDs.

Remember

You can do other things to help ease your pain or distract you from the pain:

- ✓ Slow breathing
- ✓ Listen to music
- ✓ Watch T.V.

Family Practitioner:

Refers to either a family doctor or nurse practitioner

Opioid (narcotic) pain medicines – You might get a small number of pills for severe pain.

They are only meant to be taken for a short time. Take only as much as you need to allow you to do daily activities.

Examples of opioid pain medicines:

- Tramacet® (tramadol and acetaminophen) ★
- Tylenol #3® (codeine and acetaminophen) ★
- Oxycocet® / Percocet® (oxycodone and acetaminophen) ★
- tramadol, hydromorphone, morphine, oxycodone

★ **Note:** These medications also have 300 to 325mg acetaminophen in each tablet. All total, **do not** take more than 4000mg of acetaminophen in 24 hours (too much can harm your liver).

When taking non-prescription pain medicines as well, most people need to take a lower amount of the opioid or take the opioid less often.

Safe use of opioid pain medicines

If you are using any medicines with opioids (narcotics) in them, we want you to do so safely. However, serious problems can happen. Take note of the following safety information.

Before taking opioids:

- Tell your surgeon if you have sleep apnea. Opioids can make your sleep apnea worse.

Safely storing opioids:

- Store opioid medicines in a secure place.
- Keep out of sight and out of reach of children, teens, and pets.
- Never share your opioid medicine with anyone else.

Safely disposing of unused opioids:

- Take any unused opioid medicines back to your pharmacy to be safely disposed.
Do not keep unused medicines at home.

Safely taking opioids:

- Your pain should lessen over the first week. You should not need to take opioid pain medicine for more than 1 week.
- Always use the least amount possible for the shortest amount of time.
- Common side effects include constipation, feeling sick to your stomach (nausea), a dry mouth, sweating, dizziness, and feeling drowsy.
- **Do not** crush, cut, break, chew, or dissolve opioids before taking. Doing this could cause serious harm, even death.
- While taking opioid pain medicines:
Do not drive or drink alcohol.
Do not take any sleeping pills unless your doctor has said you can.

Always read the label and/or information from the pharmacist for how to safely take medication.

Drinking and eating

You might have trouble swallowing and your throat might be sore. You might need to modify your diet to fluids and soft foods. The soreness and trouble swallowing should go away within a few days or weeks.

It might take some time before your appetite returns to normal. To heal, your body needs extra calories and nutrients, especially protein. To get the nutrients you need:

- Eat smaller meals more often for the first few days.
- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).

Eat foods high in protein such as meat, poultry, fish, eggs, dairy, peanut butter, tofu, or legumes.

Need help with food choices?
Call 8-1-1.
Ask to speak to a dietitian.

Keeping your bowels regular

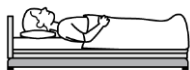
You can get constipated because you are less active, eating less fibre, or are taking opioid pain medication.

To prevent constipation:

- Drink at least 6 to 8 glasses of liquid each day (unless you have been told differently because of a medical condition).
- Eat high fibre foods such as bran, prunes, whole grains, vegetables, and fruit.
- Increase your activity.

If you continue to be constipated, talk with a pharmacist or family practitioner about taking a laxative.





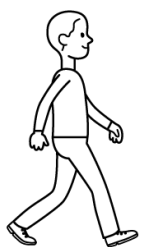
Getting rest

It is very common in the first few weeks to feel tired and have low energy. Rest and sleep help you heal.

Try to get at least 8 hours of sleep each night. Take rest breaks and naps during the day, as needed.

If you have trouble sleeping, talk to your family practitioner.

Being active



Activity and exercise help build and maintain your muscle strength, give you more energy, and help with recovery. You need to find a balance between rest and activity. Pace yourself for the first few weeks.

If your surgeon wants you to wear a neck collar, our occupational therapist will help you with this and show you how to wear it. (**Remember** to bring yours with you to the hospital if you had one fitted before surgery.)

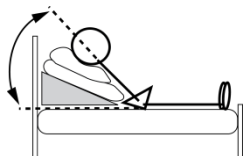
Before you leave the hospital, our physiotherapist might give you specific instructions for activity and exercise at home.

Slowly increase how much you do each day (your activity level). Increase the distance and time you walk. Only increase your activity level as much as you comfortably can.

If you are still having pain, exercise 30 minutes after you have taken your pain medication.

To protect your neck

- For at least the first 24 hours when lying down, keep your head and shoulders up on pillows (raised 10 to 30 degrees).
- When sitting, walking, and doing daily activities, try to keep your head and neck in a neutral position.
- When sitting, use a chair with a high back that will support your neck.
- Avoid doing any activities that could cause any sudden movement or stress in your neck and shoulders.
- **Do not** tilt your head to the side or poke your chin forward.
- **Do not** twist or turn your neck.



For the next 4 to 6 weeks or until you see your surgeon:

- ✖ **Do not** lift, push, or pull anything over 4 to 5 kilograms (10 pounds). This includes carrying children and groceries.
- ✖ **Do not** vacuum, rake leaves, paint walls, reach for things in high places, or any other reaching activity.
- ✖ **Do not** play any sports, do high intensity exercise, or weight training.



A 4 litre milk jug weighs 4 kg (9 pounds)

You can return to **sexual activity** when you feel ready and your pain is well controlled.

You cannot drive until approved by your surgeon or family practitioner. It is unsafe and illegal to operate a motor vehicle while wearing a restrictive neck collar.



Remember: Do not drive when you are taking opioid pain medication.

Caring for your incision

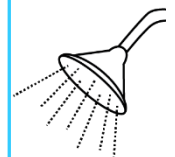
Always wash your hands before and after touching around your incision site.

Before you leave the hospital, your nurse will teach you how to care for your incision.



Showering:

- You can shower starting 3 days after surgery.
- Continue to take only showers for at least 2 weeks after your surgery.
- Try not to let the shower spray directly on your incision(s) or bandage if still covered. Gently pat the area dry.



For at least the next 2 weeks or until the incision is healed:

- ✖ No soaking in the bath tub or hot tub
- ✖ No swimming.
- ✖ No creams, lotions, or ointments on your incision, unless directed by your surgeon.

Doing any of these things could delay healing.



When to get help

Call your surgeon or family practitioner if:

- Your pain does not ease with pain medicine, or it stops you from moving and recovering.
- You have a **new** numbness, tingling, or weakness in your arms or legs.
- You have a fever over 38°C (101°F).
- Your incision is warm, red, swollen, or has blood or pus (yellow/green fluid) draining from it.
- You have a cough that continues to get worse.
- You notice stinging, burning, or pain when you urinate (go pee) or your urine smells bad.
- You have redness, tenderness, or pain in your calf or lower leg.
- You are throwing up often.
- You have diarrhea that is severe or continues for more than 2 days.
- You feel increasingly tired or dizzy.

Cannot contact the surgeon or family practitioner?

Have any questions about your recovery?

- ▶ Call Fraser Health Virtual Care, 10:00 a.m. to 10:00 p.m., daily **1-800-314-0999**
fraserhealth.ca/virtualcare
- ▶ Call **8-1-1** (HealthLinkBC) to speak to a registered nurse any time - day or night.

▶ Call 9-1-1 if you have any of the following:

- ▶ severe problems swallowing
- ▶ a very hoarse voice
- ▶ trouble breathing or shortness of breath
- ▶ extreme drooling
- ▶ face drooping
- ▶ any sudden, severe pain
- ▶ chest pain

9-1-1



HealthLinkBC is available in 130 languages.

For an interpreter, say your language in English. Wait until an interpreter comes on the phone.

Appointments after surgery

If you have staples or sutures (stitches) closing your incision, arrange for them to be removed either 10 to 14 days after the surgery or as instructed by your surgeon.

I have an appointment with: _____
(surgeon or family practitioner)

My appointment is on: _____

See your family practitioner 7 to 10 days after going home from the hospital.

My appointment is on: _____

If requested, go for an x-ray (medical imaging) _____ weeks after surgery.

See your surgeon 6 to 7 weeks after going home from the hospital.

My appointment is on: _____

Questions you might have:

Examples: 'When can I go back to work?' 'When will I be able to return to my regular activities?' 'When can I return to my sports?'



www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

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To order: patienteduc.fraserhealth.ca

