

## Physiotherapy – Elective Orthopaedics

# Anterior Cervical Discectomy and Fusion (ACDF)

This information is written for patients as a guide to help with your recovery following an Anterior Cervical Discectomy and Fusion.

### Who is an Anterior Cervical Discectomy and Fusion (ACDF) for?

An anterior cervical discectomy and fusion (ACDF) is surgery for people with long-term neck and arm pain or symptoms like numbness or weakness in the arms and legs. These symptoms can affect walking and balance.

Only a small number of people with neck and arm pain will need surgery. However, if symptoms do not improve or get worse despite treatments such as physiotherapy, medication or injections, surgery may be needed. An ACDF is usually not helpful for those who only have neck pain.

Although the operation is not a 'cure,' most people (up to 9 out of 10) feel better with less arm pain or symptoms like numbness, weakness, or balance issues. The improvement may not happen straight away and could take a few weeks. It is also important to know that some symptoms may carry on after the surgery and it might not stop them from coming back or getting worse later.

### The Anterior Cervical Discectomy and Fusion (ACDF) procedure

An Anterior Cervical Discectomy and Fusion (ACDF) is a surgery done through a small cut at the front of your neck. You will have a general anaesthetic, so you will be asleep during the operation.



## Patient Information

The operation involves removing discs and/or bones (vertebrae) that may be pressing on the nerves in your neck or spinal cord, which are causing your symptoms. The surgeon will place a synthetic implant in the space left by the removed disc(s) and will join 2 or more bones together in your neck (this is called a spinal fusion) using a small plate and bone graft. This helps keep your neck strong and stable after surgery.

### Risk and Complications of general anaesthetics

General anaesthetics can have some risks. These might depend on your health. Risk and complications:

- **Common temporary side effects** (happens to 1 in 10 to 1 in 100 people): things like bruising or pain, blurred vision, and sickness, and these usually go away quickly.
- **Less common complications** (happens to 1 in 100 to 1 in 10,000 people): Temporary breathing difficulties, muscle pains, headaches, damage to teeth, lips or tongue, sore throat, and temporary speech problems.
- **Extremely rare and serious complications** (happen to less than 1 in 10,000 people): Severe allergic reactions, death, brain damage, kidney and liver failure, lung damage, eye injury, and damage to the voice box. These are rare and usually happen when someone has serious health issues.

### Risks from the operation

After surgery, some common and rare problems can happen:

- **Trouble swallowing or a hoarse voice:** This usually gets better in a few days to weeks. About 5 out of 100 people feel like something is stuck in their throat when eating big bites of food. Chewing food well helps.
- **Damage to the windpipe or food pipe**
- **Recurrent or ongoing arm pain:** Some people will have ongoing arm pain that they had previously and this may not improve.
- **Infection:** Around 1 to 2 people out of 100 may get an infection.
- **Deep vein thrombosis (DVT):** These are blood clots in the legs or lungs.
- **Bleeding and swelling:** In the wound and windpipe, which can make it hard to breathe or swallow.

## Patient Information

- **Bone graft problems:** Pain at the graft site and damage to a nerve in the thigh.
- **Vocal cord nerve damage:** This can make your voice sound hoarse for a while, in rare cases it may stay that way.
- **Spinal cord injury:** this is rare, it happens to 1 in 500 people, but it can cause paralysis, especially for those with severe spinal cord damage.
- **Nerve root damage:** About 3 or 4 out of 100 people might have nerve damage that gets better with time, while 1 out of 100 people could have lasting problems.
- **Cerebral Spinal Fluid (CSF) leak:** CSF is a liquid that surrounds your brain and spine. If there is a small hole around the nerves, the cerebral spinal fluid might leak. This happens in 3 out of 100 and can cause headaches or blurry vision.

If you have any concerns, it's best to talk to your Surgeon.

### Recovery in the early days after surgery

After your surgery, it is normal for your wound (like any cut) to be sore, which may make it hard to move your neck in the first few days. However, it is safe and important to start gently moving your neck as soon as you have been advised to do so, as this will help with your recovery.

### Other important information

On the day of or the day after your surgery, it is perfectly safe to:

- Get up and walk around.
- Do light daily tasks such as dressing and washing.
- Sit in a chair for short periods (up to 20 minutes at a time). It is important to change positions regularly.

It is normal to feel anxious about moving after surgery, but remember, only a small area of your spine was affected. The rest of your spine is just as strong as before and it is safe to move.

### Going Home

Most people feel comfortable and confident enough to go home 24 to 48 hours after the surgery.

## Patient Information

### Pain Relief

It is important to take regular pain relief, as this will help you move more comfortably, do gentle exercises, and start walking soon after surgery. Your head may feel heavy, and your neck muscles may be sore, but this is normal and will get better in time with the help of gentle exercises advised at the end of this leaflet. As your pain decreases, you can slowly reduce the amount of pain relief you take.

### Moving from lying to sitting or standing

When moving from lying to sitting, do what feels comfortable. You can slowly sit up and using your arms to pivot to the edge of the bed or try the log roll method explained below.

Roll onto your side by bending your knees a little one at a time, so your feet are flat on the bed. Move your upper arm across your body so it points in the direction you are turning. From here:

- a) Place your upper hand on the bed and push through both arms to help sit you up.
- b) As you do this, lower your legs over the edge of the bed.
- c) Let your feet touch the floor.

A



B



C



### Wound Care

Nursing staff may not need to check your wound if it is not causing any problems. The dressing will be left in place and kept dry to help reduce the risk of infection.

- Stitches and clips: About 2 weeks after surgery, there will be a routine wound check at your doctor's surgery. **You** will need to book this appointment and take your discharge summary with you. If you have clips or stitches, they will be removed at this time.

## Patient Information

- **Dissolvable stitches:** These will not need to be removed. The nursing staff will explain this to you before you leave the hospital.

You can shower after surgery but be careful to avoid getting the dressing too wet. Most dressings are 'splash-proof,' but if water gets underneath, it will need to be changed. When shaving, take care to avoid the wound area until it is fully healed. Once the wound has healed and if the scar feels sensitive, you can start massaging around the scar with a non-perfumed cream or oil to help normal sensation and healing.

## Pacing and daily activity progression

- After surgery, everyone gradually increases how much they can do at different speeds. Try to have a routine where you build up your activity little by little, day by day. Do not overdo it by trying to do everything at once. Start small and do things often.
- Ask for help with heavier tasks. The goal is steady progress until you return to your normal activity levels.
- The general advice is to walk as normally as possible if it is comfortable. Aim to get back to most activities after 6 weeks. You should be able to do all activities and movements without restrictions between 3 and 6 months.

## Correct lifting technique

There is no restriction on bending forward to pick up light objects or putting on your shoes and socks. It is best to avoid heavy lifting at first, if possible. You can start lifting again when you feel ready, usually around 6 weeks after surgery. There is no set weight limit because everyone has their own usual strength. Slowly increase the amount you do until you are back to your normal routine.

## Driving

- Normally, you will be advised not to drive for at least 6 weeks, depending on how you are recovering and your individual situation.
- It is important that you feel safe and confident to drive. You should be able to move your head easily and have good strength and feeling in your arms and legs. If you are unsure, speak to your surgeon before leaving the hospital.

## Patient Information

- To start with, it is best to not drive for long distances (no more than 20 minutes) without taking a break to move around.

### Return to work

You may be able to return to work as early as 2 weeks, depending on the type of job you have. However, a phased return with lighter duties is recommended. If your job is more physical, you may need up to 12 weeks off work. Your surgeon will advise you. It is best to take regular breaks and change your position from sitting or standing to avoid getting sore and stiff.

### Recreational Activities

- It is important to slowly return to regular activities after surgery, like walking.
- A gradual return to sport is recommended. Talk to your consultant and physiotherapist about when you can return to activities like golf or swimming. This could be anywhere from 6 weeks to 3 months.
- You may be advised to avoid flying for 6 weeks due to the increased risk of deep vein thrombosis (DVT) after the operation.

### General advice

#### Dos

- Follow the advice and exercises from your surgeon and physiotherapist.
- Walk short distances daily and slowly increase the distance.
- Do light tasks at home.
- Change your position regularly to avoid stiffness.
- When you are ready, try doing tasks like washing and ironing in small amounts to avoid straining your neck.
- Be mindful of your posture throughout the day. Take care during long periods of sitting, when watching TV, using a computer, or on your mobile phone.
- Focus on good sleep habits and aim for 7-9 hours of sleep each night to help with recovery and pain.

#### Don'ts

- Do not lift, push, or pull anything heavy right after surgery.
- Do not stand still or sit for long periods. Limit sitting to 20 minutes for the first 2 weeks. Bed rest is also not recommended after surgery.

## Patient Information

- Do not do any heavy tasks at home, such as gardening, digging, Hoovering, or spring cleaning for at least 6 weeks.
- Do not drive until your consultant tells you it is safe to do so.
- Do not play sports until your consultant gives you further instructions.

### Golden rules for a speedy recovery

Stay active!

Take pain relief as advised

Keep a normal daily routine

Stay connected with family and friends

## Exercises

It is important to slowly start moving your neck again. Please practise the exercises ticked by your ward physiotherapist. If you feel dizzy or light-headed, stop the exercise and try again later.

Aim to complete these 5 times a day:

### Neck flexion

Sit comfortably and gently nod your head forward until you feel a stretch at the back of your neck. Hold for **2-3 seconds**, then return to the starting position. Repeat **5 times**.



### Neck extension

Sit comfortably and gently lift your head up until you feel a slight stretch at the front of your neck. Hold for **2-3 seconds**, then return to the starting position. Repeat **5 times**.



### Neck side flexion

Sit comfortably and tilt your head towards one shoulder until you feel a stretch on the opposite side of your neck. Hold for **2 breaths**, then return to the starting position. Repeat on the other side. Repeat **5 times** on each side.



## Patient Information

### Neck rotation □

Sit comfortably and turn your head to one side until you feel a stretch. Hold for **2 breaths**, then slowly turn your head to look over the other shoulder. Repeat **5 times** on each side.



### Supine neck retraction □

Lie down with your head supported by a small pillow or towel. slowly pull your chin in, keeping your head and back straight (do not tip your head forwards). Hold for **2 breaths**, feeling a stretch at the front and back of your neck. Repeat **5 times**.



### Shoulder Shrugs □

Sit comfortably and shrug your shoulders up. Hold for **2-3 seconds**, then relax. Repeat **5 times**.



### Shoulder retraction/protraction □

Stand facing a wall with your arms out, hands placed on the wall at shoulder height. Keep your body and arms straight. **(If this feels uncomfortable, try the exercise with your arms relaxed by your sides)**. Push your chest forward and squeeze your shoulder blades together.



Picture 1

Hold for **2 seconds**, then relax.  
(See picture 1)

## Patient Information

Now move your chest away from the wall, spreading your shoulder blades apart and allowing your back muscles to expand.

Repeat **5 times**. (See picture 2).



Picture 2

### Alternating shoulder flexion

Sit or stand with your back straight. Lift one arm above your head, reaching up as far as you can. Feel the stretch in your upper back and hold for **2 breaths**. Lower your arm and repeat on the other side.

Do this **3-5 times** on each arm.



### Gripping/finger and thumb opposition/towel wringing

Sit comfortably and practice making a fist with your thumb and fingers, then stretch your fingers out. Next, touch your thumb to each fingertip one at a time. Hold each movement for **2-3 seconds** and repeat **5 times**.



## Wound Concerns

Please contact the ward if you have any concerns about your wound, such as:

- Becomes red or inflamed
- Starts to ooze or discharge

## Patient Information

- Starts to bleed
- Starts to smell

Cedar Ward: 01788663240.

For out-of-hours support, you will need to go to A&E at UHCW or the Urgent Treatment Centre at Rugby St Cross.

If you need to speak to a nurse regarding your wound, medication, or aftercare, please call **Cedar ward** on 01788663240.

**If you have any queries or need to speak to a physiotherapist from the ward, contact the Orthopaedic therapy department between 08:00 and 17:00:**

- Rugby St Cross: 01788 663054
- University Hospital Coventry and Warwickshire: 024 7696 5106

**For any queries or concerns about your outpatient therapy appointment or ongoing rehab, please contact the therapy outpatient department (Monday to Friday) 08:30 - 16:30:**

- Rugby St Cross: 01788 663257
- University Hospital Coventry and Warwickshire 024 7696 6013

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## Patient Information

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#### Document History

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