



NEUROSURGERY AND SPINE

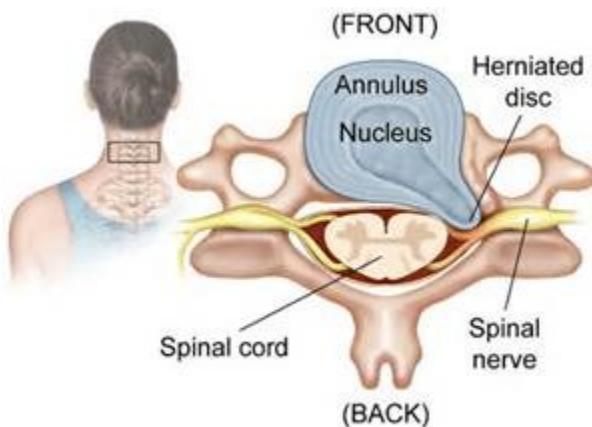
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ANTERIOR CERVICAL DISCECTOMY WITH FUSION (ACDF)

Anterior cervical discectomy with fusion is an operation in the neck area that is performed when it is necessary to relieve pressure occurring on nerve roots, the spinal cord or both by a herniated disc or bony outgrowth (bone spurs).

WHAT IS A HERNIATED DISC?



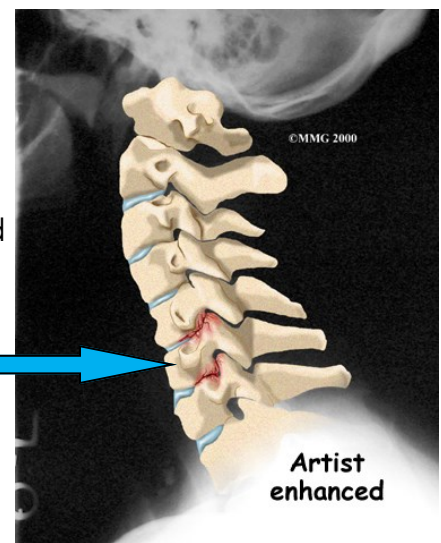
Also called a "slipped" or "ruptured" disc, a disc becomes herniated when a portion of the jellylike center of the disc (nucleus) is pushed out into the spinal canal through a tear or rupture of the harder outer ring. When the nucleus is pushed out, it presses on the spinal cord or nerve roots, causing pain and symptoms which can radiate and cause other symptoms in addition to the pain.

Herniated discs can occur in any part of the spine and when they occur in the neck (cervical spine) such as shown here, the doctor may recommend an ACDF.

WHAT IS A BONE SPUR?

Normal age related degeneration and traumatic injuries to the spine can result in bony changes which can overlap and limit the space between spinal bones and compress nerve roots causing symptoms such as pain.

Bone spurs pressing on nerves is shown here in the red areas.



HOW AN ANTERIOR CERVICAL DISCECTOMY AND FUSION IS PERFORMED



Dr. DenHaese does this procedure as a minimally invasive surgery, which means that there is a smaller incision, less risk of infection, less time in hospital and a faster return to normal activities.

Through a small incision made in a natural deep skin crease in the front of the neck, Dr. DenHaese will gently move aside non-spinal structures within the neck including the trachea (windpipe).

This allows for a clear view of the cervical spine.

The “D” in ACDF is the discectomy which is when the surgeon removes the intervertebral disc to access the nerves which are compressed and causing your symptoms.

The “F” or fusion is done by placing a bone graft to fuse adjacent vertebrae (spinal bones). In some cases the surgeon will also implant instrumentation such as Lateral Mass Screws to insure the spine is stable while healing happens.



The arrow in this x-ray shows how instrumentation would appear when used for stabilization.

RECOVERY AFTER ACDF



Everyone recovers differently but as a rule, patients undergoing minimally invasive ACDF feel their symptoms improve almost immediately. One symptom related to the anterior approach surgery is hoarseness when talking, and some difficulty in swallowing in the first few days after surgery. This will improve quickly.

You will wear a cervical collar after surgery until the healing has progressed to the point wear you can start to wean off the collar. Your incision will heal and begin to blend into your normal neck creases, and the steri-strips will fall off on their own.

