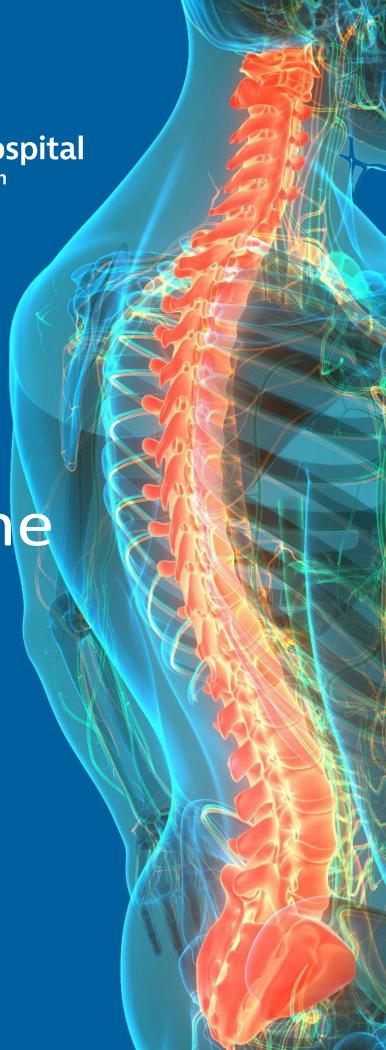
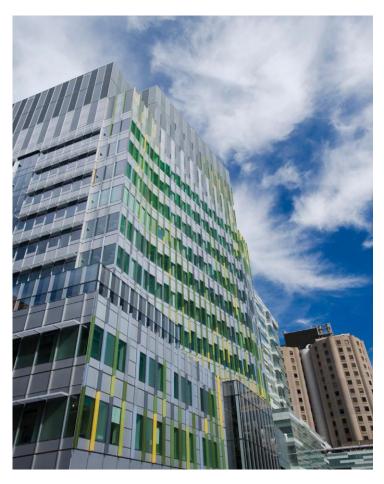


A comprehensive guide to your procedure:

Anterior
Cervical Spine
Surgery







#### The Building for Transformative Medicine (BTM)

Brigham and Women's Hospital (BWH) Hale Building, Neurosciences Center 60 Fenwood Road, 1<sup>st</sup> Floor Boston, MA 02115

Reach us online: www.patientgateway.org www.brighamandwomens.org/neurosurgery

Our website

Patient Gateway:





## Welcome

We are happy you have chosen our Spine Service in the Department of Neurosurgery at Brigham and Women's Hospital.

The Spine Service surgeons are all American Board of Neurological Surgery certified and eligible. As such, we are able to provide the highest level of care and support to you throughout your spine surgery experience. We work as a team with our highly trained and dedicated physicians and advanced practice providers, who are committed to helping you to a full and active recovery. We are supported by an experienced and competent administrative staff who strive to provide the best customer service to you and your family.

Here at Brigham and Women's Hospital, we have access to the most advanced technology, while being surrounded by world-class leaders in the healthcare field. We utilize these resources to ensure innovative and high-quality care here in the Department of Neurosurgery. As a group, we provide patients with progressive and comprehensive options to their spine health. We approach our patient care from a patient- centered and multidisciplinary perspective.

This packet will provide you with the information to help you through your Brigham & Women's Hospital spine surgery experience. Please read thoroughly and know we want you to have a healthy, quick recovery. We are available to answer any questions you may have.

## **Anterior Cervical Spine Surgery**

A cervical disc herniation can be removed through an anterior approach (through the front of the neck) to relieve spinal cord or nerve root pressure and alleviate corresponding pain, weakness, numbness and/or tingling.

This procedure is called an anterior cervical discectomy and allows the offending disc to be surgically removed. A discectomy is a form of surgical decompression, so the procedure may also be called an anterior cervical decompression. A fusion surgery is done at the same time as the discectomy in order to stabilize the cervical segment. Together, the combined surgery is commonly referred to as an ACDF surgery, which stands for Anterior Cervical Discectomy and Fusion.

While this surgery is most commonly done to treat a symptomatic cervical herniated disc, it may also be done for cervical degenerative disc disease. Additionally, it may be done at more than one level of the cervical spine. The surgery may require an overnight stay in the hospital and a gradual recovery over a few weeks. Potential risks and complications with ACDF surgery can and will be reviewed by your neurosurgeon, but the most common post-operative problem is difficulty swallowing due to how the esophagus is moved during surgery, which could last for a few weeks.





#### Meet our team

#### **Neurosurgeons**

All clinical members of the Spine Service report to your neurosurgeon, as the attending physician is responsible for your care from admission through outpatient follow-up. All decisions about your care must be approved by the attending physician so there is regular communication between your neurosurgeon and the team that supports you both inpatient and outpatient.

#### **Clinical Care Team**

All neurosurgeons are supported by their clinical care team member, that is either a physician assistant, nurse practitioner or registered nurse, who assess patient progress, at all points of your care. They are also your main point of contact for clinical questions once you go home. They help the neurosurgical teams by addressing any outpatient questions or concerns. A member of our team will educate you on the pre-operative process and what to expect when you return home.

#### **Administrative Assistants**

Practice Operations assistants take a highly active role in the organization of your neurosurgeon's practice and in the care pathway determined by your surgical procedure. The operations assistant will facilitate the arrangement of any pre-surgical and post-surgical appointments including labs, imaging and/or pre-operative clearances. They will also obtain any necessary outside medical records and any required authorizations needed for your care. The operations assistant will be your primary point of contact for any scheduling and/or insurance questions and concerns. They can also help streamline communication with your neurosurgeon and the clinical care team.

### **NEUROSURGEONS**

- John Chi, MD, MPH
- Marc Christensen, MD
- Kevin Huang, MD
- Yi Lu, MD, PhD
- Michael Mooney, MD
- Stephen Saris, MD
- Hasan Zaidi, MD

## **CLINICAL CARE TEAM**

- Amy Bacalia, PA-C
- Caroline Cassidy, PA-C
- Sara June Dagen, RN
- Julie Ferragamo, NP
- Kate Hill, RN
- Samantha Wilson, PA-C
- Erika Pereya, PA-C

## Steps to spine surgery



#### How to prepare yourself and your home

Preparing yourself physically and mentally is an important factor for a healthy recovery. While each patient pathway can be unique based on patient medical history and the procedure itself, there are basics steps to surgery that everyone will follow while getting care from the Spine Service. Here are a few things to assist this process:

#### **Contact Person**

Choose one contact person, family, or a support person for

- Review any changes or updates with your contact person, and confirm all scheduled pre/post-operative appointments.
- · from the hospital upon discharge.
- You will require some assistance at home following your procedure so speak to your friends and family about how they can help when you return home!

#### **Patient Gateway**

Make an account on Patient Gateway by visiting **www.patientgateway.org**. With this account you will be able to:

- Reach your neurosurgeon's office online rather than over the phone.
- Fill routine requests for appointments, medicines, or referrals.

- Set appointment reminders.
- Get accurate information about your health concerns.
- View your labs, health history, and test results.

#### **Prepare Your Home**

Be sure your home is ready and accessible when you return after surgery:

- ✓ Clear any unnecessary clutter and/or rugs to minimize incidents of tripping.
- ✓ Place items used daily in convenient locations and at waist-height.
- ✓ Do important chores before surgery.
  - Laundry, grocery shopping, changing sheets, etc.
- ✓ Make a list of all current daily medications with dosage and frequency (including vitamins) as a point of reference both for your contact person/caregiver and the neurosurgery team.
  - This will also be reviewed in your preoperative evaluation appointment.
- ✓ Follow-up with your neurosurgeon's office to review and confirm your full surgical itinerary, including your expected discharge date and follow-up appointment.



**Patient Gateway:** 





#### **Pre-operative Evaluation**

A pre-operative evaluation will be the first step on your surgical pathway. This evaluation is conducted over the phone with a member of our anesthesia nursing team. It is required by all patients to obtain full medical pre-operative clearance prior to admittance for your surgery.

This phone evaluation consists of:

- A required review of systems
- An anesthesia evaluation
- Completing any required lab work and/or imaging requested by your neurosurgeon.
- Discussion of any medications that need to be discontinued prior to surgery such as Coumadin. (warfarin), Plavix (clopidogrel), Motrin, Advil, Ibuprofen, Naprosyn, or similar products
- Providing education about your procedure, how to prepare and what to expect.

Your pre-operative evaluation will be coordinated by your providers office.

As a teaching institution, Brigham and Women's Hospital does not limit education to our staff. As part of the Spine Service, we offer a virtual pre-surgery spine education class (Pre-Surgical Seminar) in which patients can also view online on our website. The educator will not only discuss who you will meet on your surgical journey but will provide helpful instruction on how to prepare your home for your discharge, making recovery as simple as possible. The educator will also help set your expectations for how you will feel after surgery, how your body will respond to the procedure and the medications and provide useful tips on improving your general wellbeing post-procedure.

#### **Final Preparation for Surgery**

#### Food & Drink Before Surgery

- Do not eat after midnight, the night before your surgery.
- You may drink clear liquids such as water, plain tea, and black coffee up to two hours before your surgery, unless otherwise directed in your pre- operative evaluation appointment.

#### Prevention of Wound Infection

- To prevent wound infection, we recommend three (3) days of washing with Chlorohexidrine (Hibiclens 4%), which is an antiseptic cleaning solution
- Hibiclens can be purchased over the counter in the wound care section of your local pharmacy.
- Apply the solution using a clean washcloth from your jaw line to heels with particular attention to your anticipated incision area; this will be indicated by your physician.

#### Valuables

• When you come to the hospital, please leave your valuables at home.

#### • What to Pack:

#### **Clothing**

- ✓ Loose comfortable clothing Gym shorts or sweatpants Loose tee shirts
- ✓ Comfortable rubber-soled walking shoes

#### **Personal Care Items**

- ✓ Toothbrush/ Toothpaste
- ✓ Glasses
- ✓ Hearing aids
- ✓ Any item you use daily

#### **Assistive Devices**

✓ Walking Aids such as a walker, cane or wheelchair. Please label it and bring it with you to the hospital

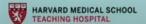
#### **Medicine List & Pharmacy**

- ✓ Please bring a list of the medicines you take, including all over the counter medicines and herbal supplements.
- ✓ Please ensure your updated pharmacy is on file with your surgeon's office before your scheduled surgery. Prescriptions can be e-prescribed to your pharmacy of choice



# Pre-Surgical Seminar Spine Surgery

Kate Hill, RN Neurosurgical Spine Service



#### **Pre-Surgical Virtual Seminar**

The Department offers a virtual Pre-Surgical Seminar for spine surgery via Zoom hosted by our Transitional Care Nurse, Kate Hill, RN. The seminar covers topics such as:

- What to expect the day of surgery
- Preparation reminders
- What to expect after surgery
- Helpful tips and tricks
- Q&A

#### - How to Register and Join:

- The Practice Operations Assistant will help you schedule your virtual class prior to your surgery.
- The virtual class will be held via Zoom. The date, time, and Zoom link will be accessible from your Surgical Itinerary and Patient Gateway.
- To join your class, please click on the Zoom link in your Surgical Itinerary or Patient Gateway on the day of the class.

#### - Alternative Options:

- We highly encourage you to join the live seminar so that you can ask questions; however, we understand if you can't make it.
- Please view the pre-recorded webinar of the seminar at the QR code to the right. This webinar includes the exact content of the live seminar, except for the Q&A.

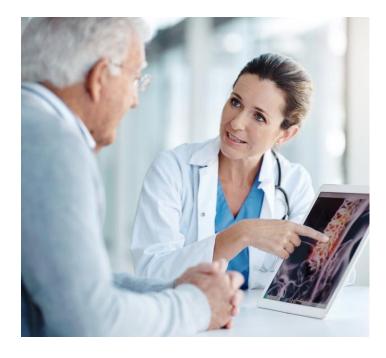


## The top things to know for spine surgery

1. Sign up for *Patient Gateway* or add your neurosurgeon to your active account. www.patientgateway.org



- 2. Choose one contact person for the surgical team to communicate with about your condition.
- 3. Arrange a ride home and identify who will be available to help you at home.
- 4. After surgery, the nurses will check you from head-to-toe every four hours. This is normal.
- 5. When you wake up from surgery, it is important to reposition. The nurses and aides will help you with these movements, standing at the edge of the bed and starting to take steps. The goal is to have you out of bed and walking to the bathroom.
- 6. Depending on your procedure, you may have a catheter or drain placed pre-operatively, which will be removed post-operatively.
- 7. It is expected to have pain, however, your pain should not limit you from moving and getting out of bed.
- 8. By the time of discharge, you should be able to:
  - a. Get out of bed by yourself.
  - b. Stand and walk household distances by yourself with a walking aid if needed.
  - c. Go up and down stairs.
- 9. You may be sent home on narcotics. These medications can be constipating; make sure you are taking a stool softener and eating a well-balanced diet.
- 10. Avoid smoking or drinking alcohol as it interferes with healing and recovery.
- 11. Take frequent walks starting with your home and progress to longer walks outdoors. Begin on flat surfaces. Increase your distance and walking time based on your comfort level and tolerance.
- 12. If discharged with a post-operative dressing, it is to be removed on post-operative day three (3). Showering begins on post-operative day (4). It is imperative to follow up with your neurosurgeon, please refer to your surgical itinerary letter for your follow-up appointment.



## Notes




#### **Brigham and Women's Hospital**

The Building for Transformative Medicine Hale Building, Neurosciences Center 60 Fenwood Road, 1<sup>st</sup> Floor Boston, MA 02115

#### Reach us online:

www.patientgateway.org www.brighamandwomens.org/neurosurgery



Facebook.com/NeurosurgeryBWH



Twitter.com/BWHNeurosurgery



Instagram.com/BWH\_Neurosurgery