



Grant D. Shifflett, MD

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**DISCHARGE INSTRUCTIONS
ARTIFICIAL DISC REPLACEMENT (ADR)**

1. It is important that the first 4-5 days after surgery you rest and take it easy with most time spent in bed, on the couch, or in a reclining chair. It is okay to sit up for periods of time to eat and we encourage you to take several walks a day to encourage blood flow and prevent stiffness.
2. After surgery you may experience pain in the region of the incision. Some neck and arm pain as well as tingling or numbness may also be present. Initially it may be of greater intensity than pre-operatively, but will usually subside over time as the healing process occurs. This discomfort is caused from surgical retraction of tissue as well as inflammation and swelling of the previously compressed nerves.
3. If you notice any neck swelling or difficulty breathing, please contact the Emergency numbers (below) and immediately head to the nearest emergency room.
4. Swallowing may be difficult for a while. This is from manipulation of tissue and the presence of the breathing tube for anesthesia. The sore throat usually will subside within a week. The swallowing difficulty may take longer. Using throat lozenges or lemon drops, sipping cool liquids, or sucking ice chips may soothe this pain. Initially drink liquids and eat soft foods and progress to well-cooked foods that are cut finely.

Collar Use: You will be given a soft cervical collar. You may use this for comfort for the first week when you are sitting and walking. Otherwise, you do NOT need to wear it.

Activity: Avoid lifting more than 15lbs or any overhead activities. Ensure you walk several times a day. It is OKAY to move your neck around! You do not need to do any particular neck exercises, but you may move your neck and use pain as your guide.

Incision Care: You may shower 72 hours post-operatively. However, when you shower, be certain to cover the incision with saran-wrap or another non-permeable layer to prevent the incision from getting wet. After showering, remove the non-permeable layer, the tape and underlying gauze. There will be some white strips ("steri-strips") on your skin – LEAVE these in place. Place some dry gauze sponges on top of these and then tape this in place. You may do this daily. Do not apply ointments or creams. Monitor your incision for drainage or redness or any increased tenderness. Notify Dr. Shifflett regarding fever (**>101.5 degrees F**) or drainage.

Medications: You will likely receive a prescription for pain medication, a muscle relaxant, and an anti-inflammatory medication. It is recommended that you take an over the counter stool softener for the first two weeks as well (ie. – Colace). Narcotics are very effective for pain relief but may cause other side effects. The possible effects vary among patients and may include: sleepiness, nausea, constipation, flushing, sweating, and occasionally euphoria or confused feelings. If these occur notify your nurse. It is anticipated that you will be off or almost off of these medications 1-2 weeks after surgery.

****The anti-inflammatory medication should be started 48 hours post-op and continued for 6 weeks post-operatively; this medication helps prevent bone from bridging across your disc replacement.**



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****If you are taking any BLOOD THINNERS (ie. Aspirin, Lovenox, Eliquis, Pradaxa, Coumadin, etc) please check with Dr. Shifflett prior to resuming. You will be instructed when these are safe to resume.**

Medical Follow-up:

It is recommended that you schedule a follow-up appointment or at least a phone call with your primary care provider (ie. – internist, family doctor) in the first couple of weeks post-operatively to discuss your medical status and to make any necessary adjustments to your medication regimen. In general, you may resume taking all of your regular medications prescribed by your primary physician.

Bowel Function

It is very common for bowel function to be disrupted post-operatively and it may take 3-5 days prior to having your first bowel movement. Again, stool softeners are recommended to be taken starting immediately post-operatively. Getting off narcotics early also helps to hasten the recovery of your bowel function.

Driving

Do not drive until instructed by your physician. This is generally when you are off narcotic pain medication.

Contact Information: Please feel free to contact my office during business hours 8am-5PM M-F at **(310)-574-0400 or 949-988-7876**. If you have a question after hours you may call the same number and will reach the surgeon-on-call if it is an urgent matter you may reach out to me directly.

Home Activity

Your recovery is an essential part of your surgical process. Following these guidelines and the instructions given to you by your physician and nurse will provide you with the best opportunity to return to your desired activities as completely as possible.

Week 1

- Early to bed, late to rise and frequent rest periods throughout the day. Get at least 8 hours of sleep each night. A disrupted sleep pattern is common after discharge from the hospital and will return to normal over time.
- You may not drive, but you may be driven.
- Take several short walks every day.
- Eat a balanced diet.
- Take medications as prescribed, using narcotics as needed.
- Practice good neck posture and **wear your collar** as needed for comfort.
- No lifting of anything weighing more than 15 pounds.

Week 2-6: ****Each week should be a progression to the next**

- Resume normal rising and retiring schedule, but continue to rest throughout the day.
- You may not drive if you are on narcotics still, but you may be driven.
- No lifting anything weighing more than 15 pounds.
- Continue scheduled walking, increasing distance and frequency each week.
- May resume sexual relations when comfortable.
- If not off narcotic medication, begin narcotic weaning as pain diminishes, relying mainly on non-narcotic medications



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- May return to work around 2-3 weeks, but consult with Dr. Shifflett first
- Start adding normally daily activities back in
- You may swim at 4 weeks
- You may get in a hottub and take baths at 4 weeks

Week 6 and Beyond:

- Physical therapy will start at this time if indicated
- You may slowly resume non-impact exercise at this time
- No impact sports
- No bent over, heavy lifting activities
- Slowly build up your activity from 6 weeks to 12 weeks so that at 12 weeks you are doing almost all activities you would like to do

Week 12 and Beyond:

- Go be normal!

Disability

The usual period of recovery from cervical surgery is 8 to 12 weeks and complete healing may take from 3 to 6 months. Some patients may return to work sooner than others depending on their job, response to surgery, and ability to perform other lighter tasks in the work place. Physician approval is required prior to returning to work.

****Your first appointment will be for a wound check anywhere from 7-14 days post-operatively. Our office will CALL YOU to schedule your appointment at one of my following office locations:**

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