

## Description of Procedure

At Aptiva Health, our Spine Team typically performs ACDF procedures in an outpatient setting, which means the individual returns home the same day as surgery. The operation takes place under general anesthesia so the person will be asleep.

A small horizontal incision (a surgical cut made in skin) is made in the anterior (front) of the neck to either the left or right of the center. The soft tissues of the neck are gently separated to allow access to the surgical site. Surgical instruments are used to remove the disc and decompress (relieve pressure on) the nerve structures.

To fill the vacant disc space and join the vertebrae together, an interbody fusion implant is used. If a combination of a spacer and a plate are used, the spacer is placed into the disc space with the plate placed on top of the spine for stability. Screws are then inserted through the plate into the upper and lower vertebrae.

Or, if an integrated plate-spacer implant is used, the implant is placed into the disc space and fixation hardware, screws in this example, are inserted to secure the implant in place. Over time, the vertebrae can grow together through fusion. This process varies between patients and can take anywhere from a few months up to a couple of years to completely fuse.

After the surgery, most patients will experience some pain that will effectively be managed with pain medication. Recovery from an ACDF takes several weeks, and most patients are prescribed a cervical collar to stabilize the neck after surgery. Most patients will follow up with the Aptiva Health Spine team 4 to 6 weeks following surgery for an assessment and should avoid any strenuous activity until cleared by the operating surgeon.

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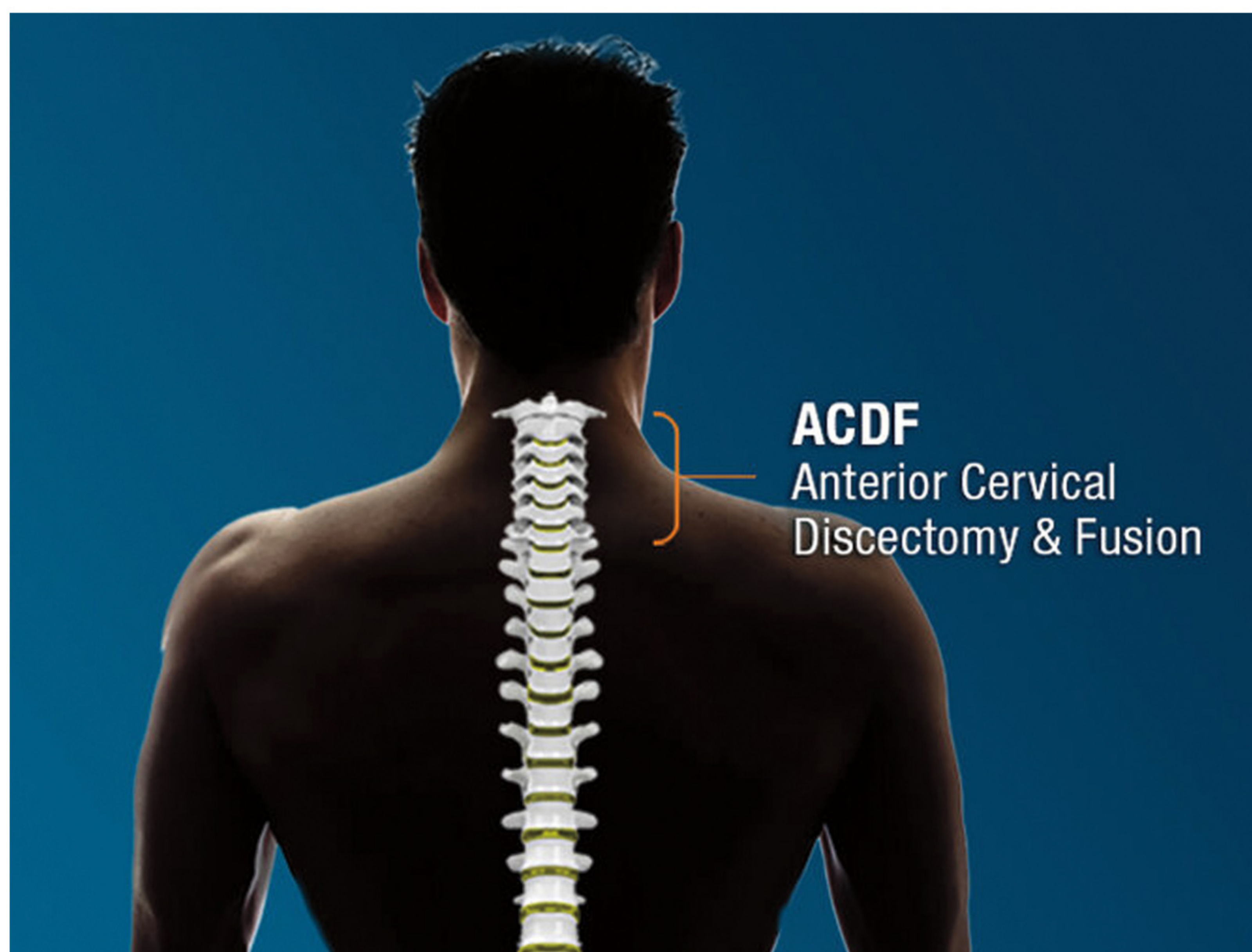
## ANTERIOR CERVICAL DISCECTOMY & FUSION (ACDF)



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This procedure is a type of minimally invasive neck surgery performed by Dr. Michael Casnellie and Dr. David McConda. The primary goal of an anterior cervical fusion (ACDF) surgery is to relieve pressure on either the nerve roots or spinal cord and/or treat an unhealthy disc in the cervical spine. An anterior cervical discectomy is often performed along with procedures called fusion and fixation to ensure spinal stability. A fusion is the implantation of a bone graft that will fuse (grow together) with vertebrae (bones of the spine) in the area. A fixation is the implantation of screws, rods or plates. A fixation is a common way to hold the bones in place while they fuse. An Anterior Cervical Discectomy and Fusion is often abbreviated ACDF.

We offer same-week appointments by our highly trained spine and pain management teams to diagnose painful spine injuries and conditions where we can discuss your non-surgical and surgical treatment options, including ACDF.



Anterior cervical discectomy (ACDF) is performed for patients who have experienced changes such as degeneration and bone spurs (growth of bony projections) in the discs of the cervical spine, and for those with herniated discs. These conditions can affect the amount of space available for the spinal cord and nerves. As a result, the spinal cord and nerves can become compressed (pinched), and even injured. Between each bone of the spinal column is a cushion called an intervertebral disc.

These discs prevent the bones from grinding against one another and act as shock absorbers during falls, exercise, and daily activities. Sometimes, these discs become damaged, causing pain that can range from moderate to intense. An ACDF procedure may be carried out on any of the discs in between the seven cervical bones.

In an ACDF, unhealthy disc is removed (discectomy) and replaced with an interbody fusion implant. A plate, spacer, and screws construct, or an integrated plate-spacer with fixation (i.e. screws, or other anchors), may be used to hold the vertebrae in place while fusion (joining of two bones) occurs.

It is at this point during the procedure that the surgeon replaces the disc.

There are a few options for disc replacement:

- ✔ **Bone graft:** A bone graft is when the surgeon attaches bone to the area to replace the disc. The bone may come from somewhere else in the person's own body, or from a bone bank.
- ✔ **Bone graft substitute:** Similar to a bone graft, this approach uses human-manufactured materials that contain shavings from the person's bones.
- ✔ **Arthroplasty:** This is when the surgeon replaces the disc with an artificial disc.

When conservative treatments fail, and a patient's pain and symptoms are enough to interfere with daily life, a doctor will assess whether ACDF is likely to help with the pain. Patients tend to be good candidates for surgery if they:

- have signs of disc damage on an imaging scan
- have pain, weakness, or tingling in the hand or arm
- have neck pain due to pinched spinal nerves
- have tried other treatments but have not improved

