

Cervical Fusion

Post-operative Physiotherapy Advice

Why have you had a spinal fusion?

Spinal fusion is reserved for patients with severe and incapacitating neck and/or arm pain. It is thought that your pain originates from abnormal spinal movement caused by instability in the joints between the small bones (vertebrae) in the spine. It is anticipated that fusing the vertebrae together to eliminate the movement will eradicate the pain.

Description of the operation

A spinal fusion is essentially a “welding” process, where the goal is to fuse together the unstable vertebrae so that they heal into a single, solid bone.

This surgery involves accessing your spine through the front of your neck. During the operation, the intervertebral disc is removed and replaced by an implant known as a cage. The unstable level of your spine is then fixed together with the application of metalwork and/or bone graft.

External bracing

It is possible that following your procedure, your surgeon will request you are fitted with a hard or soft collar. Your physiotherapist will confirm with your surgeon if this is a requirement.

In cases where a collar is required, your Physiotherapist will spend time with you to ensure it fits correctly, advise on when and for how long it must be worn and ensure you can fit/remove it correctly.

Movement

Following your operation your neck will be stable and movement will not cause damage. It is not recommended that you force these movements and there are no specific spinal exercises we would recommend in the first 6 weeks. Gentle movement of your spine to allow functional activity should be your goal.

Coughing and swallowing

You may experience a sore throat or pain/difficulty when coughing – this is quite normal. It is, however, important that you take regular deep breaths and continue to cough as required.

You may encounter difficulty when attempting to swallow food/drink. It is important that you initially exercise caution when eating and drinking and take small sips of fluid and chew food well. If you are coughing when trying to swallow it is important that you highlight this to a member of staff.

Early rehabilitation

The ward Physiotherapist will see you on day 1 following your operation to start your rehabilitation. It is expected that you will get out of bed and walk on this first day following your surgery unless there is a medical reason not to do so. Your Physiotherapist will advise you of this.

You will be encouraged to gently increase your mobility each day and practise the stairs before you are discharged. It is normal to only have 1-2 nights in hospital after this type of surgery.

Whilst you are in bed practise the following exercises. These can be done from as soon as you return to the ward from your operation. They should be practised every waking hour.

1. Breathing exercises – 5 deep breaths and a strong cough every hour
2. Mobilise your ankle by pulling toes up and pointing toes away. Repeat 20 times.
3. Tighten thigh muscles and push the back of your knees into the bed. Hold for 5 seconds and then relax. Repeat 20 times.
4. Tighten buttock muscles. Hold for 5 seconds and then relax. Repeat 20 times.
5. Lying flat on the bed, alternately slide your heels up towards your bottom and then return to starting position. Repeat 20 times.

Advice for the first 6 weeks post-op

- **Your spine is stable.** Movement required for your daily routine is encouraged. It is recommended however, you avoid excessively stretching your neck. Gentle shoulder shrugs are encouraged along with maintaining full movement in your arms.
- **Avoid static postures for long periods of time.** Change your position regularly. Regularly change between lying, sitting, standing and walking.
- **Build up your sitting tolerance gradually.** Start with a short period of approximately 20 minutes at a time, followed by gently mobilising.
- **Avoid poor posture** such as the “bath position” where legs are outstretched in front of you and your back is slumped. When sitting, place a folded towel behind your lower spine to promote an upright posture.
- **You can start driving as soon as you feel comfortable doing an emergency stop.** This is often not until 4 weeks after surgery. It is sensible to break up long journeys to allow you to change your position.

- **NO running, jumping or high impact/contact sports** until told otherwise by your surgeon. At 2 months, you can start exercising such as swimming and using a stationary bike.
- **Walking** is a good form of exercise post-operatively. Walk at a comfortable pace. Find a distance that is manageable and does not bring on symptoms of pain or discomfort. Walk this, 3 to 4 times a day.
- **Try not to do too much too quickly** (e.g. heavy housework such as making beds, laundry, vacuuming). Build up your activity levels gradually.
- **No heavy lifting** for at least 6 weeks (Max weight 5kg – hand luggage/bag of shopping).
- **Avoid lifting loads over 5kg** above head height or performing overhead activities.

Later rehabilitation

Following spinal fusion surgery, a post-operative rehabilitation program may be recommended by your surgeon. This will include neck strengthening exercises and possibly a cardiovascular (heart and lung fitness) conditioning programme to safely get you back to work and other normal activities. The decision to proceed with a post-operative rehabilitation program depends upon many factors and your surgeon will tell you when it is appropriate for you. Any rehabilitation programme is unlikely to start before 6 weeks post-op.

If rehabilitation is required, the ward Physiotherapy team will be responsible for organising it, and will do this by liaising with your local Physiotherapy department.

Contact telephone numbers

- **Dyball Ward**01392 403528
- **Durbin Ward**.....01392 403691
- **Aftercare Physiotherapy**01392 403509

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