

Introduction:

The following information is designed to educate you about your elective spinal procedure.

Anterior Cervical Discectomy and Fusion (ACDF) has been successfully performed by medical professionals for the past fifty years. The surgery should last approximately two hours and may require an overnight stay at the hospital.

The principal treatment aims of an ACDF are:

1. Identify and treat the cause of the pain. Eliminating pain is a principal aim of any spinal procedure. This is accomplished by first taking x-rays or an MRI to identify the cause and location of the pain, and then by removal of abnormal or damaged tissue, often the intervertebral disc, which is the most common cause of pain.

2. Fusion.

If the disc is removed the adjacent vertebrae will be fused together by placing a graft in the space between the vertebral bodies. Depending on the physician's preference, the graft may be your bone (usually taken from the hip), donor bone, or a synthetic spacer filled with bone graft.

3. Limit excess motion for six to eight weeks. Stable alignment allows bone to bridge across the vertebra enabling graft interface and early healing to occur. This is accomplished by using the InterPlate to stabilize, support, and maintain proper balance of the vertebrae.

4. Minimize patient recovery time.

Muscle disruption, operative site retraction, and operative time are some of the factors that directly affect healing. Keeping disruptions to a minimum can help yield a swift and successful recovery.

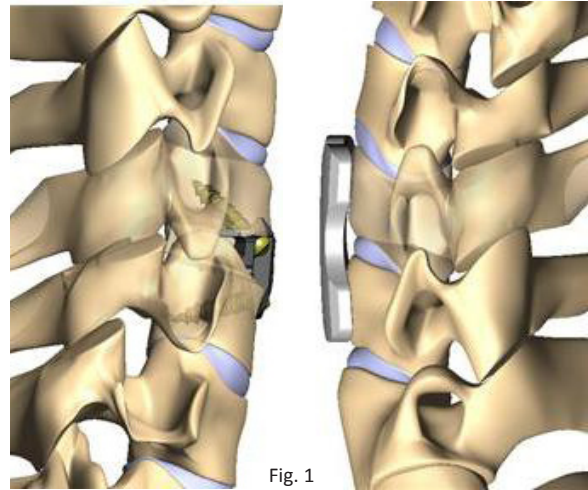


Fig. 1

InterPlate®

Cervical Plate

What is the function of a spinal implant?

The implant provides structural support and maintains a proper environment for fusion while your body heals. While many plate-type implants provide support, they create a bulge underneath the anatomic structures of the neck. The InterPlate® is bridging flush-fit™ and addresses profile (Figure 1). A smaller implant can also reduce the size of your incision when compared to competitive devices.

Disc space height restoration, stability, support, and prevention of implant expulsion are the primary functions of all implants (Figure 2).

Tell me about the healing process.

As mentioned earlier, you may be asked to stay at the hospital for observation. The doctor may recommend you wear a neck collar following surgery.

In general, patients may be able to do light work within four weeks, and it is probable that normal activity can be resumed in several weeks. However, everyone heals differently. Only your doctor can discuss your likely progression and any limitations you may have following the operation.

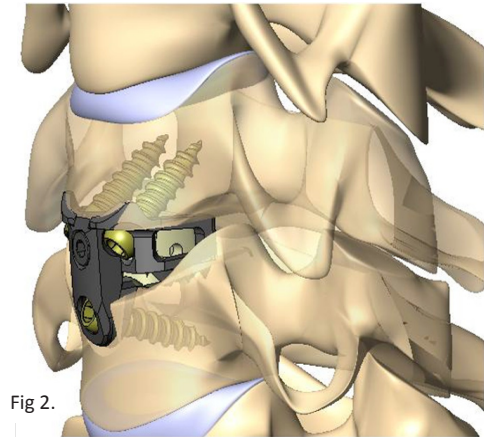


Fig 2.

What are the risks?

As with any surgery, the operation is not without risk. Some patients may develop plate awareness and/or swallowing difficulties. Other risks include failed fusion, hardware failure, bone graft migration, infection, and adjacent segment disease among others. Certain diseases and lifestyle choices can affect your prospects for a successful outcome. Please consult your physician for more information about ACDF risk factors.

In general, about 90% of surgeries result in successful fusion¹. Factors reducing successful outcomes include: osteoporosis, obesity, malnutrition, and above all, smoking. Smoking can reduce your chances of successful fusion by 40%².

Nicotine inhibits bone growth by disrupting the body's natural processes. Tobacco use (in any form) can greatly reduce your chances of successful fusion.

The image below is a case study X-ray showing a revision surgery of adjacent segment cervical disc disease following placement of a two level cervical plate.



Top: two level Cervical plate.

Bottom: InterPlate bridging flush-fit™ with the vertebral column.



Patient Information Guide Anterior Cervical Discectomy & Fusion

