



CERVICAL

Anterior Cervical Discectomy & Fusion

Patient Information



CERVICAL

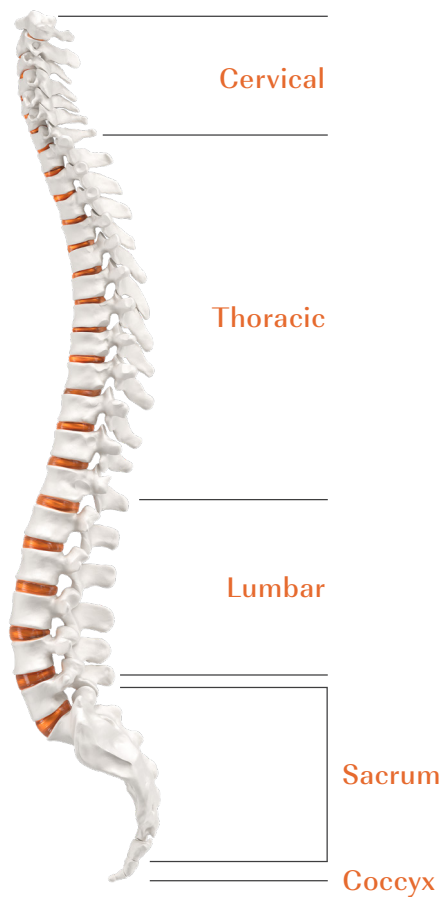
Anterior Cervical Discectomy & Fusion

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This brochure is intended to provide an overview of general information on spinal anatomy, conditions, and treatment options. This brochure does not serve as a replacement for discussing your personal health status with your medical provider. Please consult your surgeon and healthcare team for additional information that pertains to this procedure.

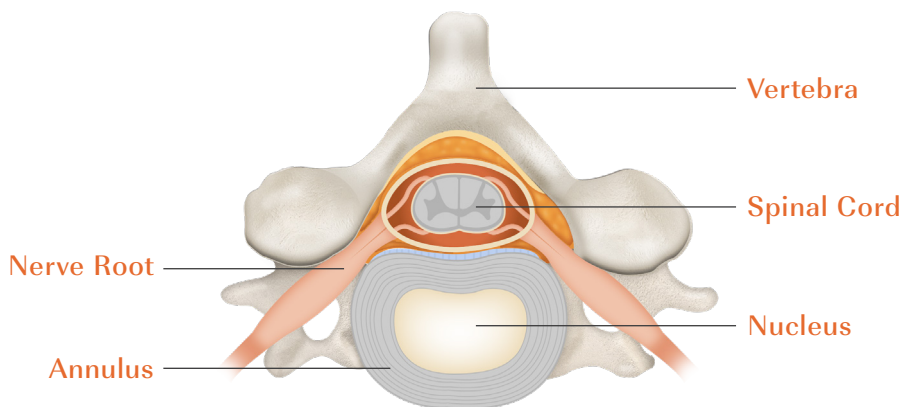
Anatomy of the Spine



Regions of the Spine

The individual bones (vertebrae) of the spine extend from the skull to the pelvis. They are grouped into the following segments:

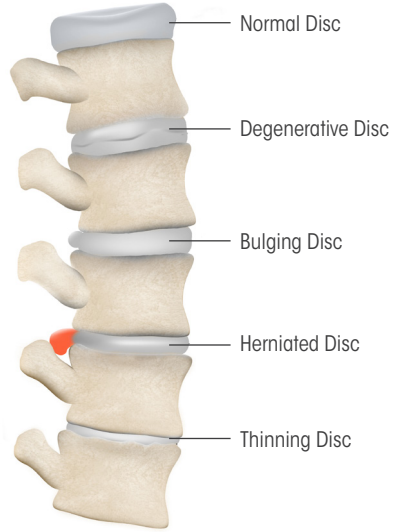
- Cervical: C1-C7
- Thoracic: T1-T12
- Lumbar: L1-L5
- Sacroiliac Joint: S1-S5
- Coccyx: Tailbone



General Conditions of the Spine

Degenerative Disc Disease

During the natural aging process, the discs between each vertebral body can lose their flexibility, height, and elasticity which can cause a tear in the tough outer layer of the disc, causing the disc to herniate, bulge, or leak the gelatinous core. The bulges or leakages can end up compressing the nerve roots and/or spinal cord, causing symptoms including, but not limited to lower back and/or leg pain.



Spondylolisthesis

Spondylolisthesis is a condition in which one of the vertebrae slips forward or backward. Progression of this condition can result in severe nerve compression and spinal deformity. The condition can be a result of degenerative disease, bone fracture, or a birth defect.

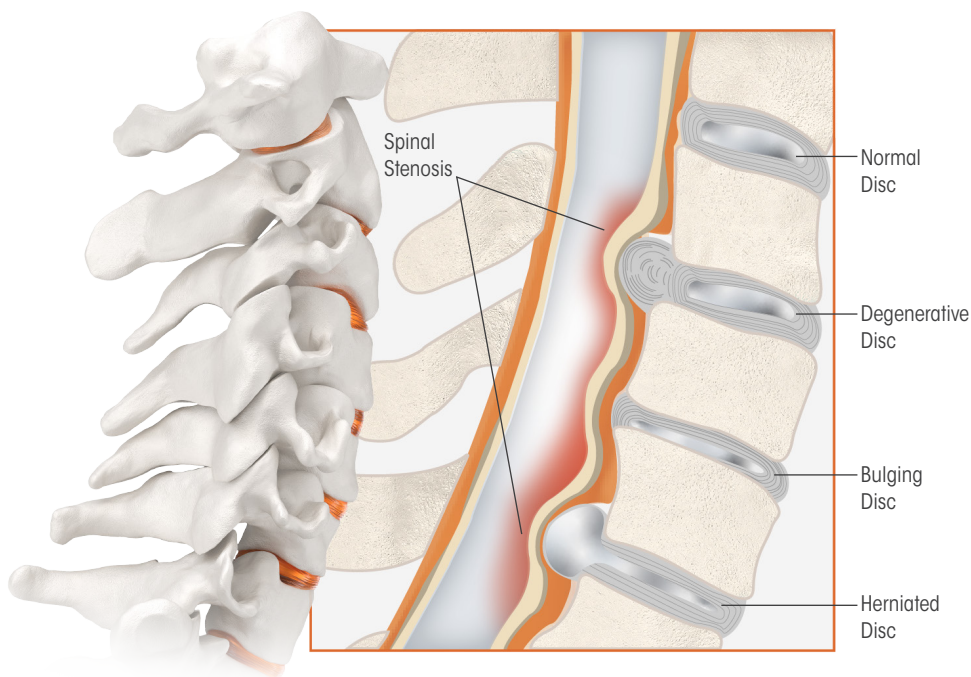
Spinal Stenosis

Spinal stenosis is a term used to describe narrowing of the channels in which nerve roots and the spinal cord are located. This narrowing is caused by age-related degenerative changes which place undue pressure on the nerves. Painful symptoms are a result of nerve compression and tend to be worse with standing or walking.



About Cervical Spinal Degeneration

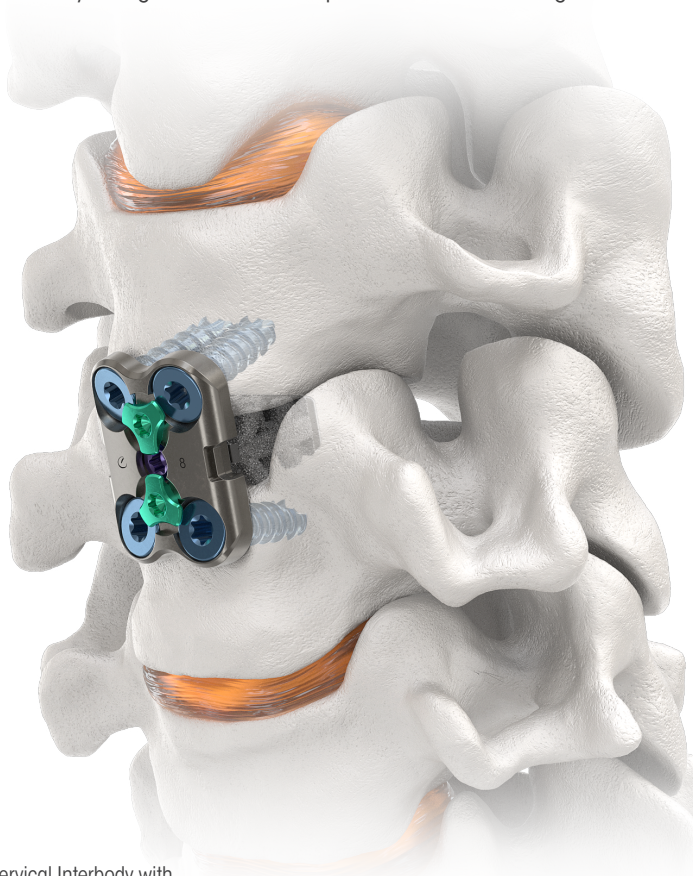
In the normal spine, the discs, located between the 7 neck bones (vertebrae) function as a shock absorber spacer, and for movement. Age and genetics can cause to damage to discs in the neck, causing the vertebrae to “pinch” the nerves exiting from behind the disc. In this case, the discs are degenerative, and the nerves are being impinged upon. The spinal cord itself may also be compressed. The compression narrows the pathway through which the nerves travel, and is called *spinal stenosis*. This can cause pain that can radiate into the neck, back, and arms and/or cause weakness and numbness.



Anterior Cervical Disectomy & Fusion (ACDF)

The cervical spine includes the 7 bones and associated soft tissues of the neck. It is the most mobile portion of the spine, which makes it vulnerable to degenerative changes and injury. Non-surgical treatments are always used prior to performing surgery, unless the patient has sustained a life-threatening injury to the spine. These treatment measures include medication and physical therapy.

In the case of degeneration, most surgeries are performed from the front. The degenerated discs are removed and the spaces around the nerve structures are visualized and “cleaned” out. The disc is then replaced with a cage packed with crushed bone to re-establish the space available for the nerves and spinal cord that are located behind the disc. The bone, called a graft, will grow in and around the cage, connecting one vertebra to the next. This bony growth spanning the segment is called a *spinal fusion*. A titanium plate is commonly placed vertically along the front of the spine to buttress the cages.



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Frequently Asked Questions

For what conditions is ACDF performed?

ACDF can be used to treat the following conditions of the cervical spine:

- Degenerative disc disease
- Herniated disc
- Fractures to the vertebrae
- Spinal weakness or instability
- Spondylolisthesis, a condition in which one vertebra slips forward, on top of another

Who is a good candidate for ACDF?

You may be a good candidate for spinal fusion if you have instability, weakness, or pain caused by one of the previously listed conditions and have already tried nonsurgical therapies, such as anti-inflammatory medications and physical therapy.

What should I expect after ACDF surgery?

Spinal fusion changes the normal movement of the spine, which may accelerate wear and tear of the vertebral joints adjacent to the “fused” vertebrae. Treatment with an ACDF Surgery may help you return to normal activities. If ACDF surgery was performed for sciatica or lumbar radiculopathy pain traveling down the legs, patients will often notice that this pain is completely gone or significantly improved immediately after they wake up from surgery. After ACDF surgery, you must wear a neck collar and restrict motion and activity. You will likely experience some neck and throat pain which will resolve over a few weeks as the tissues recover and heal.

How long will I stay in the hospital?

Most patients go home the day after surgery, although ACDF procedures are being performed in ambulatory (same day) settings.

When can I return to a normal daily routine?

Your surgeon and associates will provide clear instructions for discharge. It normally takes approximately 3 to 6 months for the fusion to occur. During that time, you should avoid strenuous activities that might affect the fusion process. Driving is not allowed until after your first post-op visit (usually 7-10 days). Most patients can go up and down stairs when they go home from the hospital. Some patients may require additional assistance.

When can I return to work?

It normally takes approximately 3 to 6 months for the fusion to occur. During that time, you should avoid strenuous activities that might affect the fusion process. Driving is not allowed until after your first post-op visit (usually 7-10 days). Most patients can go up and down stairs when they go home from the hospital. Some patients may require additional assistance. Return to work is determined for each individual patient based upon several factors - depending on the surgery, your job, and you as an individual. The goal is to help you return to work as soon as you can do so safely. Your surgeon will determine a plan specifically for you.



This brochure is not intended as a replacement for professional medical care and meant only as an educational resource. It is not meant to be a warranty or to replace a conversation between you and your physician or a member of their health care team. Please consult your physician for a complete list of indications, precautions, clinical results, and other important medical information that pertains to this procedure.



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