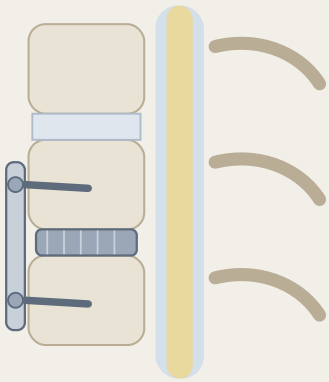
Professor Jason John Labuschagne
PAEDIATRIC AND ADULT NEUROSURGEON

SPINAL SURGERY

Anterior Cervical Discectomy and Fusion (ACDF)

Patient information and consent



This booklet explains surgery through the front of the neck to remove a disc or bone spurs pressing on the spinal cord or nerves. Please read it with your family, write down your questions and bring it to your consultation. You will be asked to sign the consent section only once you understand the proposed treatment and are satisfied that your questions have been answered.

1	General information	2
2	Alternatives to surgery	2
3	What to expect during and following surgery	3
4	Risks and complications	3
5	After the operation: what is normal	4
6	Recovery	4
7	When to contact the rooms	5
8	Consent	6

PATIENT DETAILS OR HOSPITAL LABEL

Patient name

Date of birth

ID / file no.

Procedure date

Version 1.0 · October 2026

Netcare Unitas Hospital
Room 403, Centurion

Nelson Mandela Children's Hospital
Private Suites, First Floor, 6 Jubilee Road, Parktown North

012 664 6026
HPCSA MP 0530077

01 General information

A team approach

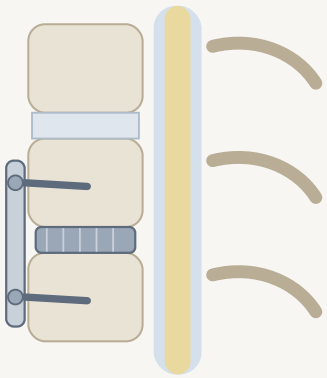
Spinal surgery in this practice is planned within a multidisciplinary team that includes orthopaedic spinal surgeons, and some operations are performed jointly.

Why is the operation needed?

Wear of the discs in the neck, or a disc herniation, can press on the nerve roots, causing pain, numbness, tingling or weakness in the arm and hand (radiculopathy), or on the spinal cord, causing clumsy hands, difficulty with fine tasks, unsteady walking and sometimes bladder changes (myelopathy). Surgery is advised for severe arm pain that has not improved, for weakness, or to stop myelopathy from progressing.

How is the operation performed?

Under a general anaesthetic, you lie on your back with the neck slightly extended. A small horizontal incision is made in a skin crease on the front of the neck. The windpipe and gullet are gently moved to one side and the carotid artery to the other, to reach the front of the spine. The correct level is confirmed with X-ray. Under the microscope, the disc and any bone spurs are removed to free the spinal cord and nerve roots. The empty disc space is filled with a cage containing bone graft or substitute, and sometimes fixed with a small titanium plate and screws. In selected patients, an artificial disc may be used instead of fusion.



The disc is removed from the front, relieving pressure on the spinal cord and nerves, and replaced with a cage. A small plate may be added.

For arm pain, relief is usually rapid. For myelopathy, the main aim is to prevent further deterioration; improvement may occur but is less predictable.

02 Alternatives to surgery

- **Pain medication, physiotherapy and activity modification**, which allow many patients to improve without surgery.
- **Injections**, such as epidural or nerve root blocks, which can relieve pain for a period and help confirm the source of symptoms.
- **Waiting**, if symptoms are tolerable and there is no significant or worsening weakness or bladder disturbance.
- **Posterior surgery** from the back of the neck (foraminotomy, laminectomy or laminoplasty), depending on the problem.
- **Cervical disc replacement** instead of fusion, in selected patients.

03 What to expect during and following surgery

Before admission

- Tell us about any bleeding or clotting problems, recent illness, allergies and all medicines, including herbal remedies.
- Blood-thinning medicines (for example warfarin, aspirin, clopidogrel or the newer anticoagulants) and anti-inflammatories usually need to be stopped before surgery. Please follow the specific instructions you are given and do not stop any medication without advice.
- You will usually be admitted on the day of surgery or the day before, and must not eat from midnight before surgery, or as instructed by the anaesthetist.
- Bring your scans and a list of medication. Stopping smoking before surgery improves wound and bone healing.

In hospital

You wake up in the recovery room and are then transferred to the ward. Nurses will regularly check your pulse, blood pressure, limb strength, pupils and level of alertness to detect any change early, and you will be woken for these checks during the first night.

- You will have regular pain relief and anti-nausea medicine.
- A drip and sometimes a urinary catheter are usually removed within a day or so.
- You will be encouraged to sit out of bed and walk on the day after surgery.
- **Moving.** You will usually be helped out of bed on the day of surgery or the next morning, and taught how to move safely by the physiotherapist.
- A soft collar is usually not needed.
- Swallowing is checked before eating; start with soft foods.
- **Going home.** Most patients go home after one or two days.

04 Risks and complications

All surgery carries risk. Most patients do not experience serious complications, but it is important that you understand what can happen. The list is not exhaustive; Professor Labuschagne will discuss the risks that apply particularly to you. The risks of the anaesthetic will be explained separately by the anaesthetist.

Common

- **Sore throat and difficulty swallowing** for one to three weeks.
- Neck and shoulder-blade pain.
- Temporary hoarseness.

Less common

●●○

- **Lasting hoarseness** from irritation of the nerve to the voice box.
- Persistent difficulty swallowing.
- Wound infection.
- Cage subsidence, implant movement or failure of fusion.
- **Adjacent segment disease** at neighbouring levels in later years.
- Persistent or recurrent arm pain or numbness.

Rare but serious

●○○

- **Bleeding in the neck** causing swelling and difficulty breathing, needing emergency treatment.
- Injury to the oesophagus (gullet) or windpipe.
- Injury to the spinal cord or nerve roots, causing weakness or paralysis.
- Injury to the carotid or vertebral artery, or stroke.
- Spinal fluid leak.
- Death. This is very rare.

05 After the operation: what is normal

- A sore throat and the feeling of a lump on swallowing.
- Neck stiffness and pain between the shoulder blades.
- A small scar in a skin crease that fades well.

06 Recovery

- **First six weeks.** Avoid lifting more than a few kilograms and sudden neck movements; listen to your neck and increase activity gradually.
- **Wound.** Keep dry and covered for about five days; stitches are usually dissolvable.
- **Driving.** When you can turn your head comfortably, usually after two to four weeks.
- **Work.** Office work after two to four weeks; manual work after about six to twelve weeks.
- **Follow-up.** With X-rays at about six weeks and three months.

07 When to contact the rooms

Please contact the rooms the same day, or go to the nearest emergency department, if you notice:

- Difficulty swallowing or breathing, or rapidly increasing neck swelling (after neck surgery)
- New or increasing weakness, numbness or tingling in the arms or legs
- Difficulty passing urine, loss of bladder or bowel control, or numbness around the back passage or genitals
- Fever, chills or night sweats
- Redness, swelling, discharge or clear fluid leaking from the wound
- Hoarseness that does not improve
- Calf pain or swelling, chest pain or shortness of breath

IN AN EMERGENCY

If you develop sudden weakness of the legs, loss of bladder or bowel control, numbness in the saddle area, chest pain or difficulty breathing, go to the nearest emergency department immediately and tell the staff about your recent spinal surgery. Rapidly increasing neck swelling or difficulty breathing after neck surgery needs immediate attention.

THE ROOMS · OFFICE HOURS

012 664 6026

Elective appointments and queries, office hours, for both Netcare Unitas Hospital and Nelson Mandela Children's Hospital

AFTER HOURS

After hours, call the hospital switchboard and ask for Professor Labuschagne: Netcare Unitas Hospital 012 677 8000 · Nelson Mandela Children's Hospital 010 133 0600

Emergency services: Netcare 911 · 082 911 | National ambulance · 10177

NETCARE UNITAS HOSPITAL

Room 403, Netcare Unitas Hospital
866 Clifton Avenue, Lyttelton, Centurion

NELSON MANDELA CHILDREN'S HOSPITAL

Private Suites, First Floor
6 Jubilee Road, Parktown North, Johannesburg

08 Consent

Informed consent is a conversation, not simply a signature. The National Health Act 61 of 2003 and the ethical guidelines of the Health Professions Council of South Africa (HPCSA) give every patient the right to be told, in a language they understand, about their condition, the treatment options available, the benefits, risks, costs and consequences of each, and the right to refuse treatment. You may withdraw your consent at any time before the operation.

If you are unable to give consent yourself, the National Health Act (section 7) allows consent to be given by a person you have authorised in writing or, failing that, by your spouse or partner, parent, grandparent, adult child or sibling, in that order.

THE PROCEDURE

Procedure Anterior cervical discectomy and fusion, level(s) _____ Side / site _____

Condition, in my own words _____

SPECIFIC PERMISSIONS

Blood transfusion, if needed during or after surgery	☐ I agree	☐ I do not agree
Tissue or fluid removed may be sent for laboratory examination	☐ I agree	☐ I do not agree
Anonymised images or results may be used for teaching and research (optional)	☐ Yes	☐ No

Questions I have discussed

Please write down any questions you asked and any particular concerns that were discussed.

My acknowledgement

Please tick each statement.

- ☐ I have read this document, or it has been read to me, and I understand it.
- ☐ Professor Labuschagne has explained my condition, the proposed procedure, its expected benefits, and the alternatives, including the option of no treatment.
- ☐ The risks and possible complications, including those particular to me, have been explained in language I understand.
- ☐ I have had the opportunity to ask questions and raise concerns, and these have been answered to my satisfaction.
- ☐ I understand that no guarantee has been given about the outcome, and that the procedure may not improve, and could worsen, the condition.
- ☐ I understand that if an unexpected finding or a life-threatening event occurs during the procedure, the surgeon may carry out further treatment that is necessary to protect life or prevent serious harm.
- ☐ I understand that the anaesthetic will be explained by the anaesthetist, who will obtain consent for it separately.

- [ ] I understand that my medical scheme may not cover the full cost of treatment, that I am responsible for any shortfall, that separate accounts will be rendered by the hospital and the anaesthetist, and that a quotation is available on request.
- [ ] On the basis of the above, I request that I undergo the procedure described.

PATIENT

Full name _____ ID number _____

Signature _____ Date and time _____

If the patient is unable to consent: person consenting on the patient's behalf (National Health Act, section 7)

Full name _____ Relationship _____

Signature _____ Date and time _____

SURGEON'S STATEMENT

I have explained the patient's condition, the need for treatment, the proposed procedure and its expected benefits, the material risks including those specific to this patient, the reasonable alternatives including no treatment, and the likely consequences if those risks occur. I have offered the opportunity to ask questions and have answered them as fully as possible.

Surgeon Professor Jason John Labuschagne HPCSA no. MP 0530077

Signature _____ Date and time _____

INTERPRETER (IF USED)

I have accurately interpreted the contents of this document and the discussion between the doctor and the patient.

Full name _____ Language _____

Signature _____ Date _____

WITNESS

Full name _____ Capacity _____

Signature _____ Date _____

A copy of this signed document will be kept in the medical record and a copy offered to the patient. Personal information is processed in accordance with the Protection of Personal Information Act 4 of 2013. · Professor Jason John Labuschagne · HPCSA MP 0530077 · Version 1.0 · October 2026