Patient Name: [Patient First and Last Name]

Date of Birth: [MM/DD/YYYY]

Date of Surgery: [MM/DD/YYYY]

Surgeon: [Surgeon Name]

Discharge Summary and Recovery Instructions

This letter confirms that you have undergone a **Cervical Disc Replacement**. Please follow these instructions to ensure proper healing.

1. Activity Restrictions

- Do not lift, push, or pull anything heavier than 5-10 pounds for the next [Number] weeks.
- Avoid repetitive neck movements, twisting, or looking up/down for extended periods.
- No driving until cleared by your surgeon and while taking narcotic pain medications.
- Short walks are encouraged to prevent blood clots and improve circulation.

2. Incision Care

- Keep the incision site clean and dry.
- If you have adhesive strips (Steri-Strips), do not peel them off; let them fall off naturally.
- Shower according to your surgeon's specific timeline (typically 48-72 hours post-op), but do not soak in a tub or pool.

3. Medications

- **Pain Relief:** Take prescribed medications only as directed.
- **Anti-inflammatories:** Avoid NSAIDs (like Ibuprofen/Advil) unless specifically approved by your surgeon.
- **Stool Softeners:** Use as needed to prevent constipation caused by pain medication.

4. Neck Collar Usage

You are required to wear your neck collar: [ ] Constantly / [ ] Only for comfort / [ ] During activity / [ ] Not required.

5. When to Call the Doctor Immediately

- Difficulty breathing or swallowing.
- New or worsening weakness, numbness, or tingling in arms or legs.

- Redness, swelling, or drainage from the incision site.
- Fever higher than 101.5F (38.6C).
- Severe calf pain or swelling.

6. Follow-Up Appointment

Your follow-up visit is scheduled for: **[Date and Time]** at **[Location]**.

Signed,

[Surgeon Name/Hospital Representative Name]
[Facility Name]
[Contact Phone Number]