

## Anterior Cervical Discectomy and Fusion (ACDF)

### Understanding Your Risks

This document outlines the potential complications associated with **anterior cervical discectomy and fusion (ACDF)**. This is a spine procedure performed through a small incision in the front of the neck in which the cervical disc is removed and a spacer (interbody cage) filled with bone graft is placed between the vertebrae, often with a plate and screws. The usual purpose of surgery is to **relieve nerve or spinal cord compression, improve pain and neurologic symptoms, restore disc height, spinal stability alignment, and promote solid fusion** in patients with conditions such as cervical disc herniation, spinal stenosis, spondylosis, radiculopathy, myelopathy, deformity, or instability.

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#### Risks:

- **Dysphagia** (difficulty swallowing), typically transient but occasionally persistent
- **Hoarseness or voice changes** (due to recurrent laryngeal nerve irritation or injury)
- **Hematoma or neck swelling**
- **Airway compromise**
- **Neurologic complications** (new or worsened numbness, weakness, spinal cord injury, or C5 palsy)
- **Dural tear with cerebrospinal fluid leak**
- **Wound infection** (superficial or deep)
- **Pseudoarthrosis** (nonunion or failure of fusion)
- **Hardware complications** (plate or screw loosening, breakage, migration, or cage subsidence)
- **Graft-related complications**
- **Adjacent segment degeneration or disease**
- **All-cause reoperation**

- **Esophageal or tracheal injury**
- **Vertebral artery or major vascular injury**
- **Medical complications** (myocardial infarction, stroke, pneumonia, pulmonary embolism, deep vein thrombosis)
- **Death** (extremely rare)

### **Risk Factors for Increased Complications:**

- **Higher number of cervical levels fused**
- **Revision or prior cervical spine surgery**
- **Advanced age and higher ASA class**
- **Medical comorbidities** (diabetes, tobacco use, obesity, osteoporosis, kidney disease, anemia)

### **Patient Acknowledgment:**

By signing below, the patient acknowledges understanding of the above risks associated with anterior cervical discectomy and fusion and all questions have been answered to the patient's satisfaction.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

