INTRODUCTION.

Dysphagia is normally a transient, but significant complication of ACDF. The objective of our study was to calculate based on a retrospective sample the incidence and severity of dysphagia and other medical and surgical complications following single level anterior cervical disectomy and fusion (ACDF).

METHODS

A review of patients undergoing first time single level ACDF was performed using the Kaiser spine registry database on patients who presented with degenerative pathology. Patients with trauma, malignancy or for a revision operation were excluded. In addition to demographic data, hospital length of stay, readmission, duration of dysphagia and change in diet were evaluated.

RESULTS

<table>
<thead>
<tr>
<th>Characteristic, n (%)</th>
<th>Dysphagia</th>
<th>No Dysphagia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total N</td>
<td>239</td>
<td>508</td>
</tr>
</tbody>
</table>

**Table 1. Sociodemographic and operative characteristics of 747 ACDF patients (2009-2013), stratified by postoperative dysphagia status.**

DISCUSSION

- The present study demonstrated that performing single level ACDF with a spine level at C2 or C3) carries a 2.30 times higher risk of developing postoperative dysphagia than performing the procedure at the lower cervical region.
- Neither age, BMI category, gender, ASA classification, smoking, nor operative time are risk factors for developing postoperative dysphagia. Mean resolution time of dysphagia was time of 15.82 days and occurred in 90.79%.
- 89.12% of patients did not require the use of NGT/PEG tube in management.

CONCLUSION

Although the majority of recorded procedures were performed in the lower cervical spine, dysphagia was more prominent in the mid-upper cervical spine. 32.1% of patients presented with dysphagia longer than one day. More than 95% of these patients experienced resolution of their dysphagia within 7 days.