

IDIOPATHIC SCOLIOSIS SURGERY

Discharge Information

First Weeks At Home - Getting Back Into A Routine

On the day you leave the hospital you will be very excited about going home. At the same time, you will still be sore and tired. Depending on the type of surgery, it may take from one to three more weeks before you feel strong. It will be necessary to have someone with your child for the first one to two weeks at home.

It is important to establish a daily routine – getting up in the morning and getting dressed in comfortable clothes. Spend more time up-right in a chair rather than lying down on the couch or in bed. If one chair becomes uncomfortable, try another chair. Aim to do some walking every day - egg: walking to the letter-box and then increasing to a walk along the road over time. Each day you should spend a little more time up and being active. Discomfort should decrease a little each day. Some days may be better than others – this is normal.

Managing Pain

Most children will need to take pain medication during the day during the first two to three weeks after surgery. A prescription will be given to you prior to discharge. You may find that pain is worse in the morning because you have been lying in bed and become stiff. Pain can also be experienced when you are tired or have increased activity. As well as medication, try other non-drug pain relief treatments such as gentle exercise, short rest periods, and frequent repositioning. Avoid non-steroidal anti-inflammatory medications such as aspirin, ibuprofen (Nurofen) and Voltaren as these may inhibit fusion of the bones.

Showering

- You can shower if the incision site is clean and dry
 - Do not use heavily perfumed soaps
 - Do not soak in a bathtub for three weeks after surgery or if your wound is not completely healed.
 - You may need help with hair washing and drying your legs and feet
 - Pat the skin dry – do not rub
 - You will also need someone to ensure that the wound on your back is completely dry to prevent infection
 - Have a chair in the bathroom to sit on when you are tired
 - Do not use swimming pools / hot tubs for three weeks or if your wound is not completely healed
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Bowel Regularity

- It is very common to have experience constipation
 - This is caused by the narcotic pain medicine used to control pain, the general anaesthetic used to keep you asleep during surgery and reduced activity
1. Drink plenty of fluids
 2. Eat high fibre foods such as fruit and vegetables
 3. “Kiwi-Crush” is very effective and is found in the frozen food section of your food-store
 4. Keep mobile – walk every day
 5. You may need an over-the-counter stool softener for a few weeks
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Wound Care

Dressings

- A waterproof dressing will be applied before discharge to protect the surgical line
- See your family doctor in 7 to 10 days to remove the dressing and have the wound assessed
- If a dressing is required after that a District Nurse will be arranged
- Do not put creams or lotions including scar products on your incision site during the first 3 weeks. This will cause irritation and may cause infection

Sutures

- The stitches used to close the skin are absorbable and underneath the skin. They do not need to be taken out
- "Steri-strip" tapes on the skin will fall off within two weeks by themselves. They are allowed to get wet when you shower
- Do not pull them off, since this could cause the incision to open up
- If there are any problems with the suture line, please contact the hospital or your family doctor
- The long suture ends at the top and bottom of the wound should have been trimmed before you go home because they can cause irritation, itching or become caught in clothing
- If not, pull gently on the suture and then use a pair of nail scissors that have been boiled in water to trim the stitch so that the end is close to the skin
- Otherwise, have your family doctor or practice nurse do it
- There should not be any dressing on the wound by the time of return to school

Seroma

Occasionally, a raised area caused a seroma will appear at the base of the wound. If you push on it, it will feel spongy. A seroma is a pocket of clear serous fluid that sometimes develops in the body after surgery. When small blood vessels are ruptured, blood plasma seeps out. Inflammation caused by dying injured cells also contributes to the fluid. Gravity causes this fluid to collect at the base of the wound. Usually the body absorbs this fluid. However, after very extensive surgery, the body is unable to keep up. This fluid gradually absorbs over time (often taking many days or weeks). It is important that you call the hospital if a seroma occurs. Very rarely, a seroma does not resolve on its own and can become inflamed or infected.

Caring for the scar

Although the scars are still very visible six weeks after surgery, they will fade. The way a scar looks depends mostly on the type of skin somebody has and how that skin forms scars in general.

In most young people, there is a long thin scar down the centre of the back which almost completely disappears over time. In those young people who also had an anterior spinal fusion (to the front of the spine) there will be a scar in the chest area. Chest scars are more visible. They may be at the level of a bra in girls, which will make it less noticeable.

It is not unusual for the incision site to feel numb or lack normal sensation for 4 to 6 months. Nerves were cut during surgery and take months to re-grow. There will also be some scar tissue where nerves can't grow so you will probably have some permanent loss of sensation around the site.

Exposure to strong sunlight decreases the rate and quality of scar tissue healing. A scar that has been burnt loses the ability to heal well. Use of a good sun-blocking product over the scar line during the next summer is recommended.

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Weight Loss

You will have lost some weight after surgery. This is because you did not eat much during the first few days after surgery and you did not feel very hungry because you were feeling sore and spent most of the time in bed. You may continue to lose weight for several weeks after surgery. This is because a large number of calories are required to heal the surgical incision and promote healthy fusion of the bones. It may take several weeks before your appetite returns to normal. Don't worry, it will! However, it is very important to begin eating a normal diet as soon as possible after surgery. Try eating small meals often and foods that are high in iron and protein.

Appearance / How Do I Look?

Balance

Your spine was curved for quite a long time before surgery. Your body and brain learned to adapt to your curved shape so that you were balanced when you walked. After surgery, it can take a while for your brain to adapt to the new straight you. Sometimes, children appear to tilt over a little towards the side of their curve. This will go away on its own but your family may need to remind you to stand up straight.

Shoulders

Scoliosis also causes one shoulder to appear lower and pushed forward. The muscles along the side that curved inwards became weaker and tight. Over time, the shoulder muscles will stretch and you will see improvement in the position. You may experience shoulder pain after the surgery. It is important to use this arm in a normal pattern of movement: i.e. don't hitch your shoulder up. It is useful to stand in front of a mirror and practise pulling your shoulders back and standing up as straight as you can.

How much flexibility will I have after surgery?

This depends on how many vertebrae are fused, and where in your back these vertebrae are located. Fusing just the middle of your back (the thoracic vertebrae) will not significantly impact your forward bending flexibility, since these vertebrae connect to your ribcage which is fairly rigid, anyway. Fusing the upper back and neck (the cervical region) will limit the bending and twisting flexibility in your neck somewhat, but usually not severely. The five lumbar vertebrae at the base of your spine are the most important for bending flexibility. Fusing just the top lumbar vertebrae (called L1) will not impact flexibility much, but the bottom four (L2 through L5) need to be free to maximize mobility.

Sports and Exercise

During the first few months following your spinal fusion, it is important to let it heal. For at least six months, you will not be able to participate in any activities that may cause stress to your spine such as gymnastics, competitive team sports and any other activity that causes a lot of motion of your spine. However, it is important that you walk so you get your balance back and don't lose muscle tone in your legs. Walking is the best way to recuperate and heal tissue. There are no restrictions for walking or stair climbing.

Your surgeon will tell you when you are able to return to physical exercise. By three months, some bone fusion should have taken place and it will be safe to return to some activities. Do not do any heavy lifting for 3 months. You will be given a letter to inform your school that you won't be able to participate in a full physical education program for at least six months after surgery. After that period, you will be able to participate in most physical activities.

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Back To School

Most children need another two to four weeks out of school before returning to the classroom. This is very dependent on your activity level and speed of recovery. You can usually return to school as soon as you have the energy to make it through the whole day. Sometimes it is necessary to return on a part-time basis for the first week. You will be given a letter to your school before discharge.

Do you ever take the rods out?

It is rare that the rods need to be removed. The most common cause of rod removal is failure of the bones to fuse and / or if a rod breaks. This is uncommon in young patients.

Emotions / Coping with It all!

Some people experience temporary bouts of moodiness or emotional let down after surgery. Do not fear that this is a setback or will lengthen your recovery time. Emotional changes are normal and may be due to the body working hard to heal itself. They may also be due to unrealistic expectations about how long it takes to feel "normal" again.

Keeping a positive attitude is important during this time. Focus on making small improvements each day with an eye toward the continued progress you will make in the future.

First Follow Up Visit

A clinic appointment will be made usually six weeks after surgery. Further x-rays will be taken at this stage to assess healing and implant stability. The next appointment will then be 3-6 months later and then yearly until you reach maturity (growth ceases). It is very important that you return for your scheduled appointments.

IMPORTANT!

If any of the following problems occur before your six week appointment, please notify the Spine Nurse Specialist or your family doctor immediately:

1. Fever, chills
2. Redness, warmth or drainage at the incision site.
3. Back pain that gets worse or new back pain
4. Numbness, tingling or increased weakness in arms or legs.
5. Problems passing urine or having bowel movements

CONTACT NUMBERS

Monday - Friday

Spine Nurse Specialist: 09 3074949 ext 6131 or 021 938148

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Weekend / After Hours

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