Spinal Deformity Service

Your Scoliosis Surgery

Now that we are planning a date for your surgery, we would like to provide you with this update about the process so that you will know what to expect during your stay in hospital and the months after your operation.

The most important thing is to follow the guidelines and to work with the nurses, physiotherapists, doctors and other members of the team. We recommend you getting involved in your own rehabilitation to aid your recovery.

It is normal to experience discomfort and aching while you adjust to your new position and posture. Your spine will lengthen as it is straightened and your muscles and soft tissues will have to grow to cope with this. The shoulder position is often affected by the scoliosis and the rib prominence. After surgery, your shoulders will have to adjust to the new position and you may need advice and exercises to address this.

Understanding pain relief

You will have pain relief medication immediately after the operation to make you more comfortable. Pain control is important, particularly in the first few days and weeks. This is partly to make you comfortable but also to help you get active. You should not hesitate to use pain killers if you need them and it is best to take them regularly rather than letting the pain build up. Spinal surgery is a big operation and it may not be possible to take away all the pain in the early days after surgery and you are unlikely to be completely pain free during the first few weeks after your operation. One of the best ways to reduce pain after having a scoliosis repair is early mobilisation.

The anaesthetist will decide on the best pain relief to give you and this will be based on your individual needs. This may need to be changed during your stay if it is felt not to be suiting you. The pain service (a specialist group of nurses and doctors experienced in pain management) will be actively involved in ensuring you receive the best pain relief possible.

While you are in hospital, pain relief is mainly provided through a combination of strong pain medication given through a drip in your vein (intravenous) via a patient controlled analgesia pump (PCA) or a nurse controlled analgesia pump (NCA) and/or orally (by mouth). The pain medication we usually use in PCA’s/NCA’s is morphine but there are other alternatives that can be used.
**PCA** is a type of pain relief that lets you control how much pain medicine is needed. You will be able to give yourself small but frequent amounts of pain medication by pressing a button when you are in pain. The machine may also be set so that a continuous amount of pain-relieving medication is given all the time, in addition to the doses given when the button is pressed.

**NCA** is a type of pain relief that allows a nurse to administer your pain medication as needed with a button, if you are unable to do so yourself. It works in exactly the same way as the PCA. Some people may experience itchiness, which can be a side effect of the intravenous pain relieving medication. If this happens, please let your nurse know so that you can be given medication to help this (antihistamine).

Generally, two to four days after surgery all intravenous analgesia (pain relief) will have been stopped and all your pain relief will be given orally or via your gastrostomy if you have one. You will also be given regular laxatives to prevent constipation, which is common after having major surgery and taking pain relief. If you experience regular constipation, please let the team know.

**The procedure**

**Pre-admission:**
Please ensure your consultant is aware of any medications you are taking as certain types need to be stopped for clinical reasons, including the combined oral contraceptive pill, contraceptive injections and certain anti-coagulant therapies, up to six weeks before surgery.

**Admission to hospital:**
You will receive a letter detailing where to go on the morning of surgery (or the day before – if you are travelling a long distance). You will need to be starved appropriately for your surgery. You will be allowed food and milk/water until 02:00 on the day of surgery and water/clear fluids until 06:00 on the day of surgery.

**Day of surgery:**
You will be welcomed to the ward and allocated to a bed, given a hospital gown to wear and then transferred to the operating theatre. When you arrive on the ward pre-operatively, you will have your height and weight measured. You will have a pre-op checklist completed and staff will ask you questions about your health and your past medical history. You will have a visit from the anaesthetist who will explain to you what will happen in the anaesthetic room where they will check your consent form with you.

Your observations such as temperature and pulse will be measured to make sure that you are well enough for surgery and also for staff to be able to gather what observations are normal for you. You will need to have a cannula inserted for your surgery in order for the anaesthetic team to be able to give you medicines and to keep you asleep. Some numbing cream can be put on your hands or inside of your elbows beforehand to help with the cannula insertion.
Your surgery will only go ahead if the appropriate bed for your postoperative care is available. In the event of unforeseen emergencies, it is possible that your surgery may be postponed. When your surgery takes place, it is important to be aware that it will take most of the day.

After the surgery operation, you will be attached to drips and wires and will have a catheter; this is so we can closely monitor you and your urinary output. You will also be attached to a special pain control system which allows you (or allows the Nurses if you are not able to) to control the amount of pain relief that you receive.

**Day 1:**
- Pain management
- Start on laxatives to assist with bowel movements as you recover
- Physiotherapy - bed exercises for circulation and chest care, assisted rolling over on the bed, sit up and stand if able.

**Day 2:**
- Pain management
- Catheter to be removed
- Physiotherapy - assisted stand and walk - sit out in chair for short period

**Day 3 onwards:**
- Pain management
- Physiotherapy - progress mobility - increase time sitting out in chair
- X-ray whole spine

**Discharge from hospital:**
- Independently mobile or transfer to wheelchair if you normally use one (with hoist if necessary).
- You will be given pain relieving medicines to take home on discharge which will be based on your individual needs. You should continue to take these regularly for the first two weeks or as directed. Regular pain relief may be necessary for four to six weeks.
- x-ray completed.

You should continue the recovery and rehabilitation process at home. Try and avoid doing any activity for too long but move little and often. The trunk (back and abdominal muscles) will strengthen gradually and every so often they will get tired and ache. Usually lying down for a short period will relieve this so rest when necessary. As your body adjusts to your new posture, you will become more comfortable. You have to learn to do normal every day activities from your ‘new position’.

Sometimes when you start to increase your activity levels, your body is inclined to resume the old position, as it is more familiar. For example, when writing or eating, your right shoulder may be used to dropping forward. It is important to try to maintain the corrected posture and slowly teach yourself to work in this position.
You will have two dressings on your surgical site. The top one is a pressure dressing; this will be removed by the nursing staff on Day Five after your surgery. The dressing underneath will be left on during your stay in hospital. This will be removed by your GP at around two weeks after your surgery and you will need to make a GP appointment for this.

You will be able to have a shower one week after your surgery, however you will still need to be careful and try to avoid getting your dressing wet. Increase activity levels steadily as you are able over the next month. Consider returning to school or college or work when you are coping with a whole day up and about at home. Minimise what you need to carry. Make sure you have a comfortable chair to sit on (take a cushion if necessary) and avoid sitting still for too long. A flexible approach is helpful to avoid getting over-tired.

**Five to eight weeks**
- Outpatient appointment and check x-ray.
- Physiotherapy + hydrotherapy programme will commence (you will receive a letter soon after discharge from hospital with details.)

**Contacts:**
Ward D2: 01223 217 250  
Ward F3: 01223 348 313  
PICU: 01223 217 715

Paediatric Scoliosis/Neurosurgery Clinical Nurse Specialist - Kim Czwojdrak  
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Mr Crawford’s patients: Jane Easton Tel: 01223 245151 ask for Bleep: 152-350  
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Scoliosis Coordinator: 01223 216854  
Physiotherapists: sarah.charlton@addenbrookes.nhs.uk or claire.baker@addenbrookes.nhs.uk

**Activity guidelines:**

**Six weeks**
- Return to school/work part time (half days or every other day).

**Two to three months**
- Return to school full time.

**After three months**
- Increase time and distance, walking, increase pace as able.
- Aim to increase fitness.
- School, college or work full time.
- Can go swimming and cycling.
- Safe to fly on airlines.
Six months
• Increase time and distance walking, increase pace as able.
• Aim to increase fitness.
• Cycling/riding/dancing/jogging, increasing to running.
• Acceleration/deceleration and turning.
• No contact sport.

10 to 12 months
• Competitive contact sport.
• Skiing/trampolining.
• Roller coaster rides.

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department which has authored the leaflet.

Document history
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Contact number
01223 245151
Publish/Review date
March 2017/March 2020
File name
Your_scoliosis_surgery.doc
Version number/Ref
1/100254