

SCOLIOSIS FUSION SURGERY

PLEASE DO NOT TAKE ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs like Advil, Ibuprofen, Motrin, Naprosyn, Aleve, etc) OR ASPIRIN PRODUCTS FOR 7-10 DAYS BEFORE SURGERY. These medications can increase bleeding during surgery. If you absolutely need to be on these medications until the date of surgery, check with **your surgeon**.

Your Spine Problem

Usually a curvature of your spine or scoliosis has been diagnosed and has failed conservative therapy. This may result from many causes including congenital, adolescent growth issues, degeneration, neuromuscular or paralytic problems. The spine has progressed with its curvature to a degree that warrants surgery.

Surgery will attempt to correct your deformity as well as prevent later problems that may include heart and lung issues or motor or sensory problems in your legs or bowel and bladder problems. The surgery may be associated with spinal stenosis or instability which will also be addressed in the surgery.

Your Surgery

The levels of your spine will be exposed through an incision in the middle of your back. The length and placement of your incision varies depending on the degree of the curvature. After exposing the appropriate levels for surgery, any stenosis or nerve root compression will be addressed first. The spine will then be gradually straightened using a combination of rods, screws or hooks and various techniques of rod bending, compression/distraction and rod rotation maneuvers.

Bone graft from the pelvis will be added along the spine after the top cortical layer of bone has been removed exposing the soft cancellous or healing bone. This will complete your fusion which takes many months to a year or more to heal. The metal holds the spine in place while you heal the fusion. A surgical drain if present will be removed post op by a team member several days after surgery when no longer needed. Occasionally an anterior surgery in the chest or abdomen is done to help with spine correction or to add biologic healing to another area of the spine at risk for non union or failure to heal.

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Several Important Points

Generally scoliosis reconstructive surgery is perhaps the biggest operation you will ever undergo. It should be regarded with the utmost respect. Anyone thinking they will come through the surgery and go home totally happy in 2-3 days will be disappointed. Pain is usually an issue and we address it individually. No two people are alike. Some people have remarkably little pain and others express less than perfect pain control. We will adjust the pain medicine using changes of the PCA pump, a device which allows the patient to give themselves doses of a very strong narcotic in the vein. What confounds most patients seems to be not pressing the button when they hurt. The device limits the amount of narcotic to prevent overdose. Ideally the patient will press the button enough to drift in and out of sleep.

Once you are able to tolerate oral pain pills we will start them. Often this transition requires many changes to get the right mix of pain medication suitable for rehabilitation and going home. This may take several days to adjust and **under no circumstances will all the pain be relieved in the first week or two!** Ideally we would like all our patients off narcotics at their first visit but we realize this is often not possible. We will begin using step down medications as your pain gets less and sometimes referral is made to a pain management specialist for long term management of pain issues.

Depending on your individual curve, correction of your scoliosis may be limited. Sometimes flexible curves attain excellent correction but on the other hand stiff curves may be severely limited in the final correction.

Your Hospital Stay

Occasionally, depending on the length of surgery, patients may need to be placed overnight in the ICU or Intensive Care Unit. Sometimes due to swelling around the face brought on by being face down all day on the OR table we will elect to leave in the breathing tube overnight or longer. If this happens, once the swelling subsides and you are able to breathe on your own, the tube will be removed in ICU. Generally, however, patients are able to go to a regular hospital room after surgery. There, your family and friends will be able to visit you.

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Diet

Initially, you will only be given ice chips to eat. This is because it is common for your GI tract not function normally immediately after surgery. This is called an “ileus”, and it generally resolves within a few days. Factors that prolong the period of ileus include: taking high doses of narcotic pain medications and physical inactivity. On the other hand, getting off IV pain medications as soon as it is reasonable and walking as much as possible will help the ileus to resolve. Your ileus resolves when you pass flatus (gas) from below. At this point, you can eat regular food.

Physical Therapy

You will participate in physical therapy as early as the day of surgery. This is *extremely* important to your overall recovery from surgery for a number of reasons. Getting out of bed is good for your lungs; it prevents blood clots from forming in your legs, and speeds your recovery.

However, until your surgeon says otherwise, the only physical therapy you should do initially is walking. No strengthening or stretching of the lower back is necessary. These may actually be harmful unless prescribed to you later at an appropriate time by your surgeon. Some people will need to use a walker during their initial recovery period, others may not.

Going home

Your length of stay in the hospital depends on many factors, including your general medical condition and the severity of your spine problem. Most patients go home in five to seven days. Your hospital stay may be longer if an anterior procedure is required to help correct your scoliosis or add additional healing in the front of your spine.

You can go home when: 1) you are taking oral pain pills; AND 2) you can eat and drink enough to sustain yourself (don't worry -- most people will not feel like eating and drinking too much after surgery, and that is ok); AND 3) you are able to get out of bed and walk around. Having a bowel movement is not necessary before going home.

Some patients may need to go to a rehabilitation facility first before going home. There they can build up their strength until they are ready to go home. Occasionally home PT will be ordered to help you transition off your walker or make sure you are safe in your home surroundings and maximize your progress.

What to do when you get home

Instructions on “do's and don'ts” once you get home are on the next page.

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WHAT TO DO AFTER YOUR SURGERY (SCOLIOSIS SURGERY)

Wound Care

- Keep your incision clean and dry.
- There are no stitches to remove, unless you have been told otherwise. All of the stitches are “inside.”
- If the wound is dry, no further dressings are needed and the incision can be left open to air. If there is some drainage, the wound can be covered with a clean dressing as needed.
- You may shower when the wound has been clean and dry for 24 hours (usually 3-5 days after surgery). However, do not soak the wound in a bathtub or pool. Gently clean your wound – do not scrub it vigorously until it is completely healed.
- If you have them, let the steri-strips (the tape on your incision) fall off by themselves. If some are still there by the end of two weeks, you may peel them off.
- Do NOT put any ointments or antibacterial solutions over the incision or steri-strips.
- If you notice any drainage, redness, swelling, or increased pain at the incision, call the office.

Activities

- Walking is the best activity. Walk as much as you like. It is good for you and will help you recover more quickly.
- AVOID the BLTs: Bending, Lifting, and Twisting of your lower back. However, you may exercise your arms and legs with light weights (5-10 pounds) if desired as soon as you feel like it -- as long as those activities do not cause you to perform BLTs on your lower back.
- Do not try to do too much too early (e.g. heavy housework such as making beds, laundry, vacuuming). Avoid lifting over 5 to 10 pounds. Use your common sense. Again, walking is the best activity, and we encourage you to walk.
- If you have been given physical therapy visits at home, these are for safety and help with walking/ getting around, not for doing the “BLTs”.
- Rest is very important. We have found that a 20 to 30 minute rest period several times a day (3-6) will help with overall pain control and comfort.

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- A sudden increase in your activity level will often cause a new or old pain to come. If this occurs think about what you did earlier in the day or the day before, rest extensively for a day and if the pain is still present on the second day give us a call. If you have sudden loss of strength or any incontinence issues with loss of bowel or bladder call us immediately.
- **No** sexual intercourse for 4 weeks. When resumed, positions which place the least amount of stress on the operated back should be assumed.
- When activities are increased, you will most likely get some pain in your back as the scar tissue is stretched. This should not cause alarm and does not mean you are injuring yourself or decreasing your chances of recovery by continuing with activities as outline.

Exercise

- Walk as much as you like. Walking is good for you. Start slowly and try to add one mile each 2-4 weeks, increasing up to 3-5 miles or more per day as pain and fatigue permit.
- Use your common sense: no strenuous or sports activities until okayed by your surgeon (i.e. jogging, contact sports, weightlifting, etc...)
- However, you may exercise your arms and legs with light weights (5-10 pounds) if desired as soon as you feel like it -- as long as those activities do not cause you to put stress on your neck.

Driving

- Do not drive a car unless your surgeon has specifically allowed you to do so, or until you have seen your surgeon at follow up 2-4 weeks after surgery.
- Riding home in a car after you are discharged from the hospital is permitted. Limit the amount of time you spend riding in a car especially after surgery. After about 6 weeks, longer drives are allowed—stop occasionally to get out of the car and stretch. *Please follow any prescription warnings regarding driving, etc*

Medications/Pain control

- You can expect to have pain after surgery and medications will be prescribed to help relieve your pain. **PLEASE NOTE: Certain pain medications cannot be refilled by phone (i.e. duragesic, Morphine, Oxycontin, Percocet, Roxicet).** If you need a refill prescription, someone must come to Georgetown to pick up a prescription or it can be mailed to you. Mailed prescriptions may take several days to reach you. **If you call a day or two before you run out of your prescription, it will not reach you in time.**

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- You could be switched to something else less intense than in the first few days after surgery and most of these meds can be phoned into your pharmacy.
- Pain medications are helpful around the time of surgery, but they can cause problems if taken for too long. The goal is to try to get you off of the medications by 3-4 weeks or earlier, if possible. Some people may need medications for longer than 3-4 weeks, and that's ok. But try to wean yourself off of them if you can.
- When you find that your pain is really mild, try taking plain **extra strength Tylenol** instead.
- **PLEASE DO NOT TAKE ANY NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs like Advil, Aleve, Ibuprofen, Motrin, etc) FOR 3 MONTHS AFTER SURGERY.** These medications can adversely affect fusion.
- **If you were on a baby aspirin prior to surgery, you may generally resume that 2 weeks after surgery.**
- **If you were on a blood thinner (like Coumadin/ Lovenox/ Heparin products/ Plavix), check with your surgeon as to when that may be resumed after surgery.**

Constipation

- The pain medicines may tend to make you somewhat constipated. Feel free to take any over the counter laxatives if you need to.
- High fiber foods and sufficient water/fluid intake are necessary.
- Please call the office if you are having difficulties even with these measures.

Diet

- Eat whatever you like. You may not feel like eating too much for a few days, and that's ok. Foods high in fiber (fruits, vegetables) are good in that they can help reduce constipation.
- Drink plenty of fluids.

Follow up

- If you have not already been given a postoperative follow up appointment, call your surgeon's secretary within the first few days after you get home. Tell her that you had surgery and need a follow up appointment.

Questions

- Feel free to call your surgeon's office with any questions
- If you are having an emergency, call the Spine Center at 202-444-8766 or go to the emergency room.