

What to Expect after Spine Surgery

Your child is being scheduled for spinal fusion. This sheet will help you understand what happens in the hospital after surgery.

Surgery Day

You must arrive at the hospital no later than 6 am to register and get ready for surgery. The orthopaedic surgeon and the anesthesiologist will meet with you in the holding area before going inside to answer last minute questions. At about 7:30 am, your child will be taken into the operating room.

During Surgery

You will get a pager from the Operating Room. We will use this to contact you for updates during surgery. You may wait in the cafeteria, at the Family House, in the waiting room on the 3rd floor, the chapel on the 2nd floor, or in our rear courtyard. The pager will also work outside the hospital, so feel free to go to Genova or other nearby restaurants for lunch.

After arriving in the operating room, your child will be put under a general anesthetic. IV lines and monitoring devices will be placed by the anesthesiologist and neurophysiologist, and then your child will be positioned for surgery. The orthopaedic surgeon will begin surgery when all of this is completed.

When surgery is finished, your child will begin coming out of anesthesia in the operating room. The orthopaedic surgeon will page you to come up and talk about the surgery, sometimes before the child even leaves the operating room. When your child is ready, they will be moved into the recovery room or to the ICU. You will be paged again, to come into either the recovery room or the ICU, after the nurses settle your child into their area, take report on your child's condition and needs, and verify all monitors are on and working. Our goal is to have you present when your child fully awakens, to comfort them.

First Day After Surgery

Your child will stay at least one night in the Intensive Care Unit (ICU). This unit is designed to closely monitor your child during recovery after a big surgery, and offer the support needed to ensure adequate pain control. We will also get your child out of bed the first time, and to start respiratory treatments to prevent pneumonia this first day. Some children must stay longer, depending on their individual needs, but all children will stay in the ICU until a bed is available on the 5th floor, Surgical Unit. At busy times of the year, this may mean your child will go home from the ICU.

The IV will be used to give pain medicine until your child is able to eat solid foods. Usually this is done using a PCA (patient controlled analgesia) pump. A team of doctors from the Anesthesia

Department, called Pain Service, directs the amount and kind of pain medicines. They will order all medicines for pain, spasms and nausea until the PCA pump is no longer needed. When your child needs pain medicine, he/she pushes a button and a dose is given. There is a control on the pump to prevent your child from getting too much medicine at a time. If needed, we can allow the nurses to actually push the button for your child when they tell us they are in pain (for instance when the child cannot physically push a button).

Your doctor may choose to use Leg Wraps to prevent blood clots when your child is in bed (children over 40 pounds). These wraps are inflated and deflated by a machine to keep the blood flowing. The nurse will take these off when your child gets up, and they are not used at home.

The first day after surgery, the nurse or physical therapist (PT) will help your child get up to a chair to sit for as long as is comfortable. Both moving to and from the chair and sitting up are excellent for the lungs as well as for the circulation. We monitor pain control closely at these times to keep your child comfortable but not dizzy. Your doctor may order a brace for you following surgery. If he does, no brace is needed for bedside transfers in the hospital (after going home, brace will be on at ALL times!).

In the ICU we may use a ThAir-a-Vest to help clear your child's lungs. This device looks like it might be uncomfortable, but in fact it is generally quite comfortable and does a great job of moving mucus out of the lungs. It has an inflatable vest to wear, which is vibrated by a machine. It does not require the child to actively participate or cooperate, so works well for all children.

The other device we use with patients who can cooperate is an incentive spirometer. This is a device that the child will blow into or inhale through, to inflate the lungs and stimulate coughing. This helps to prevent pneumonia, and strengthens the respiratory muscles again. If your child has special pulmonary needs, the pulmonary doctors may suggest other treatments to assist breathing.

Until your child's stomach starts working, we won't allow your child to eat or drink. When he/she starts passing gas, we will start by giving sips of water, and slowly build up to the normal home diet. During this time, the IV will supply liquids, medicine and nutrition.

Next few days after surgery

As your child's stomach begins to work again, we will start clear fluids, and move up to solid foods slowly. By discharge, your child may be eating a normal home diet, but it is common to have a poor appetite. Taking small amounts of food frequently may help. When taking a regular diet, your child will begin taking pain medicine by mouth, and the IV pain medicine will be stopped.

After the first day we will start your child walking short distances a few times a day. This is done with either the nurses or the Physical Therapists (PT). The first few days this is only at the bedside, and can be done without a brace. If you are supposed to wear a brace, once it arrives, it must be worn anytime your child gets up from bed. You and your child will learn log rolling to get in and out of bed.

Two to three days after surgery, an Orthotist (a specialist in making custom braces) will come to fit a post-operative body brace. The brace is generally returned for wearing within a day. After the brace arrives, it must be worn for all transfers and walking in the halls, and increasing time while in bed. By the time of discharge, the brace must be worn 24 hours per day. If the brace is uncomfortable and needs adjusting, this can be done while in the hospital. If it needs adjustments after discharge, you must make an appointment and take both the brace and child to the orthotist's office. Please ask questions about brace fit as soon as possible so we can help you apply it properly, and ensure it is comfortable. Applied properly, it should feel supportive, not painful.

Nearing Discharge

We will begin looking towards discharge to home. Your child must meet some goals to go home.

- *Eating and Drinking*
 - > Your child must be able to eat and keep down a normal diet and adequate fluid.
- *Pain*
 - > Your child's pain must be controlled on pain medicine taken by mouth.
- *Elimination*
 - > Your child should have had a bowel movement and be urinating normally.
- *Incision*
 - Your child's incision must be healing well, without signs of infection.

We would like to “work” on these things after surgery. It is much nicer to have any laxatives given the day before discharge than on the morning you are going home! This one item most often “slows” the whole process. We order laxatives and suppositories, along with stool softeners, for all patients, to be given if needed. Please feel free to ask the nurses to start them if things aren't “moving” by the time your child is eating a regular diet. Stool softeners keep stool soft, but do not encourage elimination. Laxatives encourage elimination. Most children need a laxative or suppository after having a week's worth of pain medicine, just to get the lower bowel moving again.

Going Home

Your child will be able to ride in the car to get home, but may prefer to recline slightly if possible. If you have a brace, beginning at discharge, the brace must be worn 24/7, until able to shower. Then the brace may be removed only for showering and changing clothes.

The first week at home is generally spent resting. Pain medicine is taken as needed, and the timing spaced out as pain decreases. A commode chair is ordered before surgery, to be used during this first week or two when handles and a raised seat make sitting and rising much easier. The commode may be used at the bedside or be placed over your toilet with the basin removed. Encouraging good fluid intake and increased fruits in the diet will give natural bulk and softness to the stool and encourage regularity.

The second week at home your child will feel much more energetic. The surgical dressing may be removed, leaving the steri-strips over the incision. If the incision is clean and dry, your child may have a shower with assistance. Much less pain medicine is generally needed, and many children are

using plain Tylenol during the day, and prescription pain medicine at bedtime and maybe upon awakening. Plan ahead for refills - you must call your pharmacy to request a refill, they fax us the paperwork to be signed, and we return it within 3 days. You may pick up your refill after we return the paperwork.

As your child recovers during the second week at home, we usually release them to home instruction. Forms should have been presented to us prior to surgery for your school district to schedule a teacher to come to your home for a month; then your child may return to his/her regular school.

You will make an appointment prior to leaving the hospital to return for follow up with the Orthopaedic Surgeon for a week to two weeks after discharge. If this is not done prior to discharge, you must call from home to set this up. We can clarify any questions you have at that time, and begin going over activities allowed after each follow-up appointment during the first year.