



Care After Scoliosis Surgery

Instructions for how to care for your child at home after scoliosis surgery. Includes information on wound care, exercise, common side effects and when to call the doctor.

Returning Home after Surgery

It is best if your child's bed is on the same floor as the kitchen and bathroom so that they do not need to go up and down the stairs often within the first week. If stairs are critical to use at home you should work with the physical therapists to be sure they can manage the stairs safely before going home. A chair that reclines is a great way to rest and reduce the stress on the back.

Exercise

Your child will need to participate in a walking program. They will start slow and work up to a 20- to 30-minute brisk walk 1 to 2 times a day. It will take a few weeks until they can do this. A stationary bike, treadmill, Stairmaster, or elliptical trainer are other options.

We do not recommend starting any special exercises for your child's back until the muscles have healed at about 6 to 8 weeks. At that point your child can either go to therapy or we can give them standard exercises for them to do at home or the health club. If your child has a personal trainer or physical therapist it is important that they understand that your child should not be doing stretching or strengthening exercises that pull on or load their back until 3 months after surgery. In some cases it may take longer. Talk with us before starting weight lifting or stretching exercises.

Your child should not lift more than 10 pounds for at least 3 months. Pulling hard on things can add stress on the upper back incision. Hiking, running, biking and swimming can usually be started 2 to 3 months after surgery. Contact sports such as football, basketball, soccer and hockey should be avoided for 6 months to 1 year in most cases. Discuss your child's plans to return to contact sports with your surgeon first.

Medical equipment

If you need any special equipment for home such as an elevated toilet seat or hospital bed, these can be ordered while you are in the hospital. We can help make these arrangements. Equipment can be picked up at a medical supply store or delivered to your home. Most children will not need any special equipment at home.

Medicine

Your child will be given pain medicine and a stool softener. Sometimes additional medicines such as an antibiotic, laxative or sedative are needed. We will explain how to use these medicines and the side effects before you leave the hospital.

Wound Care

Your child's incision may be healed enough that no dressing is needed before going home. If you still want to cover the incision with a dressing, change it daily until there is no drainage from the incision. Once it has stopped draining it is best to remove the bandage to avoid the skin problems caused by the adhesive. Usually the stitches are under the skin and will dissolve, so that they will not need to be removed. Steri-strip tape should be left over the incision for 2 weeks. Using Steri-strips for a longer period may help prevent the scar from spreading. The incision can get wet in the shower, but your child should not get in a bath, hot tub or pool for at least 2 weeks.

Common Side Effects from Surgery

Back pain should gradually get better over a few weeks, but flare-ups are common. Continuing to walk or exercise gently is usually helpful.

Blisters are common at the areas where the adhesives from your dressings were applied. Stop using the dressings as soon as there is no drainage from the incision. Neosporin ointment should be applied to the blisters a few times a day until they are healed.

Constipation is most often caused by the pain medicine. Your child should try these steps:

1. Cut back on the pain medicine and increase activity.
2. Drink plenty of water. Add a stool bulking agent like Metamucil or Senna-S.
3. Milk of Magnesia, Dulcolax, Miralax, suppositories, or prunes can also be used. None of these require a prescription.
4. A fleet enema should be tried if the options above do not work.
5. If it has been a week since your child's last bowel movement and their stomach is distended, they may need to be manually disimpacted.

Falls or stumbling are common within the first few months after surgery. In most cases the instrumentation that is in the back is very strong, and unlikely to be damaged by a typical fall. Your child may feel pain due to muscle bruising or strain after a fall. Usually this will go away over a few days to a week. If the pain continues, or your child complains of feelings of unusual movement, shifting or grating in their back, let your doctor know.

Fever up to 100.5 is common for up to 10 days after surgery.

Itching around the incision is normal for a few months after surgery. It is related to healing of the incision.

Leg pain or numbness can be caused by irritation of the nerves, inflammation or a blood clot. If there was leg numbness, weakness or nerve pain present before surgery it may take a while to go away. If your child developed leg pain, numbness, weakness or nerve pain after surgery, let your doctor know immediately.

After spinal surgery it is common to have an area over the outside upper thigh on one or both sides feel numb, tingly or burning for a few days, or sometimes longer. This is due to irritation of a nerve just under the skin at the front of the pelvis, called the “lateral femoral cutaneous nerve.” This occurs due to the positioning required for the surgery, and is more noticeable after long procedures.

Nausea is most often is caused by the pain medicine. Try using Tylenol or cutting back on the pain medicine. An anti-nausea medicine can be prescribed if needed.

Numbness around the incision is normal and it usually takes 6 to 12 months for the sensation to the skin in this area to return.

Rash can occur around the incision from the solutions used to clean the skin, or reaction to the tape. Hydrocortisone cream or Eucerin cream or ointment can help.

Redness at the incision is a typical healing response, and usually will extend for 3 to 5 millimeters from each side. This should gradually go away over a few weeks. If it is extensive, or goes along with an increase in drainage from the incision, your doctor needs to see it. Your incision can sunburn easily and should be protected when going out into the sun.

Swelling in the legs – If your child had an anterior fusion, they may develop a warm and slightly swollen leg on the side of the incision. This is due to a change in the sympathetic nerve supply to the arteries in that leg. It is a normal side effect of the surgery and will improve gradually. Blood clots in the legs are very rare in children and adolescents. If you get a lot of leg swelling after surgery, you should let your doctor know.

Trouble sleeping is common after surgery. Napping during the day, lack of normal activity, pain or sleeping medicines and the change in your child’s normal routine can make it hard to sleep. Cutting back on pain medicines and getting back to a more normal daily schedule will help.

Try the following routine: Get up early in the morning (6 to 7 a.m.); eat meals at normal times; stay as active as possible; do not nap (this can be

To Learn More

- Orthopedics
206-987-2109
- www.orthopedics.seattlechildrens.org
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers
206-987-2280 (TTY)

difficult with the pain medicines in your child's system); stay awake until at least 9 p.m. If you stick to this routine for a few days your child's normal sleep cycle should return. Sleep medicines can be helpful, but your child could become dependent on them if taken too long.

Wound drainage is common for 3 to 5 days after surgery. Usually the incision should not be draining after that. Occasionally the body will spit a stitch that is just under the skin, creating a small spot where the incision opens and a small amount of drainage locally will occur. Keep the area clean by washing the skin with soap, hibiclens or betadine daily. Covering the area with a band-aid or dressing is good. If it does not get better within a few days, or a lot of drainage occurs, we need to see it.

Call your doctor if your child has:

- a feeling of being very sick
- burning or pain when urinating
- excessive swelling of leg or legs
- fever over 101.5
- increasing pain at the incision
- increasing redness, or drainage from the wound
- pain or numbness in legs
- vomiting

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

2009 Seattle Children's, Seattle, Washington. All rights reserved.
