



Care After Scoliosis Surgery

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. Our physical therapists will be sure your child 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

For ambulatory patients recovering from a spinal fusion surgery, your child will need to take part in a walking program. We do not recommend starting any special exercises for your child's back until the muscles have healed at about 6 to 8 weeks. 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 6 weeks. Pulling hard on things can stress 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 at least 3 months and up to 1 year. **Discuss your child's plans to return to contact sports with your surgeon first.**

Medical equipment

Most children will not need any special equipment at home. If you need any special equipment for home such as an elevated toilet seat, 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.

Medicine

Your child will be given pain medicines 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 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. If your child has "Steri-strip" tapes across their incision they should be left over the incision and replaced if they come off for 2 weeks. If your child has a clear mesh tape glued over the incision, or "prineo," that should be removed by you at home in 2 to 3 weeks. Your surgeon's team will provide instructions on this before you go home. 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. It is best to avoid the shower spraying directly on the back at first, and just pat the wound dry. Do not scrub the wound or place any ointments on the wound. If your child has external sutures or staples, they will need to be removed in our office, usually in 2 to 3 weeks, before it becomes difficult.

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 can occur where the adhesives from your dressings were applied. Stop using the dressings as soon as there is no drainage from the incision.

Constipation is most often caused by the pain medicine. It can feel like back pain, making you think more pain medicine will help, but that makes the constipation worse. Please refer to our handout "Constipation after Surgery" for tips and information on how to help prevent and treat constipation. "Bowel Problems after Orthopedic Surgery" is a more detailed description of this problem and how to treat it. It is available from our nurses or the inpatient nurse practitioners. If it has been a week since your child's last bowel movement and their stomach is distended, call your surgeon or primary care provider for advice. Getting more activity and taking less opiate pain medication are the first steps.

Falls or stumbling are common within the first few months after surgery. In most cases the instrumentation 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. After spinal surgery it is common for an area over the outside upper thigh on one or both sides to 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 pressure on the nerve from positioning required for the surgery, and is more noticeable after long procedures.

Nausea and sometimes vomiting is most often caused by the pain medicine. Try cutting back or stopping the pain medicine. An anti-nausea medicine can be prescribed if needed. Ask your healthcare provider about giving your child Tylenol or ibuprofen-type medicines instead of the opiates to help with nausea.

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. Ask your provider about using hydrocortisone cream or Eucerin cream or ointment to 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. However, blood clots are more common if other family members have had them or if your child is on an oral birth control medicine. If there is 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.

To Learn More

- Orthopedics
206-987-2109
- Ask your child's healthcare provider
- 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.

Have your child follow this routine to help them sleep:

- Get up early in the morning (6 to 7 a.m.)
- Eat meals at normal times
- Stay as active as possible
- Be in brightly-lit rooms throughout the day with curtains open
- Do not nap (this may be a challenge with the pain medicines in your child's system)
- Stay awake until at least 10 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 react to a stitch that is just under the skin, creating a small spot where the incision opens, and a small amount of drainage will occur at that spot. Keep the area clean by washing the skin with soap, hibiclens or betadine daily as directed by your healthcare provider. Cover the area with a band-aid or dressing. 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.

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