
Caring For Your Child After Scoliosis Surgery



An agency of the Provincial
Health Services Authority

Orthopedics Department • BC Children's Hospital

Room 1D - 4480 Oak Street
Vancouver, BC, V6H 3V4

Tel: 604-875-3187 / Toll Free in BC: 1 888 300 3088 ext 3187

Fax: 604-875-2275

www.bcchildrens.ca/spineprogram

Caring For Your Child After Scoliosis Surgery

We have put this resource together to help you care for your child after scoliosis surgery. While reading this resource, we suggest you circle any parts you have questions about. There is also space at the end of this booklet for you to write down your questions or concerns. You can talk about your questions and concerns with your child's orthopedic surgeon. If you like, you can also talk to the orthopedic nurse clinician (contact numbers at the front and end of this booklet).

Going home after surgery

Your child will go home 5 to 10 days after surgery. At this time, your child can travel home by car or plane if your journey is under 4 to 5 hours. Buckle up in the usual way.

Airport metal detectors do not typically react to the rods and screws inserted next to your child's spine.

To prepare for your child's travels:

- Fill your child's prescription(s) before you begin your journey home.
- Be sure you know when the last pain medication was given to your child at the hospital and when the next dose is due (if needed).
- While you are travelling, make sure your child takes frequent breaks and/or changes his or her position from time to time.

Healing after surgery

It will take 4 to 8 weeks for your child to recover from surgery. Encourage your child to listen to his or her body. If your child feels tired, have them do less and rest more. Your child's energy will come back slowly. As it does, he or she

can start to do more. After about 2 months, your child will have all of his or her energy back.

Your child's body will continue to heal for at least 6 to 9 months after surgery.

External healing: Caring for your incision (cut)

Once the rods and screws have been inserted along your child's spine (vertebrae) during surgery, the orthopedic surgeon will close the incision line with staples. A large bandage or dressing will be placed over the incision to protect it during the healing process. Be familiar with the "Signs to Watch For" at the end of this booklet.

Keep your child's incision covered with the bandage until the staples are removed, around 10 to 14 days after surgery:

- If you live in the Lower Mainland, you can come to the orthopedic clinic to have your child's staples removed. Please call the nurse clinician or your child's orthopedic surgeons' office to make an appointment. You will be given an appointment with your nurse clinician or your child's orthopedic surgeon once you are back home.
- If you are outside of the Lower Mainland, your child's family doctor can remove his or her staples. Call your child's family doctor to make an appointment as soon as you go home from the hospital.

If the bandage becomes loose before the staples are removed, it can be changed, re-taped, replaced with another bandage, or another bandage can be placed over top. Please call us with **ANY** of your concerns or questions.

Please do not apply any special creams to the incision unless discussed with your child's orthopedic surgeon. Protect the incision line either with clothing or sunscreen if out in the sun for the 1st year after surgery.

Internal healing: Bone healing

The rods and screws that are attached to your child's spine during surgery act as an internal cast to hold his or her spine in the correct position and keep his or her back still.

Small chips of bone are also packed around the rods. Over time, these bone chips grow together to make a solid, stable bone mass. This is called bone healing (also known as spinal fusion). The bones take around 1 year to fuse (bind). Your child's orthopedic surgeon will monitor his or her bone healing. This is done by taking x-rays periodically throughout the year.

It is important that while your child's bones are healing that he or she:

1. Stick to the restricted activity plan. For more information on activity restrictions, see the Activity Chart below.
2. Continue to see the orthopedic surgeon for follow up appointments.

Aches, pains, and funny feelings

After surgery, your child may feel:

- A patch of numbness or super-sensitivity around the incision site or on his or her outer upper thigh.
- That one leg and foot is much warmer than the other.
- That his or her balance is off.

These feelings and sensations your child is experiencing are normal. Over time, these sensations will become less and less noticeable. If there is a lingering sensation that is bothersome or becoming increasingly painful, please discuss this with your child's orthopedic surgeon.

Your child can also experience some aches, pains, stiffness, and muscle spasms in different parts of his or her body. A muscle spasm is a sudden sharp intense pain which can occur from muscles that are cut or stretched during the surgery. Some things your child can do to help are to stay well hydrated and keep moving. As your child's muscles and joints adjust to the corrected spine, these feelings will fade away.

To help with your child's pain, the orthopedic surgeon may prescribe pain relief medicine. It is important to have your child take the pain relief medicine as directed (even at night time) to help manage his or her pain. Don't let your child's pain get too bad.

The pain will decrease with each passing day. You and your child can keep track of the pain using a pain score of 1 to 5 (1 being just a little pain and 5 being a lot of pain). As your child's pain lessens, he or she will start to feel better and begin to move better.

You will also be able to reduce how often your child takes the pain relief medicine (frequency). Start by giving your child pain relief medicine based on how often it was given the last 24 hours prior to discharge:

1. Every 4 to 6 hours if needed
2. Then down to every 8 hours if needed
3. Then down to every 12 hours if needed

Over time, your child may only need plain Tylenol to help relieve the pain and then no medication will be required typically within 4 to 6 weeks.

Please call your child's orthopedic surgeon office or orthopedic nurse clinician if your child's pain is not well managed at home or if you have any questions.

Day-to-day activities: Getting back into the swing of things

At first your child may be frustrated or feel a little down by how much help he or she may need with simple things, like dressing and getting in and out of bed. Encourage your child to be patient: he or she will soon be independent again. It is important for you to let your nurse clinician know if your child is struggling either emotionally or physically after surgery.

Resting and sleeping

Make sure your child gets a lot of rest and sleep. Help your child get back to his or her daily sleeping, waking, and eating routine as soon as possible. This will help your child heal and manage pain.

Bathing and/or Showering

You may give your child a sponge bath and wash his or her hair while the staples are in and the bandage is still on. Make sure not to get the bandage wet.

Once the staples are removed (10 to 14 days after surgery), it is best to take a **short, warm** shower rather than a bath for the month following. Safety recommendations for showering include:

1. Placing a non-slip mat in the shower and/or a shower chair.
2. Having someone nearby in case your child feels faint.

Make sure to also **gently** wash the incision site **daily** with a soft, damp cloth. Use a mild soap and warm water.

Going back to school

It is important to get back on a normal sleep wake cycle in preparation for going back to school.

Most children feel well enough to return to school 3 to 4 weeks after the surgery. If your child feels really well before this, he or she can go back sooner. If your child needs an extra week to build up his or her energy, then take it. If your child is off school longer than expected, contact the school principal for advice about how to keep up with his or her school work.

It is a good plan to go back to school gradually. Start with 1/2 a day for the first 1 to 2 weeks. Let your child's energy level be your guide as to when your child can begin going to school for full days. Your child may also want to sit in the back of the classroom so that he or she can get up every so often so he or she doesn't get sore.

Be sure to tell your child's school that he or she will not be able to participate in physical education classes for approximately 1 year after surgery.

Eating healthy

When your child first goes home, he or she may not feel like eating very much. Your child's appetite should slowly return back to normal within the first 2 weeks after surgery. However, since your child is recovering from surgery, it is important that he or she try to eat high protein and high calorie foods (e.g. fruit smoothies, milkshakes, nuts, beans, cheese) to build energy and promote healing.

Most prescription pain relief medicines can harden your child's stool (poo) and slow his or her bowels (gut). This is known as constipation. To help relieve constipation, make sure your child drinks 6 to 8 glasses of fluids and eats high fibre foods, like whole grain breads, whole grain cereals, and fruits (e.g. prunes and oranges). Your child may also need to take a laxative and/or a stool softener to soften his or her poo. Your child's bowels should start moving within 5 to 7

days after surgery. Please call your nurse clinician if your child's bowels do not return to normal.

Doing activity

While your child's bones are healing, he or she will be on a restricted activity plan. The Activity Chart below reviews a list of activities and their restrictions. It is important to get back on a normal sleep wake cycle in preparation for going back to school.

For the first 6 to 8 weeks, your child can walk, stand, and climb stairs as much as he or she feels up for. If your child uses a wheelchair, your child will gradually build up to longer periods of sitting up in his or her wheelchair. For all other activities, use the chart as a guide for when to begin activities.

Activity	Month				
	0 to 1	1 to 3	3 to 6	6 to 12	12 to 24
Showering/bathing	✓				
Climbing stairs	✓				
Walking	✓				
Driving**	✓				
Bicycling	X	✓			
Swimming	X	✓			
Lifting (0 to 5 pounds)	✓				
Lifting (5 to 10 pounds)	X	✓			
Light jogging	X	X	✓		
Skating / Dancing	X	X	X	✓	
Skiing/Snowboarding	X	X	X	X	✓
Bowling	X	X	X	✓	
Going on amusement park rides	X	X	X	✓	

Activity	Month				
	0 to 1	1 to 3	3 to 6	6 to 12	12 to 24
Playing contact sports	X	X	X	X	✓
Lifting (10 to 25 pounds)	X	X	X	✓	
Participating in physical education classes	x	x	x	x	Ask your child's orthopedic surgeon
Riding horses (no jumps)	X	X	X	✓	
Doing gymnastics	X	X	X	X	X
Riding a skateboard	X	X	X	X	12 months
Going on waterslides	X	X	X	X	12 months

* If your child's favourite activity is not be listed here, ask your child's orthopedic surgeon about any restriction guidelines for that activity.

**Driving: your child can be driven anywhere in the first month. However, if your child drives, he or she may find his or her back too sore to shoulder check safely.

Please review the activity restrictions with your child's orthopedic surgeon at each follow-up visit.

Delaying Any Invasive Procedures

An invasive procedure is one where the body is entered, such as a puncture or incision.

All invasive procedures, such as routine dental work (e.g. cleaning), body piercing and getting a tattoo, need to be avoided for a minimum of 6 months after surgery. If emergency dental work is unavoidable then antibiotic coverage is recommended for extensive dental work or abscesses.

Please talk with your child's orthopedic surgeon prior to any invasive procedures.



Signs to Watch For:

- Watch for signs of infection such as:
- Fever
 - Redness, swelling, tenderness or increased warmth to touch around a particular area.
 - Watch your child's bandage for new drainage (e.g. pus or blood). If you notice this drainage, call your surgeons office or nurse clinician for advice. You may be asked to remove the bandage to have a closer look at or take a photo of the incision.



Emergency

If you have concerns weekdays after 4pm or on the weekend, come to BC Children's Hospital Emergency Department. If you live outside the lower mainland, go to your nearest Emergency Department and have the Emergency Department doctor contact the BC Children's Hospital orthopedic surgeon on-call.

Please call and let your child's orthopedic surgeons' office know about your Emergency Department visit.



Follow-Up

You will follow-up with your child's orthopedic surgeon 6 to 8 weeks after surgery. To make the follow-up appointment, call the orthopedic surgeons' office during the 1st week after your child's surgery. If you have questions, write them down before your child's appointment so that you do not forget to ask them.

After this first follow-up appointment, your child will be followed every 3 to 6 months for up to 2 years after surgery. Ongoing follow-up appointments will continue with decreasing frequency each year (or more if deemed necessary by your child's orthopedic surgeon) until your child is 21-years-old.



Contact Information

Orthopedic Surgeon:

- **Dr.C. Reilly:** 604-875-3711
- **Dr. F. Miyanji:** 604-875-2651
- **Dr. A. Ghag:** 604-875-2068

Orthopedic Nurse Clinician: 604-875-2609

We wish your child a speedy recovery!