



PREPARING FOR SCOLIOSIS SURGERY

We at Connecticut Neck & Back Specialists recognize that preparing for spine surgery can be a stressful endeavor. Please know that our staff are well trained to handle any questions that may arise either before or after surgery. We believe that a successful outcome from your surgery starts with a thorough understanding of your spinal condition along with a realistic expectation of what you may encounter in the weeks to months following your surgery. The following represents a list of things you can do to optimize your outcome:

What is scoliosis? Scoliosis is an abnormal curve of the spine (backbone). With scoliosis, the spine has an exaggerated curvature when viewed from the front or side. If the spine is very asymmetric, the ribs or hips may protrude more on one side than the other. Also, one shoulder may be lower than the other. Scoliosis may begin in childhood but often is not noticed until the teenage years. In most cases, the exact cause of scoliosis is unknown. Scoliosis may run in families suggesting that there may be a genetic component. Scoliosis is more common in girls than in boys.

Why do we have to treat scoliosis? Small curves don't seem to cause any major problem. If the curve is severe enough, it can lead to slow but steady progression in the magnitude of the curve ultimately leading to breathing problems. A curve that is larger than 50 degrees has been shown to lead to slow progression over time. It is for this reason that we strive to identify exaggerated spinal curvatures before a child reaches skeletal maturity (ie by the age of 14-16).

Will surgery be required? Spinal fusion for scoliosis is typically reserved for those individuals who demonstrate clear progression in their curve magnitude beyond 45-50 degrees. The operation of choice to manage scoliosis is typically referred to as a spinal fusion which involves connecting the vertebrae from above the apex of the curve to below the apex of the curve using metal rods and screws or hooks. The flexibility of your scoliosis can be assessed with preoperative imaging allowing the surgeon to anticipate how much correction can be achieved. Many technological advances have become available to help your surgeon complete the operation safely. For example, during the surgery, electrodes placed along the patient's arms and legs allow electrical stimulation of the spinal cord throughout the surgery, giving advanced warning of any potential injury to the nerves or spinal cord. Also, real time x-ray imaging allows improved guidance for the placement of the metal rods and screws.

What happens during surgery? An incision is made in the middle of the back. The muscles are moved to the side to expose the spine. The joints between the vertebrae are removed to increase the flexibility of the curvature. Once the curve is realigned to its greatest potential, bone graft is applied across the fused levels allowing those vertebrae to essentially grow together as one long vertebrae.

What type of testing will need to be done prior to surgery? You child will need to see their primary care physician (PCP) for medical clearance for surgery, which usually includes a physical exam, laboratory tests, Electrocardiogram (EKG) or chest x-ray and any other testing necessary. This appointment should be done no more than two weeks prior to surgery.

Pulmonary Function Test (PFT) may be required prior to surgery. This can be set up with a pulmonary specialist at the Hospital and is usually done within one week of surgery.

Additional imaging such as an X-Ray, CT scan or an MRI may be required. Your surgeon will let you if any of these tests are necessary when you have decided to schedule surgery.

How long will the incision be? The incision length depends on the number of levels that need to be fused. We aim to keep incisions as small as possible and pride ourselves on very cosmetic skin closures.

How long will the hospital stay be? For adolescent patients, hospitalization generally lasts four to six days. The patient must meet certain safety criteria including the ability to transition out of bed, ambulate independently, and perform basic hygiene functions before being discharged home.

How much school will be missed? Usually four to six weeks are needed to prepare a teenager for total independent activity at school. At home, rehabilitation is usually combined with home education so that students can keep up with their school work and studies. Your child's school can advise you on how to arrange for this service. Upon returning to school you child will be restricted from any physical activity including gym class, repetitive bending or lifting, or carrying heavy back packs.

When can normal physical activities, including sports resume? Your surgeon will tell you when your child or teenager can return to normal activities. Generally, activities are progressively increased over the first year after surgery. After this point most patients can re-enter most competitive sports. In fact, we encourage such activity.

Home Care following Scoliosis Surgery:

Incision Care:

- Check the incision twice daily for signs/symptoms of infection: Green/yellow discharge. Foul odor. Increase in pain at incision site, increased redness, opening of the incision, flu-like symptoms, or a Temperature above 101.5 degrees.
- Your bandages will be removed before you leave the hospital.
- If you have steri-strips (adhesive paper stitches), leave them on the incision as long as possible. These will fall off on their own (do not pull them off); if they fall off early don't worry as re-absorbable sutures are beneath the skin and will continue to support the incision while it heals.
- Keep your incision covered with a dressing until you are seen by your surgeon at your 2 week postoperative visit.
- Do not put any creams or ointments on your incision.
- Expect to have mild swelling at the incision site.
- Despite great care, any incision can become infected. If you notice your wound becoming increasingly red, swollen, hot, or draining, please call your physician immediately.

Medications:

- Take medications only as directed by your doctor.
- Because you have had a fusion, taking acetaminophen (Tylenol) is acceptable, but you should avoid Ibuprofen (Advil, Motrin) or naproxen (Aleve) for three months if possible.
- The use of a muscle relaxant to prevent muscle spasms or severe muscle tightness can be used. Please call your doctor if you are experiencing these symptoms; they may be able to prescribe something to help you.

- With the use of narcotic pain medications, simple constipation is common. Increasing your intake of fiber with a daily supplement such as Metamucil is often helpful. Avoid extended use of stimulant laxatives.

Pain Management:

- You will get a prescription for pain medication before you are discharged from the hospital. Try to wean yourself from the narcotics as soon as tolerated. If refills are required, please anticipate your needs as it is our office policy to not refill narcotic prescriptions after 4:30PM or weekends/Holidays.
- Extra strength Tylenol may also help the pain and cause fewer side effects.

Activity:

- Do not twist, bend or lift anything over 5 lbs.
- Activity, especially walking around your home, is encouraged. Try to do so at least 4 times daily.
- Do not do heavy housework until cleared to do so by your surgeon.
- If using stairs is necessary, go slowly and use the handrail.
- No special exercises are necessary. Continue the abdominal and leg isometrics you were doing in the hospital.

Diet:

You can eat a regular diet.

General Info:

- Spine fusion patients should not smoke for at least 6 months after surgery. You must also avoid nicotine products (smokeless tobacco, gum and patches) and avoid exposure to smoke from other smokers.
- Avoid sitting in chairs and sofas that are low to the ground and avoid sleeping on a mattress with the height not equal to that of your mid-thigh. This makes transfer in and out of bed easier.
- Do not drive until after we have seen you at your first post-op visit, unless otherwise approved by your physician. Riding in the car is acceptable, but long car rides (2 hrs.) are discouraged.
- An increased intake of water, 6 to 8 glasses per day, will help clear your body of anesthetics and excess pain medication.
- X-rays may be taken at regular intervals to assess the status of your recovery.
- Physical therapy, if needed, will be initiated by your surgeon at your post-op checkup.

Call your doctor if:

- Have drainage and/or odor from your wound.
- Have increased redness/swelling at the incision site, or unexplained increasing incisional pain not relieved by bed rest.
- Have fever greater than 101.5 with sweats or chills.
- Have new or unfamiliar pain or weakness in the arms or legs.
- Have difficulty with urination or bowel movements.

In case of an emergency after business hours, please contact our answering service by calling 203-744-9700.