HSS Lerner Children's Pavilion

Family Guide to Scoliosis Surgery

HSS | Hospital for Special Surgery

This booklet is designed to provide patients with information about scoliosis surgery and to help parents prepare their child for surgery. During the hospital stay, much of the care will be demonstrated and reviewed in preparation for going home. This guide is intended to supplement the information provided by your doctors and nurses and to be used in conjunction with the Family Guide to Pediatric Orthopedic Surgery booklet.

Planning for Surgery

Length of Stay

The average length of stay in the hospital after scoliosis surgery is 3 to 4 days. Keep in mind that every child is different. For some children, recovery may take longer. This is based on their individual medical needs.

The Day of Surgery

When you and your child arrive at HSS, the staff in the main lobby will direct you where to go. Scoliosis surgery is performed under general anesthesia. It lasts about 4 to 6 hours.

During the surgery, bone graft is used to help fuse the spine. It is usually freeze-dried, sterilized donor bone. Spinal implant devices are also used with screws and typically two rods. This straightens and stabilizes the spine. These implants are typically made of cobalt chrome or titanium.

After your child wakes up from surgery, they will be taken to the Post Anesthesia Care Unit (PACU), also known as the recovery room. It is normal and expected for your child to be very sleepy after the surgery. Your child will spend time recovering in the PACU and will often stay there overnight. When your child wakes up from surgery, there will be some devices attached to them that may be a little scary to see. The following pages will explain what those devices are and what they are used for.

IV Lines & Arterial Line or "A-line"

- Your child may have intravenous (IV) lines in their arms after surgery. The IVs are used by the medical team to give your child medications, such as antibiotics and pain medications as well as

fluids for hydration. One special line in your child's wrist (called an arterial line or "A-line") will be removed before your child leaves the recovery room. The other IVs will remain in place for the length of your child's hospital stay. This is at the discretion of your child's medical team.

Patient Controlled Analgesia (PCA) Pump

- One of the IVs will be connected to a special machine called a patient controlled analgesia (PCA) pump. The PCA pump contains pain medicine. Your child's doctor prescribes the pain medication at a dose that is safe for your child's age and weight. Your child will have a handheld button that is connected to the pump so that they can deliver their own dose of pain medicine when they feel pain. **Only your child or their nurse may push this button.** If they are unable to press the button for the pump themselves, the nurse will help them. Your child's nurse will program the pump to limit your child from pressing the button too often and will closely monitor how many times the button is pressed.
- In addition to the PCA pump, your child will also have the option to take pain medicine by mouth or gastrostomy tube (G-tube) if they have one. Some medications for pain are automatically scheduled; others are given by request. We use a combination of opioid and non-opioid pain medications to best control pain.

Drain

- It is likely that your child will have a drain placed in their back during surgery. The drain prevents fluid from building up at the surgical site and will be covered by a bandage. The drain connects to a collection container you will see attached to the bed.

Foley Catheter

- Your child will also have another type of drain placed while they are asleep during surgery. It is called a urine or foley catheter. It is a thin tube inserted into the bladder to help your child empty their urine, since they will have difficulty getting out of bed to use the bathroom immediately after surgery.

Nasal Cannula

- A nasal cannula is a thin, clear tube that is placed in your child's nose to give them extra oxygen while they are first waking up from surgery. It is typically taken off once they arrive to the Pediatric Inpatient Unit.

The Day After Surgery

Once the care team feels that your child is ready, they will be transferred to the Pediatric Inpatient Unit (5 East) for the rest of their hospital stay. Here, they will be taken care of by a team of specialists who will help them recover.

- Blood will be drawn in the morning by a small needlestick. The medical team will then decide if bloodwork will be needed for the rest of the hospital stay. Your child will also have their vital signs monitored every four hours while on the Inpatient Unit. These vitals will be done overnight as well.
- Your child will still have the PCA pump for their pain medication. The medical team may suggest using this as a backup if your child can take their medication by mouth or G-tube.
- The drain in your child's back will likely remain in place and will be checked regularly by the surgical team.
- The medical team will assess if the urine catheter can be removed.
- Constipation is a common side effect after surgery. This is due to the effects of anesthesia and pain medication. To prevent this, your child will begin taking scheduled bowel medications by mouth.
- Your child might not want to eat or drink right away as they are waking up from surgery. They can slowly start to drink clear liquids and will then start eating food that is easy to chew and swallow. Nausea is also a common side effect of anesthesia during surgery and their pain medicines. The medical team can help treat this with anti-nausea medication.
- The Rehabilitation team will begin physical therapy exercises with your child and will also begin to plan a home exercise program. This will start with sitting up at the edge of the bed, potentially standing, and even attempting to walk. When in bed, your child can lie on their back or either side based on their comfort.

Second Day After Surgery

- Your child's nurse will disconnect the PCA pump from your child's IV. However, the IV catheter will remain in your child's arm so the medical team can provide IV medication if needed. It will be removed right before they go home from the hospital. Your child will continue taking their pain medicine by mouth or G-tube.
- Your child will be encouraged to walk to the bathroom. The nurses will also continue giving your child bowel medication to avoid constipation.
- Your child will continue to progress in their physical therapy program.

Third Day After Surgery to Day of Discharge Home

- Your child will continue to transition from IV pain medications to oral medications, in preparation for going home on oral medications.
- Your child must have a bowel movement before they can go home. To help, the medical team will encourage walking around the unit, as well as provide medication if needed.
- Your child will continue to eat and drink normally.
- Your child will continue to advance with physical therapy and work on reaching their goals for home. These goals will differ for each child but include getting in and out of bed, walking a set distance with minimal assistance, and walking up and down stairs.
- Your child will have standing x-rays performed, which will be reviewed by their surgeon.
- Your child's IV will be removed before they leave the hospital to go home.

Recovery at Home

- Your child will be sent home with a pain control program that is tailored to them. Please follow the medical team's discharge instructions for when to give medication and how much to give.
- An elevated toilet seat attachment may be helpful for your child to use in your bathroom.
- Be sure all walking areas are free of clutter.
- Your child should avoid bending, twisting, and lifting anything heavier than 5 pounds.
- Your child's surgeon will give instructions on when they can shower and may advise to have a shower chair.
- If your child is sent home with a bandage over their surgical incision, the nursing staff will teach you how to change the bandage at home.
- Many patients look forward to doing their regular activities after surgery, but it is normal to feel tired and stiff after surgery. This fatigue will gradually decrease as your child recovers. Walking regularly each day will promote a quicker recovery.
- Your child's surgeon will give instructions on how long your child will be restricted from activities such as gym and sports.

Map and Directions

Hospital for Special Surgery is located at 535 East 70th Street between York Avenue and the FDR Drive. It is easily accessible by car and public transportation, and is less than an hour's drive from Kennedy, LaGuardia, or Newark International airports.

For directions, visit **hss.edu/maps-directions.asp**

HSS Main Campus Map

By Bus

The M66, M72 and M31 buses run within one block of the Hospital.

By Subway

The Q train stops at East 72nd Street & Second Avenue.

The local number 6 train stops at East 68th Street & Lexington Avenue.

The M66 eastbound cross-town bus to York Avenue can be picked up at the 68th Street subway stop.

Notes