

SPINAL SURGERY INFORMATION/ POSTERIOR SPINAL FUSION.

PRIOR TO HOSPITALISATION

This information package is designed to inform you about the hospital stay, medications, and care of your child in hospital and at home following your surgery.

You have also been sent a handout of the expected daily goals for your child after spinal surgery. This will be used to guide your child's care and ensure they are safely discharged.

You will also meet with the Scoliosis Co-ordinator prior to your surgery at your pre admission appointment. Please bring any questions you have to this appointment.

- It is best that your child is as fit and healthy as possible before surgery. A well balanced diet and plenty of exercise prior to surgery will help their recovery. Iron and Multivitamin supplements may also be considered.
- Please visit your child's school prior to admission to arrange schoolwork for your child while they are not able to attend school. Your child will be off school for about four weeks after surgery. They can return to school gradually with increasing hours spent at school each day as tolerated.
- Children commonly have constipation following this kind of surgery. If your child has pre-existing constipation, it is recommended that your child uses their bowels the day prior to surgery. Your local pharmacist will be able to assist you with medication if required.

- A Pre Admission Clinic is arranged prior to surgery.

- You will require some pre operative tests that may include:
 - X-ray – may include a stretching and bending X-rays,
 - Blood test – to assess your child's overall health, and check their blood group,
 - Clinical Photographs – in their underwear for their hospital file (your child may prefer to wear boxer shorts),
 - EKG – to assess their heart function,
 - Lung Function Test – this test involves blowing into a special mouth piece to assess lung function.

WHAT TO EXPECT DURING YOUR HOSPITAL STAY

What to bring:

- You will need to bring along your child's pyjamas (boxer shorts, cotton singlets, silky PJ's or anything that will stretch a little is usually best). We encourage your child to be dressed in comfortable clothing and appropriate footwear from the first day after surgery (as they will be walking around the ward with the Physiotherapist and Nursing Staff). Please bring in your child's toiletries including
 - Toiletries including toothbrush and toothpaste.
 - For girls hair ties without metal on them; for long hair it is best to braid/plait hair to prevent it from knotting.
 - You may like to bring your own DVD player/iPad/laptop. Wireless internet access can be arranged.
 - Any equipment that needs to be plugged into wall **MUST** be checked by our engineering department prior to use, let your nurse know if you have something that needs checking.
- Families are responsible for any valuables brought onto ward.**

On Admission:

- You will be sent a confirmation letter of your child's surgery date approximately two to three weeks before the surgery date. This will include the date of surgery, when and where to come on the day of surgery and fasting times (when to stop eating and drinking).
- Your child will be seen by the Anaesthetist and Orthopaedic Consultant.
- You will have the opportunity to ask any last minute questions.

Prior to theatre & during the operation:

- Your child will be given a white gown to put on prior to theatre and two name bands.
- Your child will have some white cream applied to the back of his/her hand which will numb the skin, so that the needle in the operating theatre does not hurt.
- Sometimes the time of your child's operation changes due to unexpected circumstances. Staff will do their best to keep you informed of any changes.
- When it is time for your child's operation, you will all be taken to a room near the operating suite called, 'Pre Op Hold'. You are welcome to stay with your child in this area.
- A parent or adult closest to your child is able to come into the room where your child will go to 'sleep'.
- When your child is asleep you will be asked to wait in the waiting room, which is located just outside the operating theatres. You will have time to go for a walk or visit the cafeteria while waiting.
- A nurse from the recovery room will call you when your child wakes up from the anaesthetic. You will be able to sit with your child until he/she is taken back to the ward, this usually takes about half an hour or so.
- The surgeon will speak to you after the operation either in the recovery room or on the ward.

Following surgery:

- Following their surgery your child will go directly to the ward.
- Once on the ward they will have their own room, there may be another room attached to this with a curtain separating it.
- One parent can stay by the bedside at night. If a parent is staying it is recommended you bring your own pillow.
- Breakfast (toast and cereal) and tea/coffee facilities are provided for parents, no other meals are provided for parents.
- There is a shared kitchenette with a microwave if required.
- Parents can use the bathroom facilities in their child's room.
- Ward Visiting Hours are 8am-8pm (quiet period between 12-2pm).

Post-op care:

- Nursing staff will check vital signs (blood pressure, heart rate, oxygen level, breathing rate and temperature) frequently.
- They will also frequently check your child's neurovascular observations (circulation, movement and feeling).
- Your child may feel sick following this operation; medication will be given for this.
- Your child can suck on ice chips the evening after surgery. Then will gradually increase their diet and fluids as tolerated.
- On discharge your child should be drinking an adequate amount and tolerating some solid food. Your child will have an intravenous drip (IV) to give pain relief and fluids, until they can drink enough fluids.
- Your child may require some oxygen initially, through a mask or a small tube in the nose.
- Your child will have a large dressing over the wound. It is not unusual for the wound to bleed a small amount, and nursing staff will check the dressing frequently.
- Your child will have a catheter inserted into the bladder to drain urine. This will be removed the day after surgery in the evening. It will be expected that your child will now walk to the toilet.
- A Physiotherapist will visit you twice a day commencing day one after surgery. They will help you to sit out of bed in a chair and walk.
- When resting in bed your child will need to turn every few hours so as not to get any pressure marks on his/her skin.
- Your child will have a shower on a shower chair or in standing day two after surgery.
- At this stage some of the dressing will be removed (debulking). A waterproof dressing will remain on.
- Your child will have a standing x-ray in the afternoon of day two after surgery.

Pain Relief:

- We aim to keep your child as comfortable as possible. Your child will have a pain medication (usually morphine) given intravenously in one of the following ways:
- 1. "PCA" - Patient Controlled Analgesia. Your child has a button which can be pushed to deliver a dose of medication when they feel pain or before turning and moving. This is a safe means of pain relief controlled by your child. Only your child may press the PCA button, nurses and parents are not to press the button.
- 2. Infusion – controlled by the nursing staff. The amount of medication given can be increased or decreased as required. The anaesthetist will decide which method of pain control will be best for your child. The Children's Pain Management Service (CMPS) will visit your child twice a day and are on call 24 hours a day to assist with your child's pain

management. Your child will also be given paracetamol and other medications to help maintain comfort. Your child will transition to oral medications instead of intravenous medication. This is then what they will be discharged home on.

Discharge:

- Your child will be ready for discharge once they can tolerate adequate amounts of fluid and some solid food, have passed wind, their pain is manageable with oral analgesia and they are able to mobilise moderate distances.
- The average length of stay is approximately 3 days.
- Follow up in the Scoliosis Clinic will be arranged for 6 weeks after surgery with an x-ray. This appointment will be sent out to you after you go home.

CARE OF YOUR CHILD AT HOME

Pain:

It is important to continue to give your child analgesia regularly for the first week at home to control the pain and not wait for the pain to become severe. You will be given a prescription and thorough education from the Nursing Staff before you are discharged. The Pain Service will contact you at home to see how your child is going following discharge and to help with the weaning of medications.

Bowel Care:

Some pain medications can cause constipation with prolonged use. Ensuring your child drinks plenty of water and eats adequate amounts of fresh fruit and vegetables will decrease the risk of constipation. It will also ensure your child does not lose too much weight. Also ensuring your child is walking regularly will help with their digestion. However if your child does suffer from constipation at home your local pharmacist will be able to recommend the appropriate medications to help manage this.

Hygiene:

Your child may need minimal assistance in the shower for the first couple of days at home. They may initially find it tiring to stand and need a chair to sit in the shower. Our occupational therapist will discuss with you any equipment that you may need prior to going home. Your waterproof dressing will stay on for approximately two weeks after surgery. At this point you should see your local Doctor who will remove the dressing and review the wound.

Complications:

Wound infection may occur but is uncommon. If you notice any redness or swelling, the wound feels hot to touch, has an offensive smell, or your child has a fever contact the Hospital Platypus Ward Number (Phone: 9345 5432) or the Scoliosis Co-Ordinator (Phone: 9345 5794) or visit the RC^H Emergency Department. A wound care handout will be given to you at the time of discharge.

USEFUL CONTACT NUMBERS:

Platypus Ward: (03) 9345 5432

Scoliosis Coordinator: (03) 9345 5794

Orthopaedic Outpatients: (03) 9345 6180

Allied Health Reception: (03) 9345 9300

