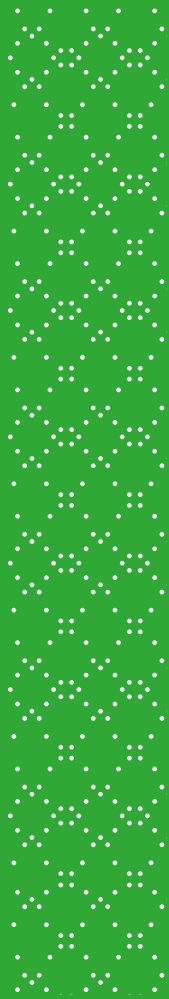


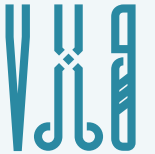
Nuffield Health scoliosis service

Key information for patients



Posterior Instrumented Correction and Fusion
for Adolescent Idiopathic Scoliosis.





What it is

Scoliosis is a deformity of the spine. It is actually quite a rare condition, affecting about **1 in 2,000 children**. It can occur at any time, from birth until a child stops growing.

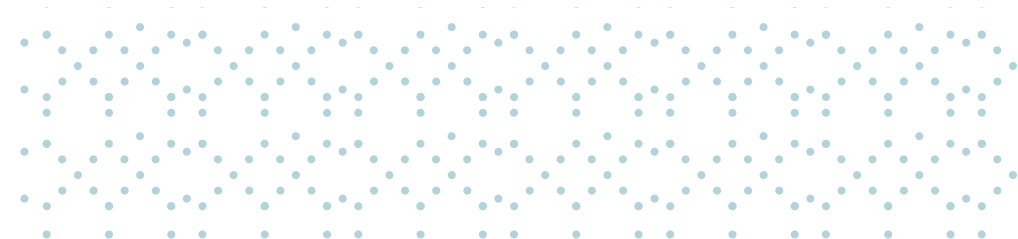
The most common type of scoliosis develops in teenage years and may cause a visible deformity of the back. It often becomes worse with growth through childhood and into adolescence, but at the end of growth this deterioration usually stops.



Surgery

Surgery is considered in cases where there is a risk of the curve progressing beyond 40 degrees. The aim of the operation is to stop things from getting worse, whilst also hopefully improving appearance too.

The surgery which is required to correct scoliosis deformity of the spine is major, and it is important to be aware of the risks involved. Your surgeon will talk to you about the risks as well as the benefits of this type of operation.



What surgery involves

The operation normally involves attaching the curved part of the spine to one or two metal rods and fusing the vertebrae in that part of the spine, so that they eventually join together. The operation itself normally takes four to five hours.

Risks

The main risk, of which you should be aware, is the possibility of damage to the spinal cord. If this happens it can result in paralysis of the legs and loss of control of the bowels and bladder.

The good news is this kind of complication is very rare. In fact, it only occurs in around 0.5% cases worldwide.

Special precautions are taken to protect the spinal cord, in particular spinal cord monitoring, which allows any problems to be detected as early as possible, to minimise the risk of paralysis.

Wound infections can occur and these sometimes don't become apparent until several months, or even years, later. If this does happen, it may be necessary to remove the metalwork from the spine.

There will always be a scar on the back, which fades with time. Sometimes the skin around the scar can feel numb or tender.

Understanding pain relief

Pain control is important – not only immediately after the operation but also in the following few days and weeks. This is partly to make you comfortable but also to help you get active again after your operation.

You should not hesitate to use pain killers if you need them and it is best to take them regularly, rather than letting the pain build up.

Spinal surgery is a big operation, and it may not be possible to take away all the pain in the early days after your procedure. You should be aware that you are unlikely to be completely pain free during the first few weeks after your operation. One of the best ways to reduce pain is mobilisation – in other words, moving around and keeping active.

While in hospital

Pain relief is mainly provided through a combination of strong pain medication given through a drip in your vein via a patient-controlled analgesia pump (PCA) and/or orally (by mouth).

Tablets

Please stock up on paracetamol and ibuprofen for use after discharge. The tablets we give you for pain are IMPORTANT – so, it is essential that you are able to take your oral medication. If you struggle to take tablets, please ensure that you have practised taking them prior to being admitted for your procedure. This will ensure you have the ultimate pain relief. It's a good idea to practise swallowing tablets with tic-tacs or m&ms.

Pre-admission

We will ring you prior to your surgery to arrange for you to come in for a pre-admission assessment. This is done in the outpatients department by the team of nurses who will be looking after you on the ward.

We'll go through your admission to the hospital as well as the care that we'll be giving you.

Please bring this booklet with you so you can add notes if you need to.





Your letter

You'll receive a letter detailing the date of your surgery and the admission time.

Family members

Please note, only one parent/adult carer can stay with you at the hospital.

Food

You will be allowed food and milk until 02.00 on the day of your surgery and water up until 06:00.

Questions

At the pre-admission we'll ask some questions about your general health.

What else will happen

We will do some blood tests, which will include identifying your blood group. We will carry out an ECG, which will show us the electrical activity in your heart. Then we'll take some swabs, check your height and weight and ask for a urine sample.

Remember to drink lots of water

We need you to be well hydrated for the above tests, so please make sure you drink lots of water!

Showering prior to surgery

Showering reduces the risks of wound infection. Ideally, please shower two nights before surgery with the sponges that we provide and put on clean clothing.

DO NOT

- ◆ Shave on or around the area where we will be operating.
- ◆ Have a bath – instead, please have a shower using the aloe sponge on your back first and then continuing to wash as normal.



Acne

We will assess the skin on your back. If you have acne, you might need a course of antibiotics from your GP prior to surgery.

Blood transfusion

Throughout the procedure and during your stay, we will check your haemoglobin levels. This is the number of red blood cells that carry oxygen around the body.

If the level becomes low, we will need to give you a blood transfusion. This will only occur if your haemoglobin falls below a certain level and is deemed clinically appropriate by your surgeon.

Most young people cope well with losing a moderate amount of blood and lost fluid can be replaced by other types of fluids.

You can help reduce the need for a blood transfusion by eating a well-balanced diet before the operation. Throughout the procedure, some of the blood will be returned to you through a cell saver device.

Routine pregnancy test

Some procedures carry a risk to unborn babies. These procedures include some (but not all) X-rays, scans and certain types of operations. The National Institute for Clinical Excellence (NICE) have recommended that we have to check all girls aged 12 or older to see if they are pregnant (even if they tell us they are not yet sexually active).

The day you come to the hospital we will ask you for a urine sample. This test will be done by one of the nurses looking after you.

We want to involve you in all the decisions relating to your care and treatment. So, it's worth knowing that if you decide to refuse a pregnancy test, your consultant may postpone the surgery.

About your stay

Young people aged 16 and under can have a resident parent/carer during their admission. Young people aged 17 and over can have a resident parent during their admission, but this is at the discretion of the nursing team following a discussion at your pre-assessment appointment.

Anaesthetic/recovery room

Only 1 parent/carer will be allowed in the anaesthetic room and recovery room. It is recommended that accompanying parent(s)/carer(s) leave the hospital during the morning/afternoon of surgery once the patient has been anaesthetised. They may then return in time to be with the patient in the recovery room once the operation is over.

Visiting times

Visiting times are unrestricted between 8am - 8pm. Visitors should be limited to immediate family only. Only 2 visitors at a time will be allowed by the bed, unless agreed by nursing staff (depending on patient recovery). Please respect that any decisions made are in the best interests of the patient, to minimise discomfort and maximise speed of recovery.

Hair

Long hair needs to be plaited or in two bunches away from the centre parting. This will enable the spinal cord monitoring to be attached for surgery – and also prevent knotting in the post-operative period while you are lying in bed.

Meals

The resident parent/carers will be entitled to order meals free of charge for themselves throughout the duration of their child/young person's stay. Non-resident family members can order food but will be charged and payment is required at the reception desk.



Electronic devices

It is recommended that the use of mobile phones and other gadgets are limited while in hospital to aid recovery from surgery. Mobile phones should be switched off for at least the first 24 hours post operatively.

Whilst we understand that some people wish to record their progress during their recovery, permission should be sought before photographs or videos are taken.

Wi-fi is available within the hospital.



Environment

Be aware that the environment, including room temperature, will be set for the needs and comfort of the patient.

Please do not make alterations without checking with the patient's nurse.

Additional relief

To relieve muscle pain and spasm, we will use ice packs or warmth depending on which one is helping more. All patients find this helps with the pain and it is used alongside medication. You should ensure that you have these available to use once home. We will discuss this at the pre-assessment.

Before and after

You will be welcomed to the hospital and taken to your room. All patients will be looked after on Evelyn ward (Tel **01223 370920**). There will be a fold away bed inside the room for the resident parent/carer. You will be given a hospital gown to wear and a pair of 'dignity pants'.

The anaesthetist

You will receive a visit from the anaesthetist, who will explain to you what will happen in the anaesthetic room (where they will also check your consent form).

Other key things

Your observations (such as temperature and pulse) will be measured, to make sure that you are well enough for surgery.

You will be measured for TED stockings (which help prevent venous thromboembolism, which is a side effect of long surgeries).

You will need a cannula inserted for your surgery in order for the anaesthetic team to be able to give you medicines and to keep you asleep. Some numbing cream can be put on your hands beforehand to help with the cannula insertion.

Your parent(s)/carer(s) can accompany you to the anaesthetic room and will be

with you until you fall asleep.

The operation will take several hours, and you will spend about one hour in the recovery room before you are transferred back to your room. Your parent(s)/carer(s) will be with you in recovery.

When you wake up

- ◆ You'll be attached to drips and a PCA
- ◆ You will have a urinary catheter
- ◆ You will have some oxygen being administered through a nasal cannula
- ◆ You will be expected to be able to move in bed, but if you're struggling, the nurses will help you in the first 24 hours
- ◆ You will be able to have sips of water but NO FOOD.



Day 1 after your procedure

- ◆ Pain control intravenously and oral. PCA removed
- ◆ Light diet resumed
- ◆ Assisted with washing and dressing
- ◆ Physiotherapy – the nursing team will help you out of bed to stand. They will also help you take a short walk (if you are able and not dizzy)
- ◆ Physio will give you some bed exercises to do
- ◆ Blood taken to check your haemoglobin.

Day 2 after your procedure

- ◆ Wash in bed or shower
- ◆ Continue to manage pain
- ◆ Mobilising out of bed and walking
- ◆ If you are mobilising well your catheter may be removed.

Day 3 after your procedure

- ◆ Continue with pain management
- ◆ Catheter removed
- ◆ Showered
- ◆ Physiotherapy – progress mobility. Independently walking around the ward little and often
- ◆ Practise walking up stairs.

Day 4 after your procedure

- ◆ You will be discharged home
- ◆ You will be independently mobile
- ◆ You will be given pain relief to take home, which are based on your individual needs. You MUST continue to take these for the first two weeks after your procedure.

Following discharge

Private patient

You will be seen by the consultant in clinic 2 weeks after your procedure and your dressing will be removed. Alternatively we can give you a letter to take to your GP so you can make an appointment with the practice nurse to do this if it is more convenient. Further follow up with your consultant and physiotherapist will also be arranged.

NHS patient

We will give you a letter to take to your GP so you can make an appointment with the practice nurse to remove the dressing 2 weeks after your procedure. Continuing recovery and rehabilitation at home.

Continuing recovery and rehabilitation at home

Try and avoid doing any activity for too long but move little and often. The trunk, back and abdominal muscles will strengthen gradually and every so often they will get tired and ache.

Usually lying down for short periods will relieve this, so rest when necessary. As your body adjusts to your new posture, you will become more comfortable. You have to learn to do normal everyday activities from your 'new position'.

Sometimes when you start to increase your activity levels, your body is inclined to resume the old position, as it is more familiar. For example, if your right shoulder is used to drooping forward, it is important to try to maintain the correct posture and slowly teach yourself to work in this new position.

You will have a long dressing down your back which covers the surgical site. This will be removed by a practice nurse or community nurse 14 days after surgery. The dressing is waterproof, so it is okay to have a shower with it on.

At six weeks

You will be seen at Addenbrooke's in clinic. They will also carry out a check X-ray.

At that point, your physiotherapy and hydrotherapy programme will begin. Soon after you've been discharged, we'll send you a letter with full details.





Contact us



To find out more

Call **01892 552932**

Visit nuffieldhealth.com/hospitals/cambridge



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