

Scoliosis Surgery Frequently asked questions

You have been diagnosed with scoliosis or kyphosis and surgical correction may have been discussed with you in clinic with your surgeon.

Here is a list of frequently asked questions which may help your understanding of what the surgery may involve, your stay in hospital and recovery.

Why do I need surgery?

Scoliosis or kyphosis surgery is done for various reasons. Often it is done to stop the curvature getting worse, other times it is done because of how the curvature looks and you don't like your body shape. Most often it is a combination of both of these factors. Occasionally it is done to reduce pain, or in children with other health conditions or neuro-disability, it can help with sitting position and care

What happens in the lead-up to surgery?

You will have further appointments in the scoliosis clinic to discuss your spinal curvature and ensure that you and your carers understand the reason to operate, the risks involved with surgery and what benefit the surgery will be to you. The surgeon will ask you and your parent or legal guardian to sign the consent form when the decision has been made to go ahead with the surgery. Further X-rays are often done to assess the flexibility of the curve, these are called 'bending films' and help the surgeon to plan their surgery. Sometimes we ask for other investigations such as MRI scan, CT scan or lung function tests.

You will also be seen in the Pre-op Scoliosis clinic, held in the children's outpatient department. This clinic is led by the anaesthetists who like to meet you and assess your fitness for surgery. They will go through the steps that occur immediately before, during and after the surgery. Your height, weight and blood tests are taken at the pre-op clinic. We check that your blood levels are normal, and also check your blood group (this is called 'group and save'. This blood test is repeated when you come in for your surgery so that we have 2 tests on our system so that if you need a blood transfusion after the surgery we have your blood type accurately stored. (It is very rare to have a blood transfusion after surgery – see below)

If you have underlying health conditions or neuro-disability, a paediatrician may also come to the pre-op clinic to meet you and discuss your (your child's) health needs.

A nurse from the children's ward (Bramble Unit) will also conduct a pre-op assessment to discuss your stay on the ward and ensure that the nursing and practical aspects of your stay are met.

Why do I come into hospital the day before the operation?

The evening before surgery the ward nurses and doctor will meet you and complete the paperwork associated with your stay. The surgeon and anaesthetist will often come to see you again as well. Another blood test is taken to check your blood group. You will shower using a sterilising gel. We like to have you on the ward the evening before so that we know that you are ready to go to the operating theatre at around 8am the next morning.

What happens on the morning of the operation?

A ward nurse and one of your parents or your legal guardian will come with you to the anaesthetic room which is next to the operating theatre. You will meet the team looking after you and you can have a look in the operating theatre if you wish. You will then be asked to get onto the bed. The team will check your name and hospital number, confirm the operation and check your consent form. Once everyone is ready then a needle is put into the back of your hand and some medicine is put in it which makes you very sleepy. Once you have gone to sleep your parent/guardian is taken back to the ward and the anaesthetist continues to give the anaesthetic medicines so that you are completely asleep and relaxed for the operation.

What happens to me while I am asleep in theatre?

Another needle and line is put into a vein in your hand/arm, along with one into an artery in the wrist. This allows the anaesthetist to monitor your blood pressure beat by beat and gives immediate information about how your body is coping with the anaesthetic and the operation.

You also have a catheter put in so you don't wee on the operating table and we can measure how well your kidneys are working. The catheter will stay in for about 24 hours after the surgery so you don't have to get in and out of bed to use the toilet.

The neurophysiologists put tiny needles into your head, hands and feet and throughout the operation small electric currents pass up and down your body, which are produced and measured by a computer. This is called spinal cord monitoring and tells the surgeons that your nerves are safe throughout the operation.

How long is the operation?

This depends on how many spinal levels are being fused, but usually between 3-5 hours. Getting you ready for the operation takes up to 2 hours, and we wake you up quite gradually in Recovery so you are away from the ward for most of the day.

What happens immediately after the operation?

The anaesthetist wakes you up and asks you to wiggle your feet!

You are taken to the Recovery area and once you are awake enough we bring your parent/guardian in to sit with you. You might not remember much about this time as you will still be feeling very woozy.

How will I feel when I wake up?

You will be sore, a bit woozy and very tired. We give you pain killers through the drips and some medicine to stop you feeling sick. It is important to try to have a drink the evening after your operation.

Will I be in pain after the operation?

You are likely to be sore but for the first 24 hours, but you will have a strong pain killer called fentanyl in a drip with a PCA pump attached to you so that you can give yourself some extra pain relief when you feel you need it. You cannot overdose on this as it is a measured/ timed dosage pump. The pain medicines also include paracetamol and ibuprofen, along with ketamine for the first 24 hours. We want you to eat, drink and move as quickly as possible as this really helps your body to recover, so we will balance your pain medicines with you to make you as comfortable as possible to help you get moving and out of hospital as soon as possible.

Will I need a blood transfusion?

It is very rare to need a blood transfusion as the anaesthetists use a clever machine called 'Cell Salvage' which in effect cleans any blood that you lose during the operation and it is then put back into you through a drip in your arm.

Can anyone stay in the hospital with me?

Yes, there is space for your parent/guardian to stay on the ward with you throughout your stay. Tea and coffee making facilities are available, along with a microwave for relative's use.

Can I have visitors?

You will be busy recovering from a big operation and may not feel up to having visitors so we suggest that other than your immediate family, you don't arrange for other people to come in to visit.

What do I wear on the ward?

For the first day or 2 you will wear a hospital gown as this is easier to care for you in. Once you are getting up, you can wear your own clothes, such a baggy T-shirt and loose shorts. Bring slippers or shoes that are easy to get on/off.

What will I eat and drink on the ward?

The hospital food is quite nice, but it is really important to eat and drink after the operation, so we encourage you to bring in some food that you really like as well. We are happy for you to eat anything really, as it reduces the sick feeling caused by the medicines and helps your recovery.

Is there wifi in the hospital?

Yes, but it is not great so download some music, films, books etc to bring in with you.

How long will I be in hospital?

You can expect to be in hospital for 4-5 days.

Will I need physiotherapy after the operation?

The physiotherapists will get you out of bed the day after your operation, then gradually get you moving more every day until you are ready to go home. Before going home, expect to be getting in and out of bed on your own, walking to the bathroom on the ward, and practising a flight of stairs. We don't routinely refer you to physiotherapy after you go home as you will naturally do more over the next few weeks as you feel stronger and more comfortable. We sometimes refer you to physiotherapy after the post-op clinic visit if you need some help with rehabilitation.

How do I get home from the hospital?

You are safe to travel home in a car.

What can I do when I get home?

You do not need any special adaptations and should be able to walk around your house as normal, and sleep in your own bed. We suggest you go for a walk 1-2 times a day and gradually increase the distance each week. Regular exercise and a healthy diet will help you recover most quickly.

Will I have stitches in that need removing?

The surgeons usually use dissolving stitches. The ward will organise for the district nurse or GP surgery to check your wound at 2 weeks.

Will I have any more X-rays?

You have a whole spine x-ray before you leave the hospital, then you may have another x-ray when you return to clinic. We prefer to minimise the number of x-rays you have due to the radiation exposure, so once the surgery has been checked initially you may not have any further x-rays.

When can I go back to school?

Most children feel well enough to return to school between 4 and 6 weeks after the operation. Return to school part-time to start with and get a friend to carry your bags for the first few weeks.

When can I return to sport?

You can swim as soon as the wound is completely healed.

Non-contact and low impact sports such as cycling, table tennis and badminton can start at around 6 weeks. More vigorous sports can restart at around 6 months. Check with your surgeon if you have specific queries.

How heavy is the metalwork in my back?

The screws and rods are made of titanium and weigh around 500g.

Will I set off the security alarms in airports?

Yes! The security gates will be able to see your metalwork on their screens.

Will I still be able to have children?

Yes, although if the surgery goes into the lumbar spine you may not be able to have an epidural. However, that is not usually a problem as there are many other ways to give pain relief in pregnancy.

Is it ok to go on a rollercoaster?

Yes, but not in the first 6 months after your operation and check with your surgeon.

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