

## Spine Surgery

Planning ahead is the best way to reduce stress on the day of surgery. We want to lessen any anxiety you or your child may feel and support you throughout your surgical experience. This page will give you and your family information to make your experience as comfortable as possible. This information is specifically for patients undergoing spine surgery at Rady Children's Hospital. Common reasons for spine surgeries include scoliosis (sideways curve of spine) and kyphosis (forward curve of spine).

### Home Preparation

In order for us to provide safe anesthesia for your child, it is important that you follow the diet instructions below prior to surgery. These instructions limit the possibility of vomiting and breathing problems before, during, and after anesthesia and surgery. Your child's surgery will be cancelled or delayed if your child eats or drinks past the scheduled time, so your close supervision is very important.

#### Patients Less than 6 Months Old

- Stop all solid food and non-clear liquids 4 hours before surgery
  - Solid Foods: Rice, Cereal, Baby food, Bananas and other fruits, Sandwiches, etc.
  - Non-Clear Liquids: Formula, Milk (Breastmilk, cow, rice, soy, almond, etc.), Orange juice, etc.
- May continue clear liquids only up until 3 hours before surgery
  - Clear Liquids: Water, Apple juice, Pedialyte, Gatorade, Popsicles without fruit or cream, Jell-O without fruit or cream
- Nothing to eat or drink in the 3 hours before surgery

#### Patients 6 Months and Older

- Stop all solid food and non-clear liquids 8 hours before surgery
  - Solid Foods: Rice, Cereal, Baby food, Bananas and other fruits, Sandwiches, etc.
  - Non-Clear Liquids: Formula, Milk (Breastmilk, cow, rice, soy, almond, etc.), Orange juice, etc.
- May continue clear liquids only up until 3 hours before surgery
  - Clear Liquids: Water, Apple juice, Pedialyte, Gatorade, Popsicles without fruit or cream, Jell-O without fruit or cream
- Nothing to eat or drink in the 3 hours before surgery

Patients should remove all nail polish and jewelry prior to arrival at the hospital.

If you have any questions about what your child can eat or drink, call the pre-op staff at 858-966-1700, ext. 223574

## Medications

It is very important to tell your doctor about all of the medications your child is taking. Be sure to include all herbal remedies, prescription medications, including any form or birth control pills, patches, etc. as well as over the counter medications. Bring all of the bottles with you to your child's pre-op visit and have them with you on the day of surgery.

## Things to Bring to the Hospital

- **Comfort items:** your child's own pillow, blanket, stuffed animal, etc.
- **Distraction items:** DVDs (there are players in each room), iPads, music with headphones, laptop, cell phones (Don't forget chargers!). Wireless internet is available.
- **Clothing:** Patients will be wearing hospital gowns for the first few days, but most like to have their own clothing available when ready. We recommend comfortable, loose-fitting clothing, socks, underwear. Sneakers or rubber-soled slippers.
- **Personal items:** Soap, lotion, toothbrush, toothpaste are all available at hospital, but many patients like to bring their own. Lips are usually dry after surgery, so chap stick/gloss can be helpful. Girls may want to bring their own hygiene items as it is not uncommon for them to get their period while in the hospital even if it is not their regular cycle.

## Checking In for Surgery

- Check-in time is 1.5-2 hours before the scheduled surgery time. You will receive a call from the pre-op staff 24-48 hours before your child's surgery with a specific time. Because the length of the earlier cases before your child's can be unpredictable, waiting times may vary. Remember, too, that just as a surgery start time can be pushed back, it can also be moved up. For these reasons, it is important to arrive at your designated time.
- When you check into the hospital on the day of surgery, children and parents will be given an ID wristband. For parents, this serves as your visitor pass while you are here.
- Once you have this wristband, you may also purchase a discounted parking pass at the booth in the parking garage.
- On the morning of surgery, you will meet with the anesthesiologist and surgeon as well as the fellow, resident, and nurse that will be assisting your surgeon.
- Your child will be assigned an ID number so that you can check their progress throughout the day of surgery. You will also receive a pager for the staff to communicate with you.

If you have any questions about checking in, call the pre-op staff at 858-966-1700, ext. 223574

## What is Anesthesia?

General anesthesia makes your child's whole body go to sleep so that your child will not feel pain during the procedure or have any memory of the experience.

## **Going to Sleep**

- Before going into the operating room, your child may be given medicine to help him/her relax if they need it.
- In the operating room, your child is covered with warm blankets, music is softly playing, and the room is filled with people whose only job is to take care of your child.
- Children may choose between getting their medication through a mask or directly into a vein through an intravenous (IV) line. Once they get the medication, they will drift off to sleep.

## **While Asleep**

- While your child is asleep, his or her heart rate, blood pressure, temperature, breathing, circulation, and spinal cord function will be checked continuously.
- A catheter, (a soft, flexible tube) will be placed inside your child's urethra, or urinary opening, to drain urine from the bladder. The urine will go into a bag, where it will be collected. Your child's nurse will empty the bag when needed.
- Your child's entire back will be cleaned to limit risk of infection. After drapes and towels are placed around the surgical area to keep it sterile, the surgery will be performed.
- Once the surgery is done, the incision will be closed – usually with dissolvable stitches – and a clean bandage will be applied. Your child will have a drain (a tube to help drain extra fluid) coming from the incision for the first few days.
- To keep your child asleep during the surgery, he or she will be given medicine through the IV tube. When the surgery is over, the medicine will be stopped, and your child will begin to wake up.
- When the surgery is done, an x-ray of the spine will be taken.

## **Waking Up**

- Your child may be moved directly to the PACU (Post-Anesthesia Care Unit) after surgery. 2-3 hours are usually spent in the PACU for close monitoring, blood tests, and waking up from anesthesia. Some patients are so sleepy that they don't really remember the PACU.
- The doctor who did your child's surgery will meet with you to talk about the surgery and answer any questions you might have.
- One visitor at a time will be allowed in the PACU.
- Your child may have a small mask on that will be blowing a cool oxygen mist until he or she is completely awake.
- Remember your child will wake up with:
  - 1-3 IV lines
  - Drain from the incision (will be taken out before leaving the hospital)
  - Urinary catheter
- If your child is in pain, the nurse will give pain relieving medication through the IV.

- After a stay of two or three hours in the PACU, your child will be moved to the inpatient surgical specialties unit for the rest of the hospital stay.

### Staying at Rady

- The usual hospital stay for spine surgery is 3-6 days. This depends on the surgery your child has, how quickly your child becomes comfortable on oral pain medicines, and many other factors.
- Visiting hours are 24 hours/day for parents. One parent may sleep in the room at night. Every effort will be made to give you a private room and you are welcome to use the shower that is in the room. Sheets and towels are provided.
- General visiting hours are 8 am – 9 pm. Siblings, family, and friends are welcome. During the winter flu season, visiting may be limited to parent/guardians only.
- Healing touch is available through our Integrative Medicine Program. If you are interested, please let your doctor know and he or she will request this.
- The “Acute Pain Service” -- a team of doctors and nurses specialized to help manage post-operative pain -- will be involved in your child’s care throughout the hospitalization.

### Going Home

- **Medications:** Dosages and medication may vary based on each patient and their diagnosis. Please follow your child’s specific prescription instructions.
- **Post-Op Visit Schedule:** We will see your child back for a check-up visit approximately 1 month after surgery. Our routine for follow-up is to see your child back at 1 month, 6 months, 1 year, 2 years, and 5 years post-op.
- **Showering:** Your child may begin to shower with the bandage in place 3 days after surgery. No submerging in bathtub, pool, jacuzzi, hot tub, etc. until seen for 1 month check.
- **Bandage:** Please keep the bandage on for 2 weeks after surgery, and then it may be taken off at home at that time.
- **Diet:** It is normal to lose weight after surgery, sometimes 5 – 10 lbs. Most people tolerate smaller, more frequent meals initially. Lots of fluids and a balanced diet are important.
- **Constipation:** It is normal after surgery due to the effects of anesthesia, pain medication, decreased activity level, and decreased food and fluid intake. As the transition from IV to oral pain medicine is started (usually post-op day 1), regularly scheduled stool softeners (for example, Colace or Senna -- over the counter) will start. Fluids and high fiber foods can help to reduce constipation.
- **Returning to School:** We expect that your child will be ready to return to school 3 weeks after surgery.
- **Driving:** Your child may resume driving 6 weeks after surgery.
- **Lifting:** Rather than define weight, our recommendation is that your child uses good body mechanics (bend at the knees when picking things up, rotate your body instead of twisting your back, etc.) and lift whatever he or she can pick up easily.

- **Activities: (these are basic guidelines, and can be altered by your surgeon)**
  - First 6 weeks---walking, no limit on distance
  - 6 weeks to 3 months---jogging, swimming
  - 3 months to 6 months---conditioning and training for sports, no competition
  - 6 months to 1 year---Contact sports and activities okay, no activities where collision is a risk

### **Questions?**

If you have any questions about this information, or if your child has any special needs you feel the doctor should know about, we would like to hear from you. Please contact the Orthopedics office at 858-966-6789 and there will be voice instructions on how to reach the nurse that works with your attending physician.