

POST-OPERATIVE SCOLIOSIS INFORMATION

By the time you leave the hospital you should be able to walk short distances, climb up and down a few stairs, and get on and off of the toilet by yourself. Gradually your strength and stamina will improve and your pain will decrease. This takes time, so you need to be prepared to rest as much as possible while you are at home. Some days will be better than others during the recovery process.

PAIN

Pain medication has been prescribed for you to take by mouth. You will probably need this at nighttime for a few weeks following surgery. You may try taking Tylenol during the day, because pain is usually better tolerated during the daytime. You may feel some unusual twinges of pain in the muscles of your back or particularly in the shoulder region. Do not be alarmed by this, but please contact me if this is severe, sudden, or persistent.

NUMBNESS

You can expect some numbness around the incision area for several months following surgery. This is due to stretching of the skin at the time of surgery and does not indicate any type of permanent nerve injury.

INCISION

The skin is completely healed by one week following surgery. Tape strips are used on the skin. These can be removed after one week, but they do help relieve tension on the skin and decrease scar formation, so we would recommend that you leave them in place for two weeks after surgery and then gently remove them in the bath or shower when they are soft.

Five days after surgery you may safely shower because the incision has healed itself by this time and water will not penetrate even if sutures have been used.

Initially the incision will be quite thin but the healing process causes the scar to become red and elevated for a few months after surgery. By one year after surgery the scar should be soft, pliable, and white. At this time the scar is mature. There may be some spreading of the scar tissue as it matures, but this is very variable from patient to patient. Substances such as Vitamin E, cocoa butter, and baby oil have been used on scar tissue in an effort to decrease scar formation, but we are not aware that any of them really work.

DIET

Please try to eat a well-balanced diet, especially during the first six weeks after surgery. You should take an iron supplement to help build blood. Multivitamins are probably helpful also. We would encourage you to take one multivitamin table or capsule a day for the first six weeks, but please do not go overboard and take too many vitamins.

MISCELLANEOUS INFORMATION REGARDING RODS

Many patients ask whether the rod will set off metal detectors at airports. The answer is no, they will not. These rods are made of high grade metal that is not magnetic. People also ask whether the rods need to be removed. The answer is no, they do not need to be removed because it is a major operation to remove them and most patients are not even aware of the rods after the first 6-12 months. The rods serve as an internal brace until bone fusion occurs. Once bone fusion has occurred, then the spine is permanently fixed and will not change its shape. Bone fusion does not fatigue or break so the bone fusion is much stronger than the rod once it has occurred. By one year's time, the bone fusion is considerably stronger than the rods and the rods have served their purpose. At that time, they may be removed if they are causing any irritation or concern. Only about 3% of patients are ever bothered by the rod enough to request removal. Getting the rods out is not as big an operation as getting them in, but it is an operation which we avoid if at all possible.

ACTIVITIES

For the first two or three weeks after surgery you should plan to stay at home. You can go out if you want to, but you will tire very quickly. You should expect your physical strength to be diminished for at least six weeks following surgery. During this period of time, you will naturally find limitations on what you can or cannot do. Within reason, all activities which you can tolerate are permitted. There is a minimal risk of dislodging the rods as long as you do not have a bad fall or encounter some other violent movement. During the first six weeks you may walk or swim as tolerated, but it is not necessary to push yourself to be physically active. We would encourage you not to drive an automobile, simply because you may not have the physical strength necessary in the event of an emergency.

After six weeks we would encourage you to increase your physical activities and push yourself a little more. At this time walking for exercise, riding a bicycle, and swimming will be strongly encouraged. By three weeks after surgery you may still have some periodic discomfort in your back, but it is rarely enough to require pain medications. You may also notice some stiffness in your shoulder and other areas as you begin to engage in more vigorous activities. You may engage in all sports, including contact sports, after six months.

PHYSICAL THERAPY

Generally, physical therapy is not required after spine surgery. Gradually returning to physical activities occurs naturally. However, the flexibility of your spine may be very limited for six weeks. You will find it extremely difficult to bend forward at all. Between six weeks and three months following surgery, your flexibility will improve and you should begin to stretch your back and try to increase your ability to bend forward. For some individuals we do prescribe physical therapy to improve strength and to help them with the process of recovering flexibility but this is prescribed on an individual basis since it is not always necessary.

FOLLOW-UP APPOINTMENTS

We usually like to see our patients approximately three weeks following surgery and then again at six weeks, three months, six months, and one year following surgery. After that we plan to see you every year or two for five years following surgery. Difficulties are less and less likely to occur as time passes. It is very rare to encounter any problems more than six months following surgery, but it is generally a good idea to have a checkup once in a while to be sure that all is well and to see if anything new has been learned which might be important to your future.

POST-OP ACTIVITIES FOR THE PATIENT WITH INSTRUMENTATION

Date of surgery: _____

Patient's name: _____

ACTIVITY	1 week	1 month	3 months	6 months	Ever
Shower	Yes				
Walking	Yes				
Swimming	Yes				
Lifting 10-20 lbs.	No	Yes			
Light upper extremity exercise	No	Yes			
Driving	No	Yes			
School	No	Yes			
Lifting 5-10 lbs.	No	Yes			
Bicycling	No	Yes			
Light jogging	No	No	Yes		
Routine gym class	No	No	Yes		
Non-contact sports	No	No	Yes		
Skating	No	No	Yes		
Lifting more than 20 lbs.	No	No	Yes		
Horseback riding – no jumping	No	No	Yes		
Skiing – water & snow	No	No	No	Yes	
Bowling	No	No	No	Yes	
Amusements	No	No	No	Yes	
Gymnastics	No	No	No	Yes	
Parachuting	No	No	No	Yes	
Dirt bike racing	No	No	No	Yes	
Roller coasters	No	No	No	Yes	
Contact sports	No	No	No	Yes	
Rollerblading	No	No	No	Yes	
Skateboarding	No	No	No	Yes	
Snowboarding	No	No	No	Yes	
Surfing	No	No	Yes		
Bungee jumping	No	No	No	No	No
Motorcycling on streets	No	No	No	No	No