

## Further information

If you still have questions or you want more information, your consultant or the Scoliosis Nurse Practitioner will be happy to talk to you. You may also find the following websites useful.

[www.sauk.org.uk](http://www.sauk.org.uk) Scoliosis Association Society UK

[www.srs.org](http://www.srs.org) Scoliosis Research Society

[www.spinesurgeons.ac.uk](http://www.spinesurgeons.ac.uk) British Association of Spine Surgeons

[www.britscoliosissoc.org.uk](http://www.britscoliosissoc.org.uk) British Scoliosis Society

## Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

**Freephone (City Hospital campus):** 0800 052 1195

**Freephone (QMC campus):** 0800 183 0204

**From a mobile or abroad:** 0115 924 9924 ext 65412 or 62301



**Minicom:** 0800 183 0204

**E-mail:** [pals@nuh.nhs.uk](mailto:pals@nuh.nhs.uk)

**Letter:** NUH NHS Trust, c/o PALS, Freepost NEA 14614,  
Nottingham NG7 1BR

[www.nuh.nhs.uk](http://www.nuh.nhs.uk)

# Corrective surgery for Scoliosis

## Frequently asked questions

This document can be provided in different languages and formats. For more information please contact:

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Queen's Medical Centre campus  
D Floor, West Block  
Tel: 0115 9249924

**The purpose of this leaflet is to help you and your family understand Scoliosis - the condition you have been diagnosed with, frequently asked questions about the operation to correct it, what to expect around the time of surgery and what to expect after your surgery.**

## **What is Scoliosis?**

Scoliosis is defined as a sideways curve of the spine. There is a curvature of the spine which is usually associated with the rotation of the spine and ribs and this may cause the shoulder blade to stand out and cause a rib hump. The shoulders and waist may be asymmetrical.

There are many causes for scoliosis and the origins of this condition remain complex. There are three main types of scoliosis: **idiopathic** which means there is no known cause; **syndromic** which means that the curvature is part of a recognised disease (**neuromuscular scoliosis**) and **congenital**, which is present at birth.

## **Does Scoliosis run in families?**

There is a recognised family link with scoliosis. It is also thought that around 25 per cent of those with idiopathic scoliosis have a relative with a mild curvature in the spine. Idiopathic scoliosis is also known to be more common in girls.

## **Will my curve get worse?**

There are factors predicting curve progression, such as your age, the type and severity of the curve. You can discuss this further with your surgeon.

## **Why should I have surgery?**

Although corrective surgery is based on the individual patient and could have a combination of aims, however depending on the type of Scoliosis, the purpose of surgery does vary.

In Congenital Scoliosis, surgery aims to halt the progression of the curve. In Neuromuscular Scoliosis, surgery tries to improve the sitting balance in the wheelchair and lessen respiratory complications (improve quality of life). In Idiopathic Scoliosis, the main purpose of surgery is to balance and improve the overall appearance of the spine.

## **When can I travel in a car?**

You can travel in a car when you are ready for discharge from hospital. It is advised that you do not drive for six weeks after surgery and always check with your insurance company. For driving long distances it is advisable to stop and take regular breaks.

## **When can I use public transport?**

It is recommended that you do not use the bus or train for at least six weeks after surgery. The reason is to protect you from the possible jostling that may occur.

## **When will I go back to school?**

Normally you will return to school after six weeks following surgery. The hospital school teacher will visit you while you are in hospital and discuss this with you. There are schools that place restrictions, such as going back part time. You may be allocated a home tutor for a short period of time. Whatever your needs are, your education will not be affected. It is important that we are aware of any exams that you have coming up. Transport to and from school will also be discussed.

## **What sort of sport activities do I need to avoid?**

You are advised to avoid PE at school for the first three months. Gentle exercise such as swimming and cycling can then be started. Contact sports should not be commenced until full fusion has taken place which could be anything up to 18 months.

Participating in extreme sports after scoliosis surgery is a matter of controversy and different surgeons have different opinions and therefore you need to discuss this with your surgeon.

## **Will my ability to have babies be affected?**

There is no documented evidence to suggest that pregnancy or child birth is affected by Scoliosis or by corrective surgery.

## **Will it stop me having a baby?**

You will need to discuss this with your surgeon and midwife at the appropriate time. A lumbar epidural, however will not be possible. Inserting an epidural catheter through the lumbar spine will be difficult due to the presence of the metalwork in the spine.

## When can I take a shower?

You can take a shower once the wound drain tubes have been removed. It is advisable that the wound is kept covered while taking a shower during the first few days after surgery. There is documented evidence to suggest that showering is not detrimental to wound healing, but taking a bath is not recommended for two to three weeks. Any dressings that are wet following the shower should be replaced.

## How soon can I get dressed?

You may get dressed as soon as you feel comfortable, but it is advisable that you wait until the drain tubes have been removed. You will be advised to wear soft, loose-fitting clothing, to avoid rubbing on your scar. This is only for a short while until the wound is fully healed in two to three weeks.

## Can I sunbathe?

Yes you can but please take the recommended precautions. It is recommended that you protect the scar for the first year following surgery. Wear a T-shirt or if you are female, wear a full costume instead of a bikini. After one year, be safe by following the standard sun protection guidelines.

## When can I travel on a plane?

It is generally advised to avoid all flights within the first six weeks of a general anaesthesia if possible. However you may take short flights (one to two hours) if necessary during this time provided you are well hydrated and move around frequently.

For long flights, it is recommended that you wait three months. Please confirm this with your surgeon as it will depend on what surgery you have had.

## Will I trigger the airport scanner?

Recently studies have shown that standard walk through airport metal detectors are not triggered by metal works used for scoliosis surgery. However the metal work used to correct scoliosis from the back of the spine which are more superficial have triggered the hand held metal detectors.

## Does the surgery carry any risks?

All types of surgery carry some risks. Your surgeon will discuss the risks in full detail and only recommend surgery if the risks outweigh the benefits.

## What does the surgery involve?

The aim of the surgery is to straighten the spine. To do this, the surgeon puts screws and rods into the spine, sometimes called implants. The incision can be from the front (anterior) or from the back (posterior). Either way, your surgeon will discuss this with you. The rods are used to connect the screws together and these support the spine in a straight position.

## Can you feel the implants?

This depends on the type of surgery. If you have surgery from the front of your body, then the implants are not obvious at all. If you have surgery to the back of your spine and you happen to be thin then sometimes the implants could be felt through the overlying tissues.

## Will the surgery hurt?

All types of surgery cause some pain. However we try to minimise and control pain.

You will have one of three methods of pain relief.

- Patient Controlled Analgesia (PCA)
- Nurse Controlled Analgesia (NCA)
- Continuous analgesic Infusion.

The drug used is mostly Morphine. The PCA device allows you to control the pain on your own. When you feel pain, you simply press a button and you will get a dose of pain relief. It is safe and there is no risk of overdose as the device is set up to only give you a calculated amount of morphine within a time period. If you are worried about not being able to press the button, then the anaesthetist can arrange for you to have a continuous infusion which will give you pain relief continuously.

NCA, which allows the nurse to press the button for you is another alternative.

Morphine can make you feel sleepy, sick, itchy and constipated. Although we give medication to minimise these side effects, we aim to take you off morphine as soon as possible, without compromising your pain control. Along with one of the above forms of pain relief, we also start you on simpler analgesics such as Paracetamol which gradually takes over your pain control and the morphine is then stopped.

### **What tubes will I have in?**

This depends on the type of surgery and the surgical findings. In some cases, there may be none, but normally there will be either one or two and in some cases may be more.

Most of the tubes will be removed after two or three days. We will give you pain killers before the tubes are removed and the removal should not be too uncomfortable.

You will also have a urinary catheter. This is a small tube that is placed into your bladder when you are asleep before your surgery. It drains urine away during your operation and also during your recovery after surgery as you will be in bed and may not feel able to get up to go to the toilet.

It will stay in for a few days until you are feeling strong enough to get up and pass urine normally. While in, it is painless and it also helps us know how well you are hydrated. There is only a slight discomfort when it is removed.

### **What will the scar look like?**

The exact position and length of the scar will depend on what type of surgery you will have i.e. from the back or from the front of your body. This will be discussed with you in the clinic.

The area around the scar may feel numb or 'odd' for a long time. Although in most cases this is temporary, in some cases it may persist.

The stitches will be dissolvable, but there may be adhesive strips (steristrips) across the wound. These are paper strips and they will be removed at about ten days or be left to fall off naturally.

### **Will I have a brace?**

For Idiopathic Scoliosis, it is generally not necessary to have a brace after operation. The decision to brace or not after surgery however, depends on the individual surgeon and the type of surgery. This will be discussed with you before and after your surgery by your consultant. For more information about bracing please visit [www.sauk.org.uk](http://www.sauk.org.uk).

### **Will I need more surgery?**

This depends on type of your scoliosis, your age and the severity of your curve. Your surgeon will discuss this with you.

### **How long will I be in hospital?**

Majority of patients with idiopathic or congenital Scoliosis undergoing surgery whether side or back are expected to go home within five to seven days. Patients with neuromuscular and syndromic types however stay longer depending on their general condition.

We have found that early mobilization in most cases shortens hospital stay.

### **When can I eat and drink?**

Good nutrition has a positive impact on healing and recovery from the operation. We therefore encourage a good, healthy and balanced diet pre and post surgery.

During the first few days following surgery, because of the effects of anaesthesia, surgery and side effects of pain killers, you may feel sick and lose your appetite. After the day of surgery, we aim to start your oral fluid and a soft diet as soon as possible, provided that you are not vomiting. This will then be built on until you are fully back to your normal eating.

### **When can I mobilise?**

You can mobilise as soon as you feel comfortable following your surgery. The physiotherapist will discuss this with you and provide you with written information regarding your activities whilst in hospital and when you go home. We strongly encourage you to spend as much time out of bed as possible.