



**University Hospitals  
Bristol and Weston**

NHS Foundation Trust

Patient information service  
**Bristol Royal Hospital for Children**

# Preparing for spinal surgery



This leaflet is designed to provide information that may be useful to you when you are coming into hospital for spinal surgery.

Hopefully after reading this you feel more prepared as to what to expect before, during and after your stay.

## **What's on the ward?**

There are a number of TV and DVD players on the ward and different activities can be provided by our play team, such as arts and crafts.

There are areas on the ward to go to if you don't want to sit by your bed and don't worry about missing out as there is also a school on the ward (term time only).

There is a bed on the high dependency unit and ward for one parent to rest, meaning they are able to stay with you throughout your admission. There is also separate accommodation for your parents/carers but this may be full at busy times.

## **What do I need to bring into hospital?**

You will have a small cupboard at your bed space but space is limited so try not to bring too much with you.

The length of time you are in hospital will be determined by what surgery you are having.

Your consultant or the spinal clinical nurse specialist (CNS) will be able to discuss this with you. It can vary between four and 14 days.

### **We recommend you bring**

- comfortable day clothes – front fastening or loose fitting tops are easier for you to get on and off
- nightwear - front fastening or loose fitting tops are easier for you to get on and off

- underwear
- slippers (we recommend ones with a hard sole)
- trainers or shoes
- toiletries
- soft toy/teddy/comforter
- books/music player/phone/iPad
- headphones etc

**Please note there is nowhere on the wards to lock up valuable items.**

Please bring any specialist equipment you use at home and school

- wheelchair/specialised seating (won't be used for the first few days but will be essential after that)
- special cushions/pillows
- any feeding equipment (cups, cutlery – we do have feed pumps on the wards)
- ventilation equipment (used both day/night)

## **Communication**

If you have your own way of communicating like Makaton, signing or sounds please let us know.

# Hair

For children with long hair it must be tied up for the operation. We recommend putting your hair in two plaits as lying on a ponytail can be uncomfortable.

You won't be able to wash your hair for a little while after your surgery. During the operation some wires are attached onto your head using special glue. We recommend bringing a detangle brush with you.

## What happens on the morning before I have my surgery?

You will be admitted to the ward (on rare occasions you may be asked to come in the night before, but the Spinal team will let you know if you need to). There will be a few things the nursing staff will need to do. These may include:

- showing you around the ward
- measuring your height and weight
- observations (heart rate, oxygen saturations, respiration rate, temperature and blood pressure)
- give you a hospital identity wrist band
- measure your legs for TED stockings (to help prevent blood clots)
- they will fill in some forms
- you may have some numbing cream applied to the back of

your hands ready for theatre and on occasion may require a blood test

- you will be given a hospital gown to put on
- your consultant will come and see you, as well as the anaesthetist who will look after you during surgery
- you may have already had your consent form signed by your parent or guardian but if not, this will be completed on the morning of your surgery
- female patients 12 years and older will need to do a pregnancy test before they go to theatre (this must be completed in hospital).

## **Where do I go for my surgery?**

The time of your operation varies but is often in the morning. One of your parents or carers can accompany you right up to the point you are asleep. You will either walk down to the anaesthetic room in theatres or be taken on a special trolley.

## **What happens when my operation is finished?**

Everyone is different and what happens after surgery will depend upon lots of different things.

- you may wake up first in what is called 'recovery'
- you will probably return from 'recovery' into high dependency or possibly intensive care (the doctors will make this decision)

- you will have a number of lines and machines attached to you which is to help the nurses and doctors keep a close eye on you.

The nurses will explain all the things around you.

Your back will be uncomfortable but you will be given pain medication either through a little tube in your hand or in your mouth.

You will also have a patient controlled analgesia pump (PCA) which you will be able to press to give yourself additional pain relief. You must let the staff know if you are too uncomfortable.

Feel free to ask any questions but you may feel really sleepy at this stage.

Except in very exceptional circumstances, from the moment you wake up you will be able to move around the bed and change your position if you want to.

The nurses and doctors will encourage regular deep breathing exercises to help prevent you from getting a chest infection.

The spinal clinical nurse specialist and nursing team will closely observe your wound dressing to ensure that it is providing a very good seal; this is to prevent any infections. You may have one small wound drain which will be removed at around 48 hours.

You may have a small tube in your back (called an epidural) which delivers your pain medication directly. This is also removed at around 48 hours.

Over the next day or so you should feel much more awake. The physiotherapists and nursing staff will be encouraging you to start doing more for yourself including sitting up in bed and getting out of bed.

## **But what if I am in a wheelchair?**

The nursing staff will help you into your chair using a hoist. Often we aim for a maximum of one hour at a time to protect your wound but you may sit out two or three times per day. The time spent in your chair will increase as your wound heals.

### **For scoliosis patients**

It is really important that once you have the date for your surgery, you contact your local wheelchair centre and arrange an appointment for an assessment. It is usually a good idea for this to be the week you expect to be home. Unfortunately, this is not a service that can be provided during your stay.

Usually a couple of days after your surgery you will be back on the ward with less lines and monitors around you.

## **Going to the toilet**

For the two to three days after your operation you will have a tube (called a catheter) that goes into your bladder and carries your urine (wee) away into a bag. If you need to open your bowels (have a poo) then the nursing staff will help you to sit on a commode.

The urinary catheter will normally be removed by day three, when you are generally able to get out of bed with assistance.

You will be given laxatives to help prevent constipation (when

you can't poo). If you are already taking these we will continue with these medicines while you are in hospital.

It is really important to eat and drink, even if you don't feel like it as it will help you get better and stop you getting constipated.

Once you are up on your feet you will be able to use the toilet on the ward. If you usually wear a pad we will need to change this more often to keep your wound clean.

## **Going home**

Before you go home you will need to have another X ray, just to check everything is as planned and this will be looked at by your surgeon. This will usually be done when you are able to stand for it, or if you use a wheelchair it will be performed in the sitting position.

The spinal team including your spinal consultant, physiotherapist and spinal clinical nurse specialist will decide when you are fit to return home. Your pain will need to be well controlled with oral pain relief.

The physiotherapist will assess you on a number of things including the ability to manage a flight of stairs. We want to make sure you are back doing most things by yourself.

If you usually use a wheelchair you should be able to manage your journey home in your chair, however, if you have a long distance to travel, we will assess together with your parents/ carers the need for hospital transport to take you home. If you are offered hospital transport, one person from your family will be able to travel with you.

The spinal clinical nurse specialist will explain to you how to care for your wound after discharge.

You should keep the dressing dry which means no showering or bathing until the wound is completely healed.

An appointment will be made at the hospital approximately 12 to 14 days after your operation to come and have your dressing removed. This appointment generally lasts around 45 minutes.

Once you have gone home, if you experience altered sensation or weakness in your arms/legs, or changes in being able to go to the toilet it is important that you seek medical advice that day.

You will be discharged with the spinal helpline number. If you have any concerns and questions you can leave a message and you will be contacted generally on the same day.

## **When will I see my consultant again?**

You will have an appointment around eight weeks after you have gone home and this will be with one of the team. This may not be your consultant but if you would really like to discuss something with them particularly, we will try our best to arrange this.

We recommend writing down any questions you may have to take to this appointment.

## **Pain medication**

It is important to gradually reduce the pain medication after you go home, normally a few weeks after. It is normal to experience some occasional shooting pains in your shoulders, ribs or pelvis for the first few weeks following surgery which will gradually reduce and stop by six weeks to three months.

## **Back to school/college**

After three to six weeks you may feel ready to go back to school.

Your parents/carers or the hospital school can contact your school and make sure work is being sent home in the meantime.

When you first return to school you may find it easier to go back for half days first.

We would also advise you

- leave the lessons five minutes before the bell so that you can tackle the corridors with less people around
- don't lift or carry a heavy bag around (especially over one shoulder) for at least six to nine months
- ask your school if you can be issued with safe places to put school books, and if your friends may be able to assist with carrying books between lessons
- generally avoid crowds (e.g. at break time/assemblies etc).

## Recovery tips

After any major operation it is quite normal to take a while to feel completely back to normal.

You may find you need a nap, or two, for the first couple weeks. It is important however, to try and move around often.

It is really essential that you continue building on what you've achieved when you leave the ward, doing more each day, getting back to doing things for yourself.

Practice deep breathing several times a day for the first few weeks.

Here are some guidelines for activities that may apply to you. It doesn't cover everything, so do feel free to ask when you're on the ward or during your follow up appointment with your consultant.

Time period	Activity
Three to six weeks	Go back to school.
Six weeks	Possible swimming/hydrotherapy.
Three months	Swimming riding a bike dance (no lifts), keep fit.
Six months	PE lessons (non-contact only) tennis/badminton, physio and soft play.
After one year	Fairground rides, trampolining, rebound therapy, contact sports, horse riding.

Please check with your consultant if are unsure about a particular activity.

## **Further spinal information online**

[www.sauk.org.uk](http://www.sauk.org.uk)

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

## **Contact the team**

Spinal helpline: 0117 342 6846

Appointments: 0117 342 7954

Secretary: 0117 342 8812

Complaints: 0117 342 8065

## **Hospital contact details**

Switchboard: 0117 923 0000

Clinical Site Manager: 0117 342 8445 or switchboard – ask for bleep 3217

Daisy High Dependency Unit: 0117 342 7897

Seahorse Paediatric Critical Care: 0117 342 8018

Bluebell Ward: 0117 342 7931

Apollo 35 Ward: 0117 342 8335

# Notes



As well as providing clinical care, our Trust has an important role in research. This allows us to discover new and improved ways of treating patients.

While under our care, you may be invited to take part in research. To find out more please visit: [www.uhbw.nhs.uk](http://www.uhbw.nhs.uk)

Help us prevent the spread of infection in hospital. Please make sure your hands are clean. Wash and dry them thoroughly/use the gel provided. If you have been unwell in the last 48 hours please consider whether your visit is essential.

Smoking is the primary cause of preventable illness and premature death. For support in stopping smoking contact **NHS Smokefree on 0300 123 1044.**

Drinkline is the national alcohol helpline. If you're worried about your own or someone else's drinking, you can call this free helpline in complete confidence. **Drinkline on 0300 123 1110.**

For access all patient leaflets and information please go to the following address:  
<http://foi.avon.nhs.uk/>

**Bristol switchboard: 0117 923 0000**  
**Weston switchboard: 0193 463 6363**  
**[www.uhbw.nhs.uk](http://www.uhbw.nhs.uk)**



For an interpreter or signer please contact the telephone number on your appointment letter.



For this leaflet in large print or PDF format, please email [patientleaflets@uhbw.nhs.uk](mailto:patientleaflets@uhbw.nhs.uk).

