Let's Talk About...

Spinal fusion

Posterior Spinal Instrumentation and Fusion (PSIF) is a procedure to put the vertebrae (bones of the spine in your back) into the correct position. The surgeon straightens the spine by fusing together some of the bones in the back with bone grafts or implants (for example; special rods and screws).

Some of the reasons people have this surgery are because they have their spine curves in the wrong way (scoliosis or kyphosis), the spine is different since birth, or they have had an injury to the bones in the spine. Another reason is that infection or tumors have made their spine weak or unstable.

What should I do before I get to the hospital?

Your doctor or the hospital staff gave you no eating and no drinking instructions. Be sure to follow these instructions.

Gather the items that might be helpful to you while you're in the hospital. Here are some items that you might want to bring to the hospital with you:

- Robe
- Comfortable clothes to go home in or pajamas
- Favorite blanket or pillow
- Slippers
- Music
- Book
- Glasses (if you wear them)
- Favorite movie

What problems might I have after surgery?

Nausea, vomiting, and feeling dizzy

It is common to have nausea (feel like you might throw up) after your surgery. This can be caused by the medicine the doctor will give you to make you sleep (anesthesia). It might be caused by other medicine, constipation, pain, or not eating. It is also normal to feel dizzy when you first sit up after you lie down for a long time. These are common after surgery. Tell your nurse if you feel this way because there are medicines your nurse can give you so you feel better.

Constipation

It is common to be constipated after surgery. This is because of the anesthesia, pain medicine, and because you are less active than usual. Your nurse will give you stool softeners and laxatives to help relieve the constipation. If you are getting close to going home from the hospital and you still have not had a bowel movement, your nurse will give you a suppository or an enema. Walking also helps with constipation.

Will I have any tubes after surgery?

When you wake up from surgery, you will have several tubes connected to you that you didn't have before surgery. Here is a list of tubes you may have, what the tube does for you, and when it will probably be removed:

- **Urinary Catheter (foley):** A urinary catheter is a tube that allows urine to drain from your bladder. This will be placed while you are asleep in the operating room. Your nurse will take the catheter out once you are able to get out of bed to the bathroom.
- **IV:** An IV is a tiny, flexible tube put into a vein that will give you fluid and medicines. Your nurse will remove all your IVs when you are ready to go home from the hospital.
- **Epidural Catheter:** An epidural catheter is a tiny tube that your doctor will place in your back during your surgery. It puts pain medicine directly into your back to help control pain from the surgery. Your doctor will take this out about 3 to 4 days after surgery and when you are able to take pain medicine by mouth.

- **Hemovac:** A hemovac is a round flat disk connected to a tube. Your doctor will place the tube in your back next to your surgery site while you are sleeping. It will help keep your bandage clean and dry by removing any leftover blood from surgery. Your doctor will remove it 2 to 3 days after surgery.
- **Nasal Cannula:** A nasal cannula is a tube that sits just below your nose and gives you oxygen to breathe. You will use this when you need it. You may be able to take the nasal cannula off sooner if you do your breathing exercises regularly. Breathing exercises are explained below.

What can I eat after surgery?

You may be able to eat ice chips on the day of your surgery. The next day, you can drink clear drinks like apple juice and Jell-O®. Your diet will change slowly so you are less likely to feel like you will throw up. Once you can drink the clear drinks, your diet will change slowly until you are eating regular meals. It is important to drink plenty of liquid and eat foods high in fiber such as fruits and vegetables so you are not constipated.

How will the doctors and nurses treat my pain after surgery?

You will have some pain from the surgery around your spine. This pain will gradually decrease over time. You and your nurse will set a goal for your after-surgery pain. The goal is to keep you as comfortable as possible, but this is a big surgery, and you will have some pain. You will pick the pain that you think you should have after surgery on a scale from 0 to 10. The Acute Pain Service is a team of doctors and nurses who know a lot about pain. They will manage your pain medicine. You may have one or more of the following:

- **IV PCA (patient controlled analgesia):** Pain medicine given though your IV with a machine that lets you control the medicine.
- **IV PCAE (patient controlled analgesia epidural):** Pain medicine given through an epidural catheter with a machine that lets you control the medicine.

Your nurse will give you more information on your individual pain management plan.

Once you are eating and drinking enough, the pain team will change your medicines from IV or epidural medicine to pills or syrup you can take by mouth. You will need to take your medicine by mouth before you can go home from the hospital.

What can I expect the first few days following my surgery?

Positioning

It may be difficult to move by yourself just after your surgery. Your nurses will help you change your position so you are as comfortable as possible. Changing your position also will help your skin and lungs stay healthy while in the hospital.

Exercises

- **Physical therapy:** You will start doing physical therapy about 24 hours after your surgery. On Monday through Saturday your physical therapist will see you two times a day. On Sunday your physical therapist will see you one time. Your physical therapist will explain everything that she will do and give you tips on how to make physical therapy as comfortable as possible. If you increase the time you spend out of bed, you can get better faster.

  Your physical therapist will help you reach your goals before you go home from the hospital. You will begin sitting at the edge of your bed, and you will gradually increase your activity with your physical therapist's help. After the first physical therapy visit you will progress to sitting in a chair, walking, and finally, climbing stairs.
- **Breathing exercises:** After surgery you will learn how to do breathing exercises by using a small device called an incentive spirometer. This will help to keep your lungs open and healthy while you are in the hospital. Your nurse will remind you to do these exercises regularly.

Baths and showers

Don't take a bath or shower until your doctor says it is OK. A shower is usually allowed 5 to 6 days after

your surgery. Steri-Strips™ are the little paper tapes that hold your incision closed. Pat these dry once out of the shower. After you start to shower, your steri-strips may start to fall off (see ***Let's Talk About... Steri-strips***). This is normal. Do not dunk your body into water such as a bath, pool, or hot tub or until your incision completely heals and your doctor says it's OK.

What kind of activity can I do after the surgery?

For 6 months after your surgery:

- **No Bending:** Do not bend from the waist past 90 degrees.
- **No Lifting:** Do not lift anything more than 10 pounds (4.5 kg).
- **No Twisting**: Do not twist excessively.

Ask your physical therapist how you can do your regular daily activities without bending, lifting, or twisting.

Are there any special precautions I should know about?

Medication precautions: You should not take any ibuprofen, Advil®, Motrin®, or Aleve® or any other nonsteroidal anti-inflammatory drugs for 6 months after your surgery as these medicines may interfere with bone healing.

Dental Precautions: You need to tell your dentist or oral surgeon that your have a metal implant and you should take antibiotics before you have any dental cleaning or work.

When should I call the Doctor?

- If your pain suddenly gets worse.
- If your incision is red, warm, more swollen, or if it starts to spread apart.
- If you have a fever and your temperature is more than 101 degrees F.
- If you have new weakness.
- If you have a loss of sensation to your legs or back.
- If you experience a loss or change in bowel or bladder control.

What doctor appointments should I have after surgery?

It is important that you follow-up with your surgeon after your surgery. You will need to schedule your first appointment about one month after your surgery and as instructed by your surgeon.

More Information

For more information refer to
http://www.iscoliosis.com

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