

Spinal Fusion Surgery for Scoliosis

This handout is meant to be a guide. Please talk with your doctor about your plan of care.

A spine fusion is done to keep the curve from getting worse. In most cases, this will decrease the curve size by about half.

There are three types of spine fusions:

- Posterior spine fusion (back of spine)
- Anterior spine fusion (front of spine)
- Anterior/posterior spine fusion (front and back of spine)

The type of fusion will depend on:

- Type of curve
- Size of curve
- Where the curve is
- Stiffness of the curve
- If you are still growing
- Other factors

In addition, your doctor may order one or more tests on your spine.

- **X-rays** may be taken while lying down and/or bending to the right and left. This helps the doctor decide how much of the spine to fuse.
- **MRI scan** is used to find out if there is something in the spinal cord or brain that is causing the scoliosis. If something is found, we may need to take care of this before, or at the same time as the spine fusion.
- **CT scan** gives a better look at the shape of the back bones (vertebrae).

Not everyone will need these tests. Your doctor will figure out what is needed based on health history. Your doctor will explain the risks, benefits and options to a spine fusion.

How the Spine is Fused

Rods, hooks, screws, cables, and a bone graft are used to fuse the spine. The metal we put in the spine acts as a brace until the bone and bone graft hold the vertebrae together.

Will the metal be in forever?

We try to leave the metal in. The metal may become irritating. In these cases, we may need to remove it. The surgery to remove it is as big as the one to put it in. Activity will be limited for at least 6 weeks. We like to wait 1 year from the spine fusion before taking the metal out. This allows time for the bony fusion to become solid.

Will my spine still grow?

The part of the spine that is fused will not grow. The part of the spine that is **not** fused will. If surgery is done at age 12 or older, there is often less than one inch of growth left. Most people will gain ½” to 1” of height after surgery due to the straightening of the spine. You can also gain height from the growth areas in your legs.

Scarring

Scarring can happen in both front and back spine fusions.

A spine fusion from the back will leave a scar down the middle of your back. The length will depend on how much of the spine is being fused.

A spine fusion from the front, the scar most often goes under your armpit around the side at the level of the nipple.

Getting Ready

When it is time to schedule surgery, call our scheduler at **608-263-6208**. They will schedule the date for a pre-op visit and surgery. The pre-op consists of a health history, physical exam, labs, and x-rays.

We may set up a tour of the American Family Children's Hospital at this time. This will help you learn more about what to expect during your stay.

You can watch a tour here:

<http://www.uwhealthkids.org/surgeryprep>

During Surgery

You will be asleep (under general anesthesia) throughout your surgery.

A Foley catheter is placed in the bladder to collect urine into a bag. This is done in the operating room.

We have a team who help with your care and monitor your spinal cord during surgery. While in surgery, we are always testing the spinal cord integrity, like a circuit, to lessen the chance of spinal cord problems.

We do many things to lessen blood loss, but there may be times when you will need extra blood. Our facility uses banked blood. Banked blood is collected by the blood bank. The blood is checked for diseases and is safe for transfusions. You will be carefully tested and matched before any blood is given. **If you have any concerns about receiving a blood transfusion, notify us immediately.**

Hospital Stay

Most patients stay between 3-5 days. Before going home patients will be eating a small amount, urinating on their own, walking, going up and down stairs, and taking pain pills to control pain.

Going Home

School

Expect to miss between 2-6 weeks of school. It depends on how you are feeling. We suggest returning to school when narcotic pain pills are no longer needed during the day. Try to go back half days at first and progress to full days.

First 6 Weeks

Incision Care:

- The stitches will dissolve over time.
- Dressing changes will be taught before leaving the hospital. **Follow the instructions provided to you at time of discharge.**
- Steri strips (paper tape) are also used across your incision. The steri strips may fall off at any time. This is ok. You may take them off after three weeks.
- The scar is very sensitive to sun. Use extra sunscreen on your scar if you are outside.

Bathing:

- Sponge baths only the first 3 weeks.
- After 3 weeks you may shower.
- After 4 weeks you may soak in a bathtub.

Activity:

- Walk, slowly increase the distance.
- Go up and down stairs.
- **Do not** lift more than 5 pounds.
- **Do not** twist, turn, or bend.
- **Do not** drive until 6 weeks after surgery, and you are not using narcotic pain pills.

6 Weeks to 3 Months:

- Walk faster.
- Use a stationary bike.
- Climb more stairs.
- Do light aerobics 3-5 times a week.

- You may lift up to 10 pounds.
- Begin bending, twisting and turning within your comfort zone. **Do not** lift anything when doing this.
- You may float in a pool or lake, but **no** swimming or diving.

3 Months to 6 Months

3 Months:

- Begin light straight ahead jogging on a flat surface.
- Light swimming.

4 Months:

- Increase the amount you jog and swim.
- Increase weightlifting to weights you can lift 15 times.

5 Months to 6 Months

Resume your normal routines. Slowly increase your time in a new activity so you can adjust how your body is able to move.

No activities that place a load on the back with the back bent (i.e. jet skiing, hopping waves, snowmobiling over jumps, etc.). The point where the fused and unfused spine meets can be damaged.

Follow up Visits

You will come to the clinic for x-rays and follow-up at 6 weeks, 3 months, 6 months, and one year after surgery, and then yearly for 4-5 years.

Who to Call

Surgery Scheduler
(608)-263-6208

Pediatric Orthopedic Clinic Nurse
(608)-263-6420

If you live out of the area, please call:
1-800-323-8942

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 7/2022. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#6071