

operation and will need to refrain from sporting activities for around 6 months. If however your child attends a special school they may be able to return to school earlier. If your child normally uses a wheelchair, have a rest and change position out of their chair perhaps at lunchtime. Alternatively they may want to return to school at first, for part of the day only.

Your child's consultant and nurse will give your child specific instructions before discharge and they will have a follow up appointment with your child's consultant around 4-6 weeks after discharge.

Your child may also be referred to their local children's community nursing team for support and advice which will be discussed with them prior to discharge

If you have any questions or concerns, please do not hesitate to contact the paediatric team on 0161 447 6914 or main reception on 0161 447 6677.

Spire Manchester Hospital does not have an accident and emergency department therefore if your concerns are of a serious nature please seek immediate medical attention from your local accident and emergency department.

The information contained in this leaflet is not intended nor implied to be a substitute for professional medical advice nor is it intended to be for medical diagnosis or treatment.



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Spire Children and Young People's Service

Patient information

Paediatric scoliosis

This leaflet provides some standard information and advice about scoliosis surgery. However, you should always follow the instructions of your child's consultant.

If you have any unanswered questions or concerns, please do not hesitate to ask your child's consultant or nurse for more information. It is natural to feel anxious, but knowing what to expect can often help.

What is scoliosis?

Scoliosis is a deformity of the spine, which is more common in girls than boys and affects about one in 2000 children. The most common type develops in teenage years and can cause a visible deformity of the back, which often becomes worse as the child grows.

Surgery is considered in cases where

there is a risk of the curve progressing beyond 50 degrees or when deformities become so severe they cause interference with the lungs or pain.

The operation is to straighten the spine and normally involves attaching the curved part of the spine to metal rods and fusing the vertebrae in that part of the spine so that they will eventually join together.

This is a major operation and your consultant will discuss the risks and benefits with you. Prior to your admission for the operation you will be asked to attend for a pre-operative assessment.

Pre-operative assessment

This visit gives you the opportunity to meet the people who are going to be involved in your child's care and ask any questions you may have about the operation and after care.

During this visit you and your child will be required to attend different departments within the hospital and have a number of routine tests including:

- X-rays
- ECG
- Blood tests
- Lung function – spirometry
- MRSA screening
- Physiotherapy assessment
- Paediatric assessment
- Visit the ward and critical care unit

Admission

Usually your child will be admitted to the ward late afternoon on the day before the operation. Your nurse will introduce themselves and ask questions about your child's health. Your child may have a further blood

test or this may be done immediately prior to surgery in the anaesthetic room.

Girls over the age of 12 years are routinely asked to provide a urine sample for a pregnancy test as hospital policy requires. We will need to check your child's back for spots or signs of infection prior to surgery and complete some routine observations.

A fold up bed is provided in your child's room on the ward for a parent/carer to be with them during their stay.

On the morning of your child's operation they will be required to shower and put on their clean pyjamas, nightdress or a hospital gown. The consultant and anaesthetist will come to see your child prior to going to theatre and you will stay with your child until they fall asleep in the anaesthetic room.

The operation is done under a general anaesthetic, which means your child will be asleep throughout and not feel any pain. The operation typically takes around 4-5 hours.

After the operation

Your child will be taken from the operating theatre to CCU (Critical Care Unit), where your child will stay for 2 days under close supervision. Your child will be attached to tubes and monitors and have a catheter so they won't need to get out of bed

to go to the toilet. Your child will be given continuous pain relief and fluids through infusion pumps as they will feel quite sleepy most of the time and probably not feel like drinking or eating very much for the first 1-2 days.

Parents and close family are able to visit your child in CCU but they will tire easily so visitors are kept to a minimum until they return to the ward.

We will encourage your child to get out of bed for short periods as soon as possible after the operation. The physiotherapist will see them the day after their operation and will teach them breathing exercises, how to turn in bed (log rolling) and may help them to stand.

On the second day after your child's operation, the physio will help them walk around their bed.

Some of your child's medication and monitoring will be reduced. The consultant will review your child again and they will be transferred back to their room on paediatric ward around lunchtime.

Your child will have a dressing on their back and this will be checked regularly. Your child's wound needs to be kept clean and dry. The dressing used is waterproof and your child may have a shower. We will change the dressing if necessary and it will need

to remain until your child is reviewed in out-patients. If there are any signs of redness or leakage once discharged then you will need to contact the hospital and we will arrange to review your child's wound.

Around day 5 when your child is more mobile and able to sit/stand without discomfort a further x-ray will be done. We can arrange for a disc of pre and post-surgery x-rays for your child.

The catheter is usually kept in place until your child has opened their bowels. Regular diet, fluids and mobilising will help your child to open their bowels quicker. We can prescribe medicine to help if needed. Removing the catheter is not painful and takes a short time.

Most patients stay in hospital for 5-8 days following the operation. Once your child has mobilised around the ward, practised going up and down the stairs with the physiotherapist, opened their bowels and is comfortable with oral pain relief medication they will be able to be discharged.

Going home

When your child goes home they will still need to take pain medicine regularly, usually for around 2-4 weeks after the operation.

Your child will need to stay off school for around 6-8 weeks following their