

COMMON QUESTIONS FROM PATIENTS UNDERGOING A SPINAL FUSION FOR SCOLIOSIS AND KYPHOSIS

WHERE WILL THE SKIN INCISION BE?

Down the middle of your spine for a posterior fusion and on the side parallel to a rib for an anterior fusion.

WILL THE SURGERY AFFECT MY ABILITY TO BEND?

Surgery may affect the ability to bend sideways and to some extent will affect the ability to bend forward. If you can touch the floor before surgery, you will be able to do so after surgery when your spine is entirely healed. You may not bend over fully until at least 10 months after the surgery. The surgery may also limit your ability to do twisting movements, depending on the number and location of vertebrae fused.

WILL IT PERMANENTLY KEEP ME FROM ANY ACTIVITIES?

Probably not, but some activities will be limited up to 1-2 years.

HOW LONG DOES IT TAKE BEFORE IT IS FUSED?

It takes six months for the fusion to become 80% solid, but it takes a full two years after surgery to become entirely solid without the risk of breaking it in a teenager or young adult. The older the patient is, the slower the fusion will proceed. It may take longer than two years for a person over age 40.

WHAT EXACTLY DOES THE SURGERY ENTAIL?

Surgery requires exposure of the spine. First muscles are dissected off the spine. The bony surface of the spine is "roughened" to provide a fresh bed for the bone graft. The bone graft is either taken from your iliac crest (high on buttock) or from bone bank bone (cadaver bone). Screws and/or hooks are placed into selected vertebrae and the rods are then inserted through the screws and/or hooks. After all

instrumentation is in place, the pieces of bone graft are laid along the spine and instrumentation. The bone from the graft then hopefully will fuse to your spine and become one solid mass of bone with time.

WILL I NEED A BRACE OR CAST AFTER SURGERY AND IF SO, FOR HOW LONG?

If your surgeon feels that the spine is stable with the instrumentation, then a brace or cast may not be needed. Usually no brace is needed for idiopathic scoliosis surgery in a young cooperative patient.

HOW LONG WILL I BE IN THE HOSPITAL AFTER SURGERY?

The stay in the hospital after surgery varies dependent upon the type of surgery – between 4 to 6 days with an average of 5 days for adolescents, 1 to 2 days longer for adults.

HOW LONG BEFORE I CAN RETURN TO WORK, SCHOOL, GYM?

You can return to sedentary or light-duty work or school in three to four weeks; we recommend not undertaking gym-type activities for at least six months. Check with your doctor before resuming gym activities.

CAN I TAKE A BATH OR A SHOWER?

You can take a shower starting two weeks after surgery. You may need to wear a shower brace.

SHOULD I WORRY ABOUT LIFTING BOOKS, ETC., IF SO, FOR HOW LONG?

It is recommended that you lift no more than 5 to 10 pounds for the first six weeks, then talk to us regarding future limitations.

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WILL THE FUSION CAUSE ANY PROBLEMS WITH PREGNANCY?

It has been well documented that spinal fusion causes no problems with pregnancy or delivery. A woman needs to remind her obstetrician that she cannot have spinal (epidural) anesthesia if the lumbar spine has been fused. If she only has the upper portion of the spine fused, a spinal anesthetic may be used.

WILL THE INSTRUMENTATION NEED TO BE REMOVED IN THE FUTURE/WILL IT CAUSE ANY PROBLEMS? CAN I FEEL THE ROD?

Rarely does the rod need to be removed. We remove the instrumentation only if it causes some aching discomfort. No, you cannot feel the rod.

HOW STRAIGHT WILL I BE AFTER THE SURGERY?

As a general rule, correction of the spine will be about 50% of the original curvature. With use of pedicle screw fixation posteriorly, you may get additional correction. We try to obtain a balanced back so that the shoulders are level over the pelvis. With anterior instrumentation in the spine, more straightening is possible, usually greater than 50%, at times 90-95% correction. The older the patient usually means less correction is possible because their spine is stiffer/less flexible and spinal fusion will take longer to solidify.

WHAT ARE THE RISKS OF SPINAL SURGERY?

Wound infection (approximately 1%) – Antibiotics used during and after surgery.

Pseudarthrosis, rod breakage, need to redo the fusion (5-10%)

(“Pseudarthrosis” = an area where the fusion did not become solid)

The possibility of pseudarthrosis is related to the following factors: type of curve, type of deformity, age of the patient. For adolescent idiopathic curves, the number is close to 1%. For congenital kyphosis it is close to 10%

Paralysis – (partial or complete) – temporary or permanent
Spinal cord monitoring and possibly a wake-up test are done to diminish the risks of paralysis. Complete, permanent paralysis is extremely rare.
($<1/1000$ for scoliosis and $<1/100$ for kyphosis).

Unbalancing – The shoulders not centered over the pelvis (5%).

Pain – Controlled with pain medication.

Bladder infection – Possible after having a urinary catheter. Urine culture checked before discharge.

Nerve injury – 1-3%

Nerve pain, numbness, or weakness - usually temporary.

Ileus – Slowing of the abdominal tract with bloating and constipation caused by the surgery, anesthetics, pain medicine and postoperative inactivity. Usually resolves in a few days with use of laxatives and suppositories (rarely are enemas required).