

Guide to Spinal Fusion Surgery

This information is a general overview of your child's surgery, recovery and rehabilitation. Each surgery is personalized and may differ slightly from what is described below.

Additionally, each individual recovers in his or her own way, and recovery may vary slightly from what is described below.

The Surgery

Surgery may be indicated as a result of your child's scoliosis—a bend in his or her spine—if it has progressed to a point where it is negatively affecting daily activities and body functions.

The main goal of the surgery is to maximize your child's function and improve his or her quality of life.

Following Surgery

Surgery will be performed at The Johns Hopkins Hospital. Once your child is stable from surgery, inpatient rehabilitation may be recommended, and if so, your child will be transferred to Kennedy Krieger Institute for that portion of the recovery. The post-surgery inpatient stay will range from two to seven days. During that time, the goal will be to monitor pain, review positioning and transfers, and work with you on a plan for your child's discharge back home.

Due to the nature and intensity of this surgery, your child may require more assistance than usual with his or her daily routine as the healing process progresses.

Pain

Your child may be prescribed medication to reduce pain or muscle spasms after surgery. These medications should be taken as directed. Addressing pain will help your child become comfortable with changing positions and transfers. As your child heals, pain is expected to reduce over time, with pain medication adjusted as needed.

Precautions

Although specific restrictions in movement following surgery will vary by surgeon, it is appropriate to let pain guide the patient as to how far he or she should be moving following the surgery.

Post-Surgery Potential for Changes in Function

Now that your child's spine is fused, he or she may not be able to move in quite the same way as before the surgery. As a result, there may be a need for different levels of assistance for activities such as sitting, eating and transfers.

There is also a chance that your child's equipment will need to change. For instance, if your child has a molded wheelchair back, it may need to be adjusted to accommodate any changes resulting from the surgery.

Transfers

Depending on whether your child is able to place weight on his or her feet, the following transfer procedures may be performed:



Dependent lift:

- Two people will be required to safely lift and transfer your child in and out of the wheelchair.
- Line up the wheelchair next to the bed, and remove the arm rest closest to bed.
- One person will support your child around the chest, while the other person supports your child under both legs. Remember to avoid increased bending at your child's waist.
- Count to three together, then lift your child up from the wheelchair and transfer him or her to the bed.

Stand pivot transfers:

- Position yourself in front of your child and place one leg (typically the leg farthest from the surface to which you are transferring) between his or her knees.
- Bend forward at the waist, keeping your back straight, and have your child place his or her arms on your shoulders, if your child is able to. (If not, your child may place his or her hands in his or her lap.) Place your hands on your child's pelvis and bring him or her slightly forward in the chair.



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- Count to three, then lift your child into a standing position, shifting your weight onto your back leg and keeping your back straight.



- Pivot your body toward the surface to which you are transferring. Make sure your child's feet pivot with you and do not twist. Lower to the surface by bending at your knees.



Positioning

It is important that while your child is in bed, he or she is repositioned every two to three hours to decrease pressure areas on the skin. Use pillows around hips and under heels to prevent pressure sores.



Range of Motion

Initially, there may be limitations on the movements that are allowed during the healing process. Please consult with your doctor on which leg movements, if any, to avoid. Once your child has been cleared by the surgeon, gentle range-of-motion exercises may be initiated by the physical therapist to avoid muscle tightness as your child heals.

Return to Baseline

Following surgery, your child may begin intensive physical therapy after being cleared by the surgeon. Therapy may occur in an inpatient or outpatient setting. Your child will work on stretching, strengthening muscles, progressive weight bearing through standing and, if appropriate, training to walk again.

It may take about six months for your child to return to a baseline level, and he or she may continue to see improvements and progress for up to a year after surgery.

Following surgery, there may be some activities, like self-feeding, that your child will perform differently as a result of his or her new posture. Physical and occupational therapists will assist in maximizing your child's independence based on his or her level of skill following the surgery.

Your child's physical therapist will assist with equipment needs, provide training for transfers and positioning, and develop a home activities program.

School

Your child may miss several weeks of school due to the surgery, recovery period and rehabilitation program. It is important that you initiate discussion with staff members at your child's school to start the planning process and learn about options for home schooling, if necessary.

Important Contact Information

For post-operative concerns (e.g., about pain, spasms, potential skin issues, etc.) or general care questions, contact:

Kennedy Krieger Institute Orthopedic Clinic: **443-923-2700**

For Kennedy Krieger Institute correspondence requests, prescriptions, orders, letters and forms:

Noel Grissinger: **443-923-2700**

Stephanie Gisriel, RN: **443-923-9131**

For Kennedy Krieger Institute clinic appointments, contact:

Doris Williams (routine): **443-923-2600**

Noel Grissinger (urgent): **443-923-2700**

To make an appointment with The Johns Hopkins Hospital's surgery-scheduling clinic, contact:

Marsha Buie (Dr. Sponseller): **410-955-3137**

Shannon Maxwell (Dr. Varghese): **410-955-9217**

For medical records requests, contact:

Kennedy Krieger Institute

Medical Records: **443-923-1825**

Johns Hopkins Hospital Medical

Records (operative notes): **410-955-6044**

Johns Hopkins Hospital Radiology

Customer Service (X-rays): **443-287-7378**

For more information, please visit our website at **KennedyKrieger.org**.

