

Adolescent Scoliosis factsheet

Introduction

The spine is made up of 33 small bones called vertebra, they are stacked on top of each other in an 'S' shape. Not all backs are the same 'S' shape but they are usually curved at the neck and lowest part of the back.

The shape should be kept in mind when you move to maintain the natural curves in your back whatever you are doing. Each of the vertebrae has a disc in between them which acts like a shock absorber. Spinal nerves pass between each vertebra next to the disc and travel to the arms and legs. These nerves allow us to move our muscles and feel things at different parts of our body. The muscles in the back support the vertebrae and the disc.



Cervical:
refers to ne

Thoracic:
refers to ve
of the neck
vertebra w

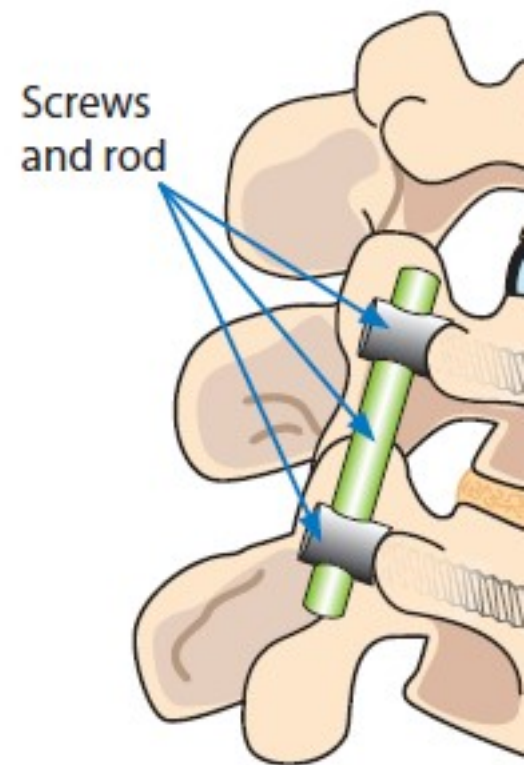
Lumbar:
refers to ve
of the spine

Beneath th
another 5 v
forming th
(or tail bon

What has happened to my spine?

Scoliosis is a deformity of the spine which is quite rare. It is a condition that causes a deviation of the spine to one side and is accompanied by rotation of the spinal column.

In scoliosis one shoulder may appear higher than the other, there may be a hump in the back and or a shifting of the body to one side or the other. The most common type of scoliosis affects the thoracic spine and involves a bend to the right. Scoliosis onset occurs after 10 years of age and the cause is unknown.



Surgery may have been recommended when size of curve exceeds approximately 45-50 degrees and the spinal curvature may worsen with increasing growth. The purpose of scoliosis surgery is to improve the shape of the spine, by correction of the curve and uses metal rods to hold the spine while it heals solidly together (instrumented fusion of the spinal column). What has happened to my spine?

ERROR: Infinite table loop

What happens during surgery?

Possible complications following spinal surgery

There is a risk of surgical wound infections. Please be aware of the following:

Surgery involves using metal implants which are attached to the spine and then connected to rods. The metalwork is used to correct the position of the spine and hold it in to the corrected position until the spinal segments fuse together. Fragments of bone are placed along the length of the corrected spine stimulating healing essential to maintain the spine in the corrected position. The surgery

Drains may be inserted during surgery to drain any excess blood that may collect post operatively. Drains will be removed between 24-48 hours post operatively. The fusions within the spine harden in a straightened position to prevent further curvature, leaving the rest of the spine flexible. It takes about 3 months for the vertebrae to fuse substantially, although 1-2 years are required before fusion is

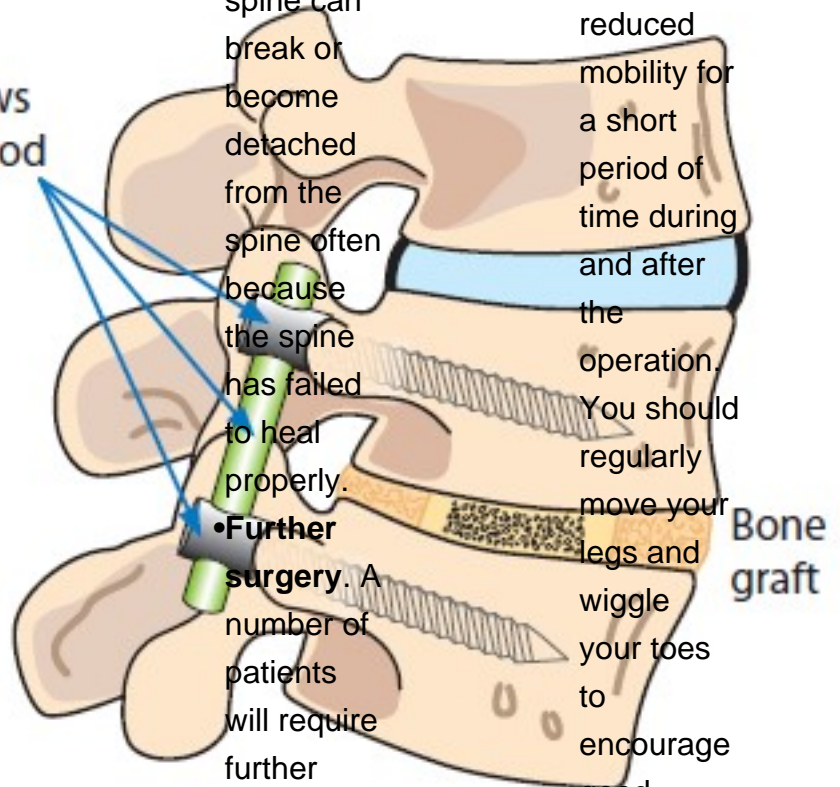
•**Pain.** Pain or soreness in ADDITION to the discomfort experienced after surgery that can be long-lasting.
•**Delayed healing of wound.**
•**Nerve damage.** This is damage to the spinal nerves which can cause weakness, pins and needles, temperature change or reduced feeling in your legs. At worst this can be complete paralysis.
•**Eyesight damage.** Very rarely patients can report

•**Constipation.** Some analgesics can cause constipation; daily walking, fibre rich diet and oral laxatives can help. It is important to regain your normal bowel habit to avoid straining.
•**Deep vein thrombosis (DVT).** You will be asked to wear compression stockings post operatively and may have electronic flowtron boots which compress your calf to prevent

can be performed from the back of the spine (posterior approach), through a straight incision along the midline of the back or through the front of the spine (anterior approach), through the side of the chest, or a combination of both anterior and posterior approaches.

complete.

Screws and rod



damage to their eyesight.

•Failure of the metalwork

. Rarely the rods or screws used to correct the spine can break or become detached from the spine often because the spine has failed to heal properly.

•Further surgery. A number of patients will require further surgery to address curves that persist following surgery or to treat complications that have arisen.

DVT.

There is a risk of developing a blood clot in your leg as you have reduced mobility for a short period of time during and after the operation. You should regularly move your legs and wiggle your toes to encourage good circulation, especially when in bed. Early mobility is encouraged.

**What to
expect
after the
surgery**

**Rehabilit
ation**

**Going
home**

Smoking. It is important that you stop smoking. Smoking has been shown to increase complications after major surgery, increasing risk of chest infection. Smoking may also effect the healing of the metal work and fusion of the spine. If any of these complications happen once discharged please contact:

Kelly Jackson

Enhanced Recovery after Surgery Specialist Nurse

You may experience discomfort in your back and hips from spending time in one position and your wound may be painful. These are all consequences of the surgery you have had and will disappear over time. You may experience some pain in the area where you had the operation. You will wake up with a catheter in and once you start to mobilise this will be removed. It is normal to be in some discomfort but let the

Post-surgery you will be seen by a physiotherapist who will assess your strength, mobility, balance and encourage walking. Please see post-op advice booklet (in PDF format below) for specific details. Occasionally the consultant may suggest a brace post operatively; if this is appropriate for you, you will be provided with more information. An orthotist will supply a brace and help you fit the brace initially. You

Length of stay in hospital may vary and will depend on a number of factors:

- Your medical team are happy for discharge.
- Your pain being controlled on oral medication.

- You are independently mobile and your physiotherapist is happy you are safe to go home.

- Length of stay may vary but is often between 4-5 days.

An outpatient clinic appointment will be made for you to see



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.jackson
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uk*

nurse know
if your pain
stops you
from doing
normal
things like
eating,
sleeping,
walking and
going to the
toilet.

Whilst in
hospital the
nurse will
check on
you
regularly to
give
appropriate
pain relief.

Following
your
surgery a
nurse will
assist you
to get out of
bed and
walk to the
bathroom.

The nursing
staff will
redress
your
wound; you
are advised
not to
shower or
bath for the
first 10
days.

will need to
be
independen
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placing this
on and off
and
understand
when to
wear the
brace
before
going
home. You
may need
someone at
home to be
able to put
the brace
on
correctly.

The
physiothera
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and you will
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aid to be
ready for
home.
Usually,
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specialist
spinal
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clinic
usually 6
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op. You will
be
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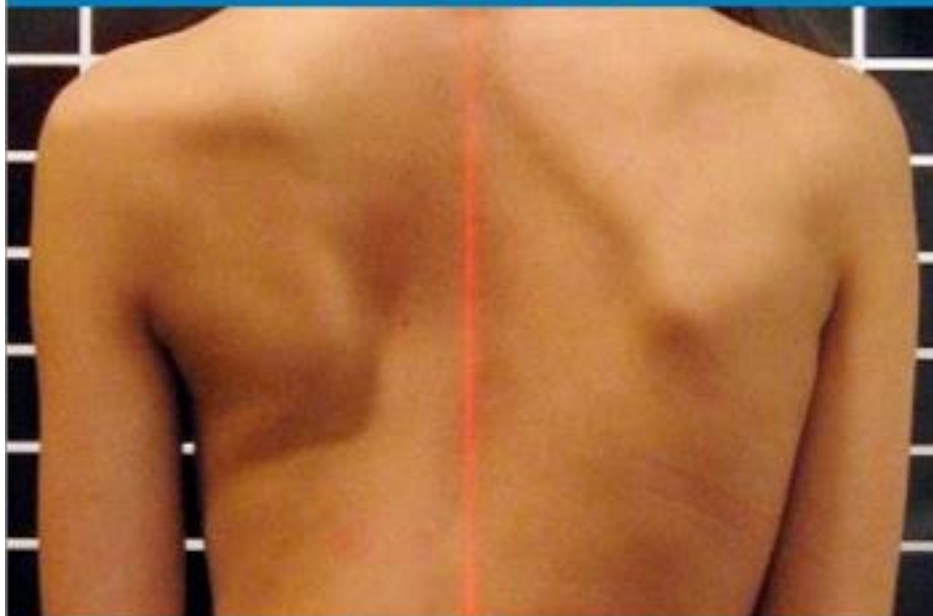
normally
require
ongoing
physiothera
py once
you are
discharged
from
hospital.

Post-operative advice and exercises

Please see post-op advice booklet (in PDF format bellow) for specific post-operative advice on posture, getting in and out of bed,

personal care, domestic activities, travelling / driving, returning to work / studies and returning to exercise / leisure activities.

Adolescent scoliosis correction surgery



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Health & care
information
you can trust

The Information Standard

✓

Approved