

## About Your Surgery

You are scheduled for a **posterior spine fusion** on \_\_\_\_\_. Before the surgery gets started, the anesthesiologist will use special medication that will make you sleep through the entire surgery. You will not wake up until the surgery is over. The surgery usually takes 4-8 hours to complete. As you probably already know, your surgeon will place 1-2 rods in your back to straighten the spine. The rods will be held in place with screws, hooks and wire. The surgeon will also place bone graft over the spine to stimulate the process of bone fusion. It will take 4-6 months for your spine to heal. During surgery, you will be monitored closely to watch for any changes in your nerves that control movement and sensation. This is a safety measure to limit the chance of nerve injury during surgery. You will have monitor leads placed on your abdomen, arms and legs so we can monitor your nerve function. These will be removed after surgery.

Your surgeon will talk to your family in the family waiting room when surgery is done. Around this time, you will be moved to the Recovery Room where you will wake up. During this time, we will be getting you more comfortable with the use of your pain medication. When you are awake, your parents or guardians will be allowed to be with you in the Recovery Room. After 1-2 hours in the Recovery Room, you will be moved to the 12<sup>th</sup> floor General Care Unit. The nurses and medical teams will work to keep you as comfortable as possible. You will start working with Physical Therapy the morning after surgery to get up and out of bed. Most patients are feeling better, eating and moving around well, and able to go home 3 days after surgery.

You may notice a few things that are used to help with your care after surgery. These include:

**IV**--used to give you fluid until you are able to drink enough liquids and as a route to give you medicines so you don't have to get shots.

**Drain**--this is a thin tube placed near the incision to collect blood drainage so your bandages don't have to be changed too often. The drain is usually removed on Day 2.

**Foley catheter**--this is a thin tube placed into your bladder when you are asleep to collect urine so you don't have to get up to go to the bathroom. This catheter is usually removed on Day 2.

**Bandage**--there will be a long bandage taped over your spine incision. It is usually changed before you go home. You will have dissolving sutures under the skin with steri-strips on the skin.

**Incentive Spirometer**--this is a very important, hand held device that you breathe into to get your lungs breathing deeply. You will be asked to do this 10 times every hour while awake to prevent pneumonia.

**Diet**--after surgery your stomach and GI system will not be fully awake and functioning. You will start having ice chips and sips of water after surgery. As your stomach tolerates liquids, we will slowly advance your diet back to solid food.

**Turning and moving**--you will be helped to change your position in bed every 2 hours. This is important to keep you more comfortable and to prevent pressure on your skin. The physical therapist will start working with you the first day after surgery to get you moving.

# Instructions for the Day Before Surgery

## Instructions for the day before surgery

You will get a call the afternoon before surgery from a nurse in the pre-op area. Calls for Monday surgeries are made the Friday afternoon before surgery. You will be given instructions on when and where to arrive, when to stop food and fluids, and what medications can be taken on the day of surgery. If you do not get a call by 5 pm, you can call 877-368-1316. On the morning of surgery, you will check in at the pre-op area on the 4<sup>th</sup> floor of the C.S. Mott Children's Hospital.

You will need to take a shower the night before and morning of surgery at home using the anti-bacterial scrub given to you.

## What to bring to the hospital

You should bring your toiletries such as toothbrush, toothpaste, hairbrush or comb, deodorant, and any other personal care items you may prefer. Do not bring any valuables and leave jewelry at home. You will mainly use hospital gowns but may want to have clean underwear and a comfortable outfit for your trip home. Comfortable shoes will be best when you are up out of bed and doing physical therapy.

Parents staying at the bedside should bring their own toiletries and clothing needed during the stay.



## A Note to Parents and Caregivers

Your child will be undergoing surgery to stabilize his or her spine curvature. This may be a very stressful time for your child and he or she will need a lot of support during the hospitalization and at home afterwards. This may be your child's first surgical experience and it can be scary for him or her. The spine fusion is a big surgery and having you close by can be helpful and comforting.

It will be very helpful for you to work well with your son or daughter's caregivers. Be sure to communicate your concerns and questions. You know your child best and know how your child reacts to pain and stress. You can guide the staff to interpret how your child is doing. You can also help coach your child through the various tasks needed for your child's care if you understand what is expected. You can help them with relaxation techniques such as deep breathing or distraction when they are moved or have other uncomfortable treatments.

Every child reacts differently to pain and stress. Some want to be left alone and do not want to be bothered. You will need to have your child realize that they will be closely watched to be sure everything goes well after surgery. This will mean that nurses and other staff will need to check on them frequently, even during the night. All of the caregivers will be encouraging your child to turn or change positions. While it may seem that it is difficult and too painful to do, it will be very important for your child's recovery. If you are aware of what is expected of your child during his or her hospital stay, you can help to support them through the recovery process.

### Preparing for your child's return home

It is helpful to plan ahead for your child's return home after discharge from the hospital. Plan to have a family member or friend at home to be available to help your child for the first couple weeks. Many families will have their child stay in a bedroom that they can easily get into and that is near the bathroom. Sometimes families with bedrooms on the second floor will chose to temporarily set up a bedroom on the main floor to limit the trips up and down the stairs. Let us know if there are challenges with the set-up of your house so we can make suggestions to make things easier.

**Planning for School**

Most kids need about 4 weeks off from school for surgery, hospitalization and recovery at home. Talk to your child's school to find out if a homebound teacher can be arranged. When your child does return to school, physical education classes will need to be stopped for several weeks. Having a second set of books to keep at home can help to limit the weight carried in the backpack. Let us know if any paperwork is needed from your doctor for any special arrangements.

**Planning for Work**

Parents often plan to take time off work to be at home to care for their child after surgery. Please provide us with any needed paperwork for your employer well in advance of the scheduled surgery.

# Keeping You Comfortable After Your Surgery

Your doctors, nurses, physical therapist, child life specialist and the Acute Pain Service will be working together as a team to help you manage your pain. You are an important part of this team and will need to tell us what you are feeling and what is working. This handout will help prepare you for recovery from spinal fusion surgery. The information will cover the types of pain you might have, what you need to tell us, how your pain will be managed, and how your family members can help you manage your pain.

## Types of Pain with Spinal Fusion Surgery

We understand that it may be scary to you to have spinal fusion surgery and to be in pain. We will work together with you to make you as comfortable as possible during your hospital stay but we will not be able to get rid of all pain from the surgery. Each person feels and experiences pain in their own way.

**Incisional Pain** comes from operating on the bones and muscles. This pain can be described as throbbing, beating, pounding, stabbing, sharp, intense, heavy, and sore. This pain is treated by using pain medicine such as Morphine and Tylenol.

**Muscle Spasms** comes from stretching of the muscles and lack of movement. They are very common after this surgery. Spasms are often described as cramping, squeezing, and pinching. This pain is treated with a muscle relaxant such as Diazepam (Valium).

**Generalized Pain and Discomfort** comes from having a long surgery, lying in bed, not eating and having tubes and needle sticks. Although these types of discomfort may be milder than the surgery pain, they often cause frustration and interrupt your rest. These pains can be treated with a change in position, massage, and other non-drug therapies



## **Tell Us What You Feel**

One of most important steps in treating your pain is to tell your team members what type of pain and discomfort you are feeling and what things are working to make you comfortable. One of the best approaches for measuring your pain is to tell us where your pain is and give us some words that describe it. A pain assessment scale will be used so that you can tell us how big or small the pain is that you are feeling. Two pain assessment tools that are frequently used with older children and adolescents are the number scale and the word scale.

**0-10 Number Scale:** 0= No Pain . . . 10= Worst Pain Ever

**Word Scale:** No Hurt, A Little Hurt, Medium Hurt, Big Hurt

We also want you to tell us about other discomforts and pain such nausea, being cold, shivering, not sleeping and other things that are bothering you. We need to consider all of the things that are painful and uncomfortable so that a plan can be made to help you.

Be sure to tell us about any pain that does not go down or any new pains or discomfort. Also tell us if the pain medication is working or if you need more medication.

## **What Your Team Will Do**

Your team will give you medication and will provide other measures to keep you comfortable. You will receive opioids and non-opioid pain medication for your pain and other medication and therapies will be suggested to make you comfortable. There are a few special ways to deliver pain medication with spinal fusion surgery. They are called Patient Controlled Analgesia (PCA), Epidural Therapy and Spinal Therapy.

**PCA** is a pump that gives Morphine or Morphine like medicine through the IV line. The PCA pump is programmed to give a safe dose of medicine based on your weight and condition. It is also set to give a fixed amount over a given time period. The pump can be adjusted to keep you comfortable and safe.

**Epidural therapy** involves placement of a small catheter (like an IV tube) into the epidural space which is located just outside of the spine. Numbing medicine or a low dose opioid is given through this catheter as a continuous infusion.

**Spinal Therapy** is an injection of medication into the space around the spinal cord given while you are asleep. It is given one time at the end of surgery and lasts for several hours.

**Oral Medications** are started once you are able to tolerate a clear liquid diet without any nausea. This varies from patient to patient but is typically the first or second day after surgery. Starting an oral opioid may seem like less pain control but doses can be adjusted to provide good coverage of pain. This is the first step in making a plan for pain control at home. These medications are opioid based and are typically used on a timed schedule along with non-opioid drugs such as Tylenol and Ibuprofen which can help decrease pain and generalized aches.

**Non-drug therapies** can be effective for mild to moderate pain and to boost the pain-relief effects of drugs. Techniques such as deep breathing and massage are easy to use and your family members can be your coach.

## **What You Can Do to Help Get Comfortable**

You can do many things to help with your pain. Moving your legs and simple exercises such as deep breathing and stretching your fingers and feet will help your circulation and comfort.

**Deep Breathing** can be used to relax but is also very helpful when needing to be repositioned in bed or getting up with physical therapy. Use the 3 breaths and move technique: Take 2 slow breaths in and out. On the 3rd breath when you are blowing out, change your position. When you blow out, you help your muscles relax.

**Distraction** is an effective way to focus your mind away from the pain and thinking about getting better and stronger. Music, deep breathing, computer or video games, and TV are all useful distractions.

**Relaxation** such as listening to your favorite music or looking at pictures from home of family or a pet help to keep your body and mind calm and not tense.

**Environmental changes** such as limiting visitors and keeping the light and noise down in the room will help you rest and feel in control. A favorite blanket, pillow, or stuffed animal may help as well.



**Gentle touch and frequent repositioning** can help soothe pain. Ask your parent or family member to gently massage your hands or feet. Turning to your side and moving your legs and arms will also help.

## **Making a Plan for Pain Management**

- Prior to coming to the hospital for surgery have a conversation with your parents about your pain expectations. Set pain goals and realize that it is impossible to have no pain.
- Discuss with your family members how they might help you with your pain and comfort.
- Tell your team what you are thinking, feeling and what you would like to do so that we can work together to provide pain management and comfort.
- The Child and Family Life Department recommends that you build your own coping kit to bring to the hospital. Some ideas include a CD player or Ipod with headphones, movies, favorite pictures, drawing and writing supplies.





University of Michigan  
C.S. Mott Children's Hospital

## WELCOME TO 12 WEST!

### MAILING ADDRESS:

1540 East Hospital Drive  
12 West + (patient room number)  
Ann Arbor, Michigan 48109

### UNIT PHONE NUMBER:

(734) 764-7112

We are a pediatric unit with ages ranging from newborn to young adult. The primary services are Orthopedics, Trauma, Urology, Nephrology, Renal Transplant, Neurology, Neurosurgery, and Rehabilitation patients. Six of our beds are designed for stable ventilator patients.



## SAFETY AND SECURITY

**ID BANDS** are required to be on patients at all times.

**HUGS TAG (infant security system)** are to be removed only by hospital staff members. Notify the nurse if you want to take your child wearing a tag off the unit.

**PERSONAL BELONGINGS**—We advise against leaving valuable items (such as laptops, game systems, DVDs, cell phones, purses/wallets) unattended at any time. If you cannot keep valuable items with you, secure them in your vehicle or send them home. **Please note** that the Health System cannot be responsible for lost or stolen items.



## GUEST SERVICES DESK

When you enter the building and our floor, there are desks that are staffed by Guest Services Specialists 24/7. They will screen visitors and provide badges. They can help you find your way and validate parking.



## CONFIDENTIALITY

Patient information is private. We ask that you, as parents, take the initiative to keep concerned relatives and friends informed of your child's condition. At the time of admission, you will be asked to complete a friends and family form. This form will be used by our staff to screen callers and identify those individuals who are able to receive patient information.



## TELEPHONES & CELL PHONES



Cell phones are OK to use if at least one foot away from medical devices; but not two way radios or push-to-talk functions. In-room phone may be used for outgoing local calls and to receive incoming calls. Dial 97 to get an outside line. The phone does not ring through to the room between 10 p.m. and 6:30 a.m.



## getwell:)network

The getwell network is an entertainment system and more. You can access TV stations, movies, games, the internet and educational materials.



## VISITING AND ROOMING IN

### Visiting hours are 9 a.m.-9 p.m.

To maintain important emotional and social connections, we encourage our patients' ongoing interaction with family and friends. Parents and guardians are welcome to stay with their child. We encourage visitors to come later in the afternoon or early evening since your child may be busy with nursing procedures, therapies, school and other appointments during the day. Parents are asked to please let your nurse know when you are leaving the unit.

☛ **Rooming In**—1-2 parent(s)/guardian(s) can sleep in the patient room. Please do not sleep in the bed with your child, on the floor or in the Family Lounge.

☛ **Visiting**—All visitors (including parents) must have visitor tags. Family/visitors under the age of 18 are not permitted to stay overnight in the hospital. Visitors under the age of 16 must be supervised at all times.

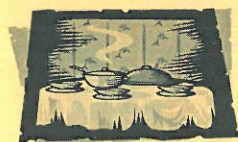
☛ **Anyone** who enters your room should be known by you and/or be hospital staff. If you have questions or concerns about people entering your room, please push your call button.



## LEAVING THE UNIT

Patients may leave the unit for short periods to visit public areas of the hospital such as the cafeteria, gift shops, courtyard and **Game Day Experience** (check this out—it's awesome). **Patients must have the OK from their nurse before leaving.** Those patients under 18 years must be accompanied by a parent/guardian or hospital staff member.





## EATING

When your child arrives on the unit, s/he may have certain diet restrictions. The nursing staff asks that you do not give your child anything to eat or drink before your nurse explains your child's diet and provides you with the proper menu.

Patients will order their food through our Room Service program which is available from 6:30 a.m. to 8:00 p.m. The phone number is 2-FOOD (2-3663). After hours, patients can utilize the nourishment room for light snacks. Family members can also order a guest tray for a nominal fee. Check the restaurant icon on the Get Well Network for details about our Room Service and other food options for family and visitors.



## BEDSIDE MEDICAL ROUNDS

Most of our medical teams conduct bedside rounds. They may include MDs, Nurses and others. Parents are welcome to participate and provide input.

## AMENITIES

### ☛ Nourishment room

- ☞ Coffee and tea for family members
- ☞ To ensure that food items are available for patients throughout the day/night, food, milk, juices and formula are for patients only.
- ☞ Children under 12 years of age are not to be unattended for safety reasons.

☛ Family Lounge—This space is shared by family members and visitors from both 12<sup>th</sup> floor units—12 East & 12 West. Some community groups use this space to sponsor events for our families. The Laundry room is also located here. Washers/dryers & detergent is available for patient use.

☛ Child Life (Activity) Room & School Room hours are posted on their doors.

☛ Lactation Room is available.

☛ Family Resource Center- located on the 2<sup>nd</sup> level near the gift shop

☛ Exercise Room- located on the 7<sup>th</sup> level, available for inpatient's family members (over 18 year old)

☛ Michigan Game Day Experience- located on 8<sup>th</sup> level



## FAMILY SPACE & ROOM DÉCOR

Family space is nearest the window. Drawers and cupboards are provided for personal belongings. To help us keep our unit clean, we ask that you not use tape or thumbtacks on our walls. In order for housekeeping to clean your child's room, the area should be kept free of clutter.



## BED PLACEMENT

The University is committed to providing a safe sleeping environment for all pediatric patients. In order to meet this responsibility, patients on 12 West will be placed in beds appropriate to age, size and developmental level. The following chart describes bed placement criteria:

### Bed Type:

- ☞ Bassinet
- ☞ Crib

### Age/Weight:

newborn to about 6 kg (13#)  
 newborn to 1 yr. or ability to climb out of crib  
 to age 3  
 from age 3

- ☞ Bubble Top Crib
- ☞ Adult Bed



## FIRST—FAMILY INITIATED RAPID SAFETY TEAM

Think of FIRST as a hospital-based 911 service or medical SWAT team. If you notice that your child is experiencing certain symptoms, contact your nurse who will initiate appropriate measures. If you still have concerns, pick up the hospital phone and call **141** (our version of 911). Please watch the short **FIRST** video available on the Getwell Network.



## GOING HOME

We highly recommend that you double check for all of your belongings, including medications, when you are packing to go home. If you lose anything during your stay, please call the **Lost & Found** office at (734) 936-7890 (or 6-7890 from an in-house phone.)



Come visit the 12 West

## Mott Art Pals Gallery

Ask your Host or Child Life  
where it's located and how you can

**Share Your Art!**