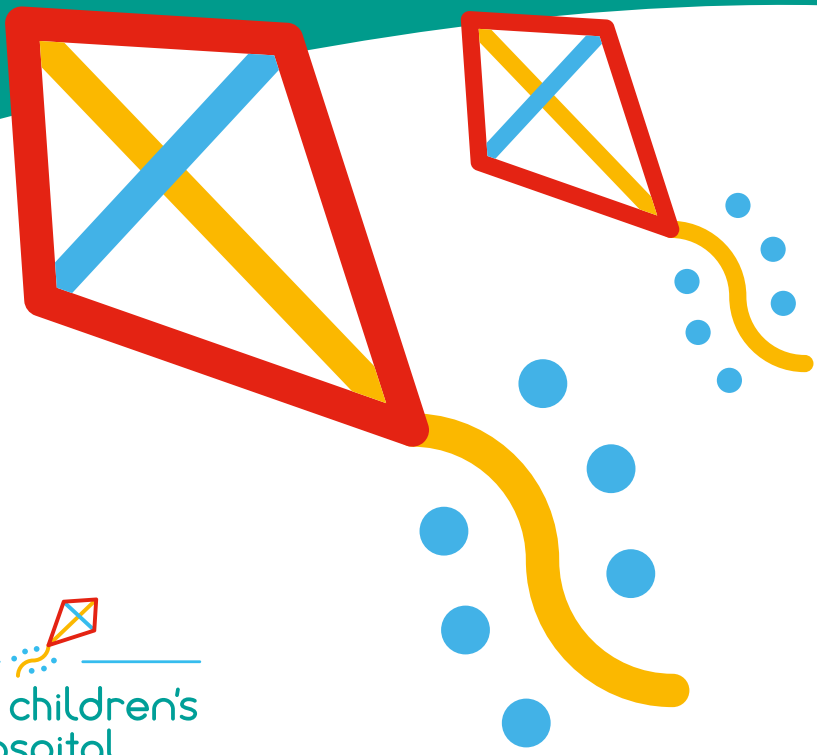
The Leeds Teaching Hospitals
NHS Trust

Scoliosis Surgery

Information for patients and carers



leeds children's hospital
caring about children

This leaflet provides important information for patients and their families preparing for scoliosis surgery at Leeds Children's Hospital.

We understand you may have many questions and concerns, and we are here to support you every step of the way.

What is scoliosis?

Scoliosis is a sideways curvature of the spine. The spinal column curves and twists, which can sometimes affect the ribs and pelvis. In most cases, the cause of scoliosis is unknown (idiopathic), especially when it develops during adolescence. While often mild and requiring no treatment, for a small number of patients, the curve can progress, sometimes interfering with breathing or causing pain. Early diagnosis is important to prevent further problems.

How is scoliosis treated?

There are different ways to treat scoliosis, including observation, bracing, and surgery. Your spinal consultant believes surgery is the most suitable option for you. This decision is typically made for curves over 50 degrees or if the curve is progressing rapidly and is likely to become severe by the time you finish growing. The main goal of surgery is to correct and stabilise your spine, which helps prevent further deterioration and improves your posture.

What happens before surgery?

Preparing for scoliosis surgery involves several important steps to ensure you are in the best possible health, both physically and psychologically.

Waiting list

Once you have decided to go ahead with your scoliosis corrective surgery, your name will be placed on a waiting list. The theatre scheduling team will call you to offer you a surgery date, this is usually six weeks before your surgery date.

We appreciate that you will want to take as little time as possible away from your educational commitments, especially if you have exams. Wherever possible, we will try to accommodate patient's requests for the time they would prefer to have surgery; however, please be aware its not possible to perform surgery for everyone on the waiting list during the school holiday period.

If you become unwell, develop a cold, or have an infection before your admission, please let us know immediately by contacting the Spinal Nurse Specialist. This is crucial as surgery may need to be postponed ensuring your safety and optimal recovery.

Pre-assessment appointment

Your pre-assessment appointment is a crucial step in preparing for your surgery. This appointment will take place at least four weeks before your surgery.

The nurse at your pre-assessment appointment will ask you many questions about your general health, family/home circumstances, and lifestyle. Some questions may seem unusual but they are all relevant to your care and recovery. The nurse will also discuss your hospital journey and discharge plan with you.

As part of your preparation for surgery, you will need some specific tests and procedures. These will include:

- **Photographs:** medical photographers will take pictures of your back. This may feel embarrassing as you will need to remove all your clothes except your underwear. Please know that female and male photographers are available, and you are welcome to have a family member with you for support.

- **Blood tests:** to check your general health and blood count.
- **Electrocardiogram (ECG):** a tracing of your heartbeat to assess your heart health.
- **Lung function test:** a breathing test to assess your lung capacity.
- **Urine test:** to screen for infection. A pregnancy test will also be carried out for girls aged 12 years and over. There is also a leaflet to help with taking a pregnancy test; if you would like to view this, please scan the QR code.

- **X-rays:** detailed images of your spine to help plan your surgery.

- **ISIS body surface scan:** a non-invasive scan to create a 3D image of your back surface, used for ongoing monitoring of your curve.
- **Routine swabs and decolonisation:** to check for and treat any common bacteria that could increase the risk of infection.

Consent clinic

4 to 6 weeks before your admission, you will be asked to attend an appointment with your consultant. During this appointment, your consultant will discuss your surgery again in detail, including the risks and rewards. You will have the opportunity to ask any remaining questions and you will be asked to sign a consent form for your surgery.

Preparing for your hospital admission: Information you need to know

Explore your wards online

If you would like to look around the ward you are going to be staying on, you can visit www.lchtv.com. There you will find a video to watch. The wards you will be staying on are **L48 (Children's High Dependency Unit)** and **L41 (Surgical Ward)**. We believe seeing the environment can help you feel more comfortable.

Visiting times

L47 (Children's High Dependency Unit)

- **Parents:** visiting is open to parents throughout the day. One parent can stay overnight. The ward will provide a camp bed or chair bed to sleep on.

- **Other family members:** visiting for other family members is from **11:00 to 19:00**, with no more than two people at the bedside at one time. Only siblings are permitted as child visitors.

L41 (Surgical Ward)

- **Parents:** visiting is open to parents throughout the day. One parent can stay overnight. The nursing staff will put out a camp bed for them to sleep on.
- **Other family members:** visiting for other family members is from **08:00 to 20:00**, with no more than four people at the bedside at one time.

Parent facilities

If you are travelling from far away and have both parents with you, Eckersley House is our "home from home" parent accommodation. If you ask the nursing staff or the Spinal Specialist Nurse, they can put your family on the waiting list, once you become an inpatient. Please be aware that there is not always availability in Eckersley House so you may need to make alternative arrangements such as a hotel. You can find more information at: www.sickchildrenstrust.org/homes-from-home/eckersley-house.

Car parking

There is a multi-storey car park available, **the postcode is LS2 9DA**. Please be aware that the car park can get very busy, especially during peak hours. For information regarding parking permits, please speak to the ward staff as these may be available under certain criteria.

Potential for rescheduling

We plan your surgery carefully; however, factors such as unforeseen emergency admissions, the scheduling of other elective procedures or staff availability may mean a bed or theatre is not available on your scheduled day. We understand this can be disruptive. While we often only become aware of such changes on the morning of surgery, we commit to keeping you fully informed should this occur.

Tablets

While in hospital, you will need to take medication, which may be in liquid or tablet form. We strongly recommend that you practise taking tablets at home before your admission as this will make taking medications easier for you during your hospital stay. There is also a leaflet to help with tablet taking; if you would like to view this, please scan the QR code.

What to pack for your hospital stay

To make your time with us as comfortable as possible, please pack an overnight bag enough for one week with the following items. It helps us prepare for your surgery if long hair is braided into two plaits before you arrive.

Your bag should include:

- **Comfortable clothing:** loose-fitting nightwear (like pyjama shorts and a t-shirt (over the head) are often most comfortable), comfortable clothes for when you are discharged and warm socks or full slippers.
- **Toiletries:** Your toothbrush, toothpaste, deodorant, shower gel, and sanitary towels or period pants.
- **Entertainment and personal items:** books, magazines or quiet games to keep you occupied. If you bring a phone or tablet, remember to pack your charger and headphones so you do not disturb others. Please also remember any personal items such as glasses or hearing aids.
- **Any medications you are currently taking:** please bring all prescribed and over-the-counter medications you are currently taking, in their original packaging so our team can accurately record them.
- **Snacks:** bringing familiar and tasty snacks can make your hospital stay a little more comfortable and enjoyable, and they can help keep your energy up after your surgery.

Please be aware that the trust cannot take any responsibility for any money, other valuables or property kept by a patient. We advise you to leave valuable items at home.

Optimising your health before surgery

To help ensure the best possible recovery from your scoliosis surgery, we encourage you to actively prepare your body in the weeks leading up to your admission. Eating a balanced diet with plenty of protein like lean meats, eggs, beans and dairy. This helps your body heal and stay strong. It is also good

to keep moving and stay active as much as you can, whether that is walking, playing or gentle exercises as this helps build your strength and fitness. Remember to get plenty of rest, drink lots of water and avoid harmful habits like smoking if they apply. Taking care of yourself now will help you feel better and bounce back quicker after surgery.

Getting ready for surgery: your admission day

Where to go

On the morning of your operation, you need to come to the Children's Surgical Admissions Lounge (CSAL), D Floor, Clarendon Wing, at **07:30 am**. The nursing team will go through your paperwork to check that there have been no changes since pre-assessment. You will also be seen by the Anaesthetist, Spinal Nurse Specialist, and a member of your consultant's team.

Fasting

For your surgery, it is essential that your stomach is empty. This means you will need to fast, which involves not eating or drinking anything after certain times.

On the morning of your operation, **you must stop eating all food, including chewing gum and boiled sweets, from 02:30am**.

You can continue to drink clear fluids (water or diluted juice) freely up to 07:30am. After this time, you may only have sips of clear fluids until you are taken to the theatre.

Urine test (on admission day)

For female patients aged 12 years and over, a urine sample will be taken on the morning of your surgery for a pregnancy test.

Pre-medication

In preparation for theatre, local anaesthetic cream will be applied to the back of your hands and you will receive a pain killer called gabapentin. Your Anaesthetist might also prescribe a pre-medication to help you relax.

Once these steps are complete, your nurse on CSAL will ask you to change into a hospital gown before walking with you to the anaesthetic room.

Anaesthetic room

The anaesthetic room is a dedicated area where you will be gently put to sleep before your scoliosis surgery begins. A nurse from the CSAL team will escort you to this room, where the Anaesthetist and an Operating Department Practitioner (ODP) will be ready to take care of you.

The ODP will ask you some simple questions to make sure you are comfortable and check you understand what is happening. They will also attach some monitors to you, these are soft, painless devices that help the medical team keep track of your heart rate, breathing, and oxygen levels during the surgery. Before you go to sleep, a small plastic tube called a cannula will be gently inserted into a vein, usually in your hand or arm. This allows the team to give you medications and fluids safely.

Both of your parents or caregivers can accompany you as far as the theatre doors. Then, one parent can come with you into the anaesthetic room and stay by your side until you are fully asleep.

What happens during your operation?

Going into hospital for an operation can feel a bit strange but it is important to remember that the doctors and nurses are there to keep you safe and help you get better. Here is a look at some of the things that might happen during your surgery and why they are important for your safety.

Your amazing spinal cord and why we protect it

- **What is the spinal cord:** your body has an amazing control centre: your brain and spinal cord. Together, they are called the 'central nervous system'. Think of your spinal cord as a super-important cable running down your back, safely tucked inside your spine. It carries all the messages from your brain to your body and back again – like telling your leg to kick a football or your hand to wave hello!
- **Keeping it safe (spinal cord monitoring):** because your spinal cord is so important, we have specific ways to protect it during surgery. Doctors use something called spinal cord monitoring. This means they will be gently checking the messages travelling along your spinal cord all the way through your operation. It is like having a special safety monitor to make sure everything is working perfectly and to protect your spinal cord function. It is a very important way we keep you safe!

Other ways we look after you during surgery

- **The 'Cell Saver' machine:** sometimes during surgery, you might lose a little bit of blood. We have a sophisticated machine called a 'cell saver' that collects your own blood, cleans it, and then gives it back to you. This is good because it often means you will not need blood from someone else.
- **Tubes and lines (do not worry, they are temporary!):** when you wake up after your operation, you might notice some tubes or lines connected to you. It is totally normal for big surgeries and they are there to help you recover well!
  - A 'catheter' is a small, soft tube that helps your body get rid of urine (wee) without you having to worry about it.
  - 'Drains' (like wound drains or chest drains) are thin tubes that gently help any extra fluid leave the area where you had surgery. This helps you heal.
  - Venous Cannulas: you will have small tubes (cannulas) placed into veins, usually in your hand or arm, to give you medicine and fluids.
  - Arterial Line: in addition to the venous cannulas, you will also have a line placed into an artery. This is used for precise blood pressure monitoring during your operation and allows our team to take blood tests after surgery without using a needle
  - All these tubes are temporary and will be taken out by the nurses when you do not need them anymore as you get better.

After surgery

Recovery

Once you have had your surgery, you will wake up in the recovery room. Once you are starting to fully wake up, the nurse in recovery will call your parents to come and join you. Once the nurse feels you are ready, they will organise porters to take you back to the ward on your bed.

It is routine to spend 12 to 24 hours on L47 Children's High Dependency Unit following your operation for close monitoring. One family member over the age of 18 can stay with you overnight, whilst you are in hospital.

Please be aware that pain and discomfort are normal after a big operation like this. However, our team uses a multi-layered approach to pain relief, which should make your discomfort manageable. Following the advice of your nurses, the pain team, and your physiotherapist is the best way to control your pain and help you get moving.

You might wake up with a sore throat, and this is completely normal. During your operation, a soft breathing tube was in place to help you breathe safely. This tube is always removed before you fully wake up in the recovery room. The sore throat is a common side effect and will feel better over the next day or two.

Day 0: Post-spinal fusion surgery: what to expect the evening after your operation

The evening after your spinal fusion surgery, the focus will be on your comfort and beginning your recovery journey.

- **Eating and drinking:** you can start drinking and eating small amounts as soon as you're back on the ward. Following surgery, it is common to experience abdominal bloating and discomfort. Chewing sugar-free gum when you are awake and passing wind can help to alleviate this by stimulating your appetite and bowel. Nurses will encourage you to drink plenty of fluids.
- **Pain and sickness management:** you will have strong pain relief through your IV drip along with oral pain relief. We will gradually switch your pain medicine from the IV (PCA) to oral medicine, usually on Day 1 or Day 2. You will also be given regular anti-sickness medicine to prevent nausea. Please tell your nurse if your pain is not well controlled or if you feel sick. We may ask you to rate your pain on a scale (e.g. from 0, no pain, to 3, worst pain imaginable) to help us manage it effectively.
- Movement and physiotherapy: try to sit up in bed as much as you can, aiming for what feels comfortable for you. When moving in bed, it is very important to log-roll. This means keeping your spine straight, like a log, and moving your head, shoulders and hips all at the same time. Do not twist your back. Nurses and physiotherapists will guide you on this. You will be encouraged to move yourself around the bed to aid circulation and prevent stiffness. Your physiotherapist will see you on Day 1 to begin mobilising.
- **Breathing exercises:** it is important to do deep breathing exercises regularly to help your lungs recover and prevent chest infections. Your nurses or physiotherapist will show you how to do this effectively. Aim for 5 to 10 deep breaths and a gentle cough every hour while you are awake.

- **Preventing blood clots:** to help prevent blood clots in your legs, you will be encouraged to move your ankles and feet regularly, even while in bed (e.g. pointing and flexing your toes). You will have specialised compression boots (Flowtrons garments) to wear and / or an injection to thin your blood.
- **Toileting:** you will have a urine catheter in place, this will be removed once you are more mobile, usually around Day 2 or Day 3.
- **Surgical site:** your incision will be covered with a dressing. It is normal to feel some tenderness or discomfort around the wound and nurses will regularly check it.

Remember, Day 0 is about resting and allowing your body to begin the healing process. Do not push yourself too hard. Listen to your body and the advice of your healthcare team.

Day 1 Post-spinal fusion surgery: what to expect

On the first day after your spinal fusion surgery, you should feel a gradual improvement as you continue your recovery. The focus today will be on managing your pain, staying hydrated and gently increasing your movement. You will typically be stepped down from L47 (Children's Critical Care Unit) to L41 (Surgical Ward) today as we aim for discharge home around Day 4.

- **Eating and drinking:** we will continue to encourage you to drink plenty of fluids throughout the day. You should try to eat small amounts frequently as your appetite allows. Chewing gum can also help stimulate your appetite and bowel. As you drink enough and your bowels start to wake up, we will gradually be able to stop the fluids from your IV drip.

- **Pain and sickness management:** you will receive regular oral pain medicine to help keep you comfortable. We will continue the process of switching your pain medicine from the IV drip (PCA) to oral medicine, if not already completed. You will also be given regular anti-sickness medicine to prevent nausea. Please tell your nurse or doctor if your pain is not well controlled or if you feel sick.
- **Toileting:** you will have a urine catheter in place. Once you are mobile, the catheter will be removed typically around Day 2 or Day 3, and you can then start using the toilet. We will also give you medicine (a laxative) to help you have a bowel movement.
- **Physiotherapy:** the Physiotherapy team will work closely with you today. They will re-emphasise logrolling (moving your body as one unit, without twisting your spine) when getting in and out of bed.

  Your goals for today will include:

  - Sitting on the edge of the bed.
  - Standing briefly beside the bed.
  - Taking your first few steps, often with assistance, perhaps to a chair or a short walk in your bed space.

They will also continue to guide you through your breathing exercises to keep your lungs clear. You will be encouraged to move around your bed space to aid circulation and prevent stiffness throughout the day. Your physiotherapist will see you twice today, once in the morning and again in the afternoon.

- **Preventing blood clots:** continue to regularly move your ankles and feet (pointing and flexing your toes) throughout the day, even when resting in bed. You will also continue

to wear your specialised compression boots (Flowtrons garments) and / or receive an injection to thin your blood as advised by the team.

- **Toileting and bowel movements:** you will likely still have a urine catheter in place. The healthcare team will help you sit on the edge of the bed and possibly stand as you become more mobile. The catheter is typically removed around Day 2 or Day 3, once you are moving well enough to use the toilet independently. It is very common for your bowels to be slow after surgery and pain medication. We will continue to give you medicine (a laxative) to help prevent constipation. Please do not worry if you do not have a bowel movement today.
- **Surgical site:** nurses will continue to monitor your surgical incision site for any changes.

Remember, the goal for today is to start your recovery gently and safely, making small steps forward. The medical team will be there to support you throughout your recovery.

Day 2: Post-spinal fusion surgery: what to expect

On your second day after spinal fusion surgery, you should feel more confident in your movements and more independent. The focus today is on building strength and endurance, continuing safe mobility, and ensuring you are comfortable with your pain management. For many patients, this day is also about consolidating skills needed for discharge.

- **Eating and drinking:** continue to maintain good hydration by drinking plenty of fluids. You should now be able to eat more regular meals as your appetite returns. Staying hydrated and eating well will help with your overall recovery and bowel function.

- **Pain and sickness management:** your pain will continue to be managed with oral medication. The goal is to ensure you are comfortable enough to participate in your physiotherapy and other activities. Please continue to communicate openly with your nurses about your pain levels so adjustments can be made. It is important to take your pain medication as prescribed, especially before physiotherapy sessions.
- **Movement and physiotherapy:** your physiotherapy sessions will continue twice today (morning and afternoon). The team will assess your progress and help you to become more independent with your mobility.
  Your goals will typically include:
  - Becoming more confident with log-rolling and getting in and out of bed by yourself, or with minimal assistance.
  - Increasing the distance and frequency of your walks, with assistance as needed. You may walk further in the bed space or begin to walk in the ward corridor.
  - Practising getting up from a chair.
  - Continuing with stair practice if you have stairs at home and are ready.
  - Performing your breathing and ankle exercises independently.

The physiotherapist may start discussing strategies for managing daily activities, while protecting your spine.

- **Toileting and catheter removal:** today, if you are moving well and feeling stable, your urinary catheter will typically be removed. This means you will start using the toilet independently. Please let your nurses know if you

experience any difficulty urinating after the catheter is removed. It is common for bowels to be slow, continue to take your prescribed laxatives to aid bowel movements.

- **Preventing blood clots:** continue to regularly move your ankles and feet (pointing and flexing your toes) throughout the day. Depending on the team's advice, you may still be wearing your specialised compression boots (Flowtrons garments) and / or receiving an injection to thin your blood as advised by the team.
- **Surgical site:** your surgical incision will continue to be monitored by the nursing staff. The dressing will typically remain in place, unless there are specific reasons for it to be changed.
- **Planning for discharge:** the healthcare team may start discussing your discharge plan in more detail. This might include:
  - Booking your x-ray.
  - Confirming your travel arrangements.
  - Reviewing your pain medication schedule for when you go home.
  - Arranging your community nurse follow-up.
  - Booking your first follow-up appointment.

Remember, every step forward, no matter how small, is progress. Continue to listen to your body and follow the guidance of your nurses and physiotherapists.

Day 3: Post-Spinal Fusion Surgery: What to Expect

By Day 3, you should feel more confident and independent. The main focus is consolidating your strength, perfecting safe movements, and ensuring you are fully ready for discharge.

- **Eating and Drinking:** Continue to eat regular, balanced meals and drink plenty of fluids.
- **Pain Management:** You should be managing your pain effectively with oral medication, comfortable enough to participate fully in activities. It's important to take medication as prescribed, especially before physiotherapy sessions.
- **Movement and Physiotherapy:** Your physiotherapist will ensure you are fully independent with log-rolling, getting in/out of bed, and walking longer distances. You should be managing stairs safely (if you have them at home) and performing your breathing/ankle exercises on your own.
- **Final Checks:** Any remaining temporary lines (such as wound drains or IV lines) are typically removed today, if they weren't removed yesterday.
- **Discharge Readiness:** The team will confirm your support needs at home and review your discharge plan in detail.

Day 4: Post-Spinal Fusion Surgery: The Discharge Day

Today is the day you go home! The focus will be on final checks and ensuring you and your family have all the instructions and medications needed for continued recovery.

- **Morning Routine:** You will be encouraged to be independent with your morning washing and dressing routine.
- **Final Medical Checks:** The team will perform a final review of your wound, pain levels, and vital signs. Your physiotherapist will do a final safety check to confirm you can move independently.
- **Medication Handover:** Nursing staff will give you your discharge letter, prescriptions, and detailed instructions on when to take your medicines at home

Going home

Discharge is usually planned for late afternoon, but this can vary. Please make sure your travel arrangements (car, etc.) are confirmed and that you understand the log-roll technique for getting into the car.

Travel

You can travel home by car. The front passenger seat is generally recommended as it often allows you to recline the seat to a more comfortable position, helping to keep your spine straight.

For journeys longer than 30 minutes, it is important to plan for a safe stop-off.

Get out of the car, perform a short, gentle walk and perhaps some light stretches (as advised by your physiotherapist) to prevent stiffness and discomfort.

Remember to use your log-roll technique when getting in and out of the car.

Medicines

You will be discharged with a supply of medicines, which may include pain relief, laxatives and potentially others. The nursing staff will provide you with clear, detailed instructions on how to take each medicine, including dosages and the next scheduled time.

We strongly recommend that you write down your medicine times to avoid confusion and ensure you take them correctly. Do not hesitate to ask the nursing staff any questions about your medications before you leave.

Physiotherapy and mobilising

Regular, gentle walking is key to your recovery at home. Continue to walk frequently around your house. Gradually increase your walking distance as your comfort allows, building up your endurance.

Continue to sit up for meals and short periods, ensuring you use good posture. Remember the "BLT" precautions: avoid bending, lifting (anything heavy) and twisting your back. Your physiotherapist will reinforce these.

Spinal brace / Jacket

Depending on your specific surgery and individual needs, your surgeon may recommend wearing a spinal brace or jacket for a period after surgery.

If a brace is required, you will receive specific, detailed instructions from the team on how and when to wear it, how to care for it and when you can remove it.

Community nurse and wound care

A community nurse will be arranged to visit you at home to check on your wound. This visit is typically scheduled for two weeks after your surgery.

Once the community nurse has removed the dressing, please take a clear picture of your wound and send it to the Spinal Nurse Specialist (contact details will be provided). This allows us to monitor your healing remotely. Until the dressing is removed and your wound is fully closed, you will need to take sponge baths or showers, carefully avoiding getting the dressing wet.

If you have any concerns about your wound (e.g. increased redness, swelling, warmth, discharge, new pain, or fever), please contact the Spinal Nurse Specialist immediately (contact details will be provided). Do not wait for the community nurse visit.

When to contact us urgently (post-discharge)

While serious complications are rare, it is important to know when to seek urgent medical advice after you go home.

Please contact the Spinal Nurse Specialist immediately, or go to your nearest Emergency department, if you experience any of the following:

- Sudden increase in pain that is not relieved by your prescribed medication.
- New or worsening numbness, tingling, or weakness in your arms or legs.
- Fever (temperature above 38°C) or chills.
- Significant redness, swelling, warmth, or pus from your wound.
- Difficulty breathing or persistent cough.
- Severe constipation or inability to pass urine.
- Any new, unexplained loss of bladder or bowel control.

Back to school

Your return to school should be a phased return from **six weeks** with a plan to be back full-time from **eight weeks**. We recommend a family meeting with school to discuss implementing reasonable adjustments to facilitate your safe return. These are the reasonable adjustments we advise:

- We recommend that you do not carry anything heavier than 1-2 kgs.
- We recommend that you avoid sitting for long periods during the early phase of your recovery.
- We recommend that you are given a short break after 30 to 40 minutes of sitting. As recovery progresses, your sitting time will increase.
- You may return to gentle PE and some lifting activities from three months after surgery.
- You should avoid contact sports for one year.
- We recommend that you are given a pass to release you from lessons five minutes before the class finishes so that you avoid being bumped in the corridor.
- We recommend that you are given a pass for the dinner queue to avoid having to stand still for an excessive period.

Getting active

Your return to activity will be gradual, guided by your recovery and the advice of your healthcare team.

- **Walking:** you will be encouraged to start walking as soon as possible after surgery and gradually increase the distance and duration.
- **Sitting:** limit prolonged sitting in the initial weeks. Gradually increase sitting time as you become more comfortable.
- **Activity progression:**
  - **From six weeks:** you can generally begin core stability exercises and gentle stretches, as advised by your physiotherapist.

- **From three months:** a graded return to most activities is usually possible, with the exception of contact sports.
- **From six months:** you can typically return to all activities, excluding contact sports.
- **From 12 months (one year):** there are usually no restrictions on activity; however, your return should be gradual, especially if you have not participated in that activity before this time. Your consultant and physiotherapist will provide specific guidance for you.

- **Flying:** you can fly short haul after six weeks and long haul after 12 weeks. Before booking flight, you should discuss flying with the spinal team to avoid disappointment.

Follow-up appointments

You will have regular follow-up appointments to monitor your recovery and spinal fusion.

These appointments will often include x-rays to check the healing of your spine.

- **Two weeks:** telephone check-up.
- **Six weeks:** nurse/consultant appointment.
- **Six months:** telephone check-up.
- **One year:** nurse/consultant appointment.
- **Two years:** nurse/consultant appointment.

Useful websites / contacts

- **Leeds Children's Hospital website:** general hospital information. www.leedsth.nhs.uk/hospitals/leeds-childrens-hospital
- **Eckersley House (Sick Children's Trust):** www.sickchildrenstrust.org/homes-from-home/eckersley-house
- **British Scoliosis Society (BSS):** https://britscoliosis.org.uk
- **Scoliosis Research Society (SSR):** https://ssr.org.uk
- **Spinal Nurse Specialist:** our spinal nurse works closely with the spinal doctors. Please leave a message on the answering machine if there is no answer. The telephone number is **0113 392 3648**.

Ward contact information

Ward L41, C Floor, Clarendon Wing:
0113 392 7441

Ward L47, D Floor, Clarendon Wing:
0113 392 7448

Pre-assessment, B Floor, Brotherton Wing:
0113 392 3458

Outpatients, A Floor, Clarendon Wing:
0113 392 3528

Theatre schedulers:
0113 392 2076

Your well-being matters

It is important that when you have your surgery, you are in the best of health physically and psychologically. It is natural to feel frightened or worried about different aspects of your planned operation but please ask questions about anything that is bothering you. Do not bottle things up. Often the reality is much less scary than what you may be thinking. Sometimes it is helpful to write your questions down so that you do not forget them.

Timescale for returning to activity after surgery

Activity	6 - 12 weeks	3 - 6 months	6 - 12 months	One year
Gym 	Exercises prescribed by ward and clinic physio-therapist	Start on cross trainer or exercise bike, using legs only with very low resistance	Start on treadmill, rowing machine or cross trainer using your arms with low speed and low resistance. Gently build up resistance and speed	Re-start with weight machines
Walking 	Aim for about 3km each day Flat surfaces only	Gradually increase distance Start walking up and down hills	As normal	As normal
Yoga or pilates 	Basic exercises such as pelvic tilt, leg slides, lunges	Shoulder stability exercises	Specific core stability exercises such as bridging, four point kneeling	Advance to exercises like table top

Activity	6 - 12 weeks	3 - 6 months	6 - 12 months	One year
Cycling 	At six weeks, use static bike with no resistance	Start outdooe cycling, on level and even ground for short distances (around 4km)	Build up distance and speed slowly Start cycling up and down hills (not mountain biking)	Off-road mountain biking allowed Can start BMX cycling
Dancing 	None	Ballet - barre work only, no rotation at all Tap - very low level, no jumping Jazz/Modern/ Street - as above Build up all types gradually	Re-start higher energy dance for all types listed Build up duration slowly	All types - return to full activity as able
Jogging 	None	Build up the ditance over the next few months Avoid inclines and uneven ground	Practise changing direction and/or speed Start gentle inclines/uneven ground	No restrictions - whatever feels comfortable
Table tennis or badminton 	None	Stand on the spot, only gentle underarm hits of the ball or shuttecrock, gradually increasing duration. Avoid excessive twisting	Increase duration and movement	No restrictions

Activity	6 - 12 weeks	3 - 6 months	6 - 12 months	One year
Tennis or squash 	None	Begin by patting a ball on the spot, gradually increasing duration Avoid excessive twisting No overarm twisting	Increase duration and movement	No restrictions
Netball or basketball 	None	Practice ball skills with gentle throwing and catching drills	Start pivoting or changing direction Increase your speed	Competitive match play allowed
Athletics 	None	See jogging advice Otherwise, no other athletics	Re-start running events	Re-start jumping and throwing events
Hockey 	None	Practise your ball skills with dribbling, gentle stopping and pushing drills but no sweeping passes	Start turning direction and running	Competitive match play and return to sweep pass allowed
Football 	None	On the spot kicking and stopping the ball, dribbling No tackling	Increase speed and power when kicking the ball	Competitive match play allowed

Activity	6 - 12 weeks	3 - 6 months	6 - 12 months	One year
Rugby 	None	Throwing and catching skills as comfort allows Emphasis on gentle pass with limitations in rotation	Increase speed and amount of throwing action Start agility work but with no contact	Restart tackling
Golf 	None	Pitch and putt or crazy golf only	Gentle golf swing	
Climbing wall 	None	Start shoulder stability exercises	Continue strengthening exercises	Start on easy, indoor climbing wall
Volleyball 	None	None	Practise gentle ball skills- passing and gentle serves with soft ball	Re-start full activity
Karate or judo 	None	None	None	Re-start full activity
Horse-riding 	None	None	None	Re-start full activity

Activity	6 - 12 weeks	3 - 6 months	6 - 12 months	One year
Swimming 	None	Build up slowly Focus on front crawl or breast stroke No jumping or diving	Jumping into pool from side allowed	Diving from higher height allowed Return to butterfly stroke
Water sports 	None	None	None	Re-start full activity
Skiing or snow-boarding 	None	None	None	Re-start full activity
Theme park rides 	None	None	None	Re-start full activity

What did you think of your care?

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