

Discharge Instructions for Scoliosis Surgery (Child)



Your child has had surgery for scoliosis. This is a condition where the spine curves sideways. It is most often found in girls in their early teens. But boys can have it, too. The exact cause is unknown, but what is known is that it is not related to specific behaviors or activities such as carrying heavy bags or poor posture. Scoliosis does tend to run in families (parent, child, siblings). Here's what you need to know about home care after surgery.

Making movement easier

- Remove throw rugs, electrical cords, and anything else that may cause falls.
- Use nonslip bathmats, grab bars, a raised toilet seat, and a shower chair in the bathroom.
- Help your child to use a cane, crutches, a walker, or handrails until their balance, flexibility, and strength have improved.
- Arrange your household to keep the items handy for your child. Keep everything else out of the way.
- Encourage your child to use a fanny pack, apron, or pockets to carry things and keep their hands free.

Activity

- Encourage naps if your child feels tired. But don't let them stay in bed all day.
- Make sure your child knows that they can't bend at the waist, twist at the waist, or raise hands over the head for the first 2 weeks after surgery.
- Don't allow your child to lift anything heavier than 4 pounds for the first 2 weeks after surgery.
- Keep your child from sitting for longer than 30 to 45 minutes at a time. Frequent short walks are the key to recovery.
- Encourage your child to sit in chairs with arms. The arms make it easier to stand up or sit down.

Incision care

- Allow your child to shower as needed, starting 3 days after surgery. Gently pat the incision dry. Don't rub it or apply creams or lotions.
- Don't let your child soak the incision in water (no hot tubs, bathtubs, swimming pools, etc.) until the healthcare provider says it's OK.
- Check the incision daily for redness, soreness, or drainage.

Other home care

- Make sure your child takes their medicine exactly as directed.
- Make sure your child wears their back brace as directed by your child's healthcare provider.
- Don't give your child nonsteroidal, anti-inflammatory drugs (NSAIDs) such as ibuprofen or naproxen, unless directed by their healthcare provider. They may delay or prevent correct fusion of the spine.

Follow-up care

- Make a follow-up appointment as directed by your healthcare provider.
- Keep appointments for X-rays. They need to be taken regularly to check the status of your child's surgery and spinal fusion.

When to call your child's healthcare provider

Call the healthcare provider or seek medical care right away if your child has any of the following:

- Drainage from the incision
- Redness, swelling, or opening of the incision
- Increased pain from the incision
- Fever (see "Fever and children" below)
- Chills
- Weakness in the arms or legs
- Trouble controlling bowels or bladder
- Painful calf that is warm to the touch and sore with pressure
- Swelling of their foot, ankle, or calf that is not relieved by raising the feet
- Chest pain or shortness of breath
- Increased pain in the back or leg

Fever and children

Use a digital thermometer to check your child's temperature. Don't use a mercury thermometer. There are different kinds and uses of digital thermometers. They include:

- **Rectal.** For children younger than 3 years, a rectal temperature is the most accurate.
- **Forehead (temporal).** This works for children age 3 months and older. If a child under 3 months old has signs of illness, this can be used for a first check. Then confirm with a rectal temperature.
- **Ear (tympanic).** Ear temperatures are accurate after 6 months of age, but not before.
- **Armpit (axillary).** This is the least reliable but may be used for a first check in a child of any age with signs of illness. The healthcare provider may want to confirm with a rectal temperature.
- **Mouth (oral).** Don't use a thermometer in your child's mouth until they are at least 4 years old.

Use the rectal thermometer with care. Follow the product maker's directions for correct use. Insert it gently. Label it and make sure it's not used in the mouth. It may pass on germs from the stool. If you don't feel OK using a rectal thermometer, ask the healthcare provider what type to use instead. When you talk with any healthcare provider about your child's fever, tell them which type you used.

Below are guidelines to know if your young child has a fever. Your child's healthcare provider may give you different numbers for your child. Follow your healthcare provider's specific instructions.

Fever readings for a baby under 3 months old:

- First, ask your child's healthcare provider how you should take the temperature.
- Rectal or forehead: 100.4°F (38°C) or higher
- Armpit: 99°F (37.2°C) or higher

Fever readings for a child age 3 months to 36 months (3 years):

- Rectal, forehead, or ear: 102°F (38.9°C) or higher
- Armpit: 101°F (38.3°C) or higher

Call the healthcare provider in these cases:

- Repeated temperature of 104°F (40°C) or higher in a child of any age
- Fever of 100.4° F (38° C) or higher in baby younger than 3 months
- Fever that lasts more than 24 hours in a child under age 2
- Fever that lasts for 3 days in a child age 2 or older

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