<u>Critical Care, Royal Infirmary of Edinburgh – Guideline</u>

Post-operative Care of Patients after Corrective Spinal Surgery

Some aspects of care differ from our other post-op patients

- Routine Circulation, Sensation, Motor power and limb pulse check observations should be made:
 - 1-hourly for first 8h
 - o 2 hourly for second 8h
 - 4 hourly thereafter
- Standard Foam mattress / 2 pillows should be in situ

Thrombo-prophylaxis will be determined pre-operatively

- Patients without risk-factors*
 - o Graduated elastic below knee compression stockings
 - Pneumatic compression boots, during the period of immobility
- Patients with risk-factors*
 - Graduated elastic <u>below knee</u> compression stockings
 - Pneumatic compression boots, during the period of immobility
 - o LMWH started 24h after surgery

Use of heparin must be discussed with the Orthopaedic Consultant because of the risk of epidural haematoma and spinal cord injury.

 Vena caval filters should be considered for patients with recent (within 1 month) or existing venous thrombo-embolism, and in whom anticoagulation is contraindicated.

*Risk Factors for Venous thrombo-embolism

- o Previous PE/DVT
- Prolonged immobility (> 3 days)
- Use of oral contraceptive pill/HRT
- Smoking
- Severe infection
- Inflammatory conditions (e.g. Inflammatory bowel disease, connective tissue disease)
- Obesity
- Thrombophylia:

Antithrombin deficiency
Persistent anti-phospholipid antibodies
Protein C deficiency
Protein S deficiency
Polycythaemia

Dr D Swann Feb 2010 Review Feb 2012

Update: K Carey August 2015 Further review: August 2017

Update: Janssens/Carey/Paul/Gibson November 2019

Review Date: November 2022

Please follow surgical instructions for post-op management for normal ICU stay of 24-48hrs:

Analgesia and Antiemesis in Critical Care:

- PCA Morphine with a change to oral oxycodone as soon as practical, and it
 may be that with intrathecal diamorphine patients do not need a PCA, in
 which case the analgesia will be specified by the anaesthetist in theatre
- Regular Paracetamol
- Regular Ibuprofen (if appropriate) to start on the 1st post-operative day, and not for discharge home
- Regular Ondansetron orally 4mg t.d.s
- SC Ketamine infusion 5-15mg/hour

Antibiotics:

1st dose, given in anaesthetic room, Flucloxacillin 1-2g and Gentamicin 5mg/Kg

- if >50% blood loss, or longer than 6h in theatre, need second dose of flucloxacillin in theatre

3 further doses of Flucloxacillin prescribed 6-hourly

Severe allergy to penicillins: use Vancomycin, as per protocol

Mobilisation

Follow surgical and physio advice for degree of mobilisation permitted

Bowels

Encourage chewing gum to promote gastric motility
Consider aperients if NBO 3-5 days prior to surgery and NBO 24hrs post-op

Wound

Secondary dressing should be left intact for 48-72hrs Steristrips should be left intact for 5 days

Chest drain: Normally in situ for 48-72hrs

Wound drain: (usually Redivac), normally in situ for 48-72hrs

Surgical Team Contacts:

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