Critical Care, Royal Infirmary of Edinburgh – Guideline

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
  - 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*
  - Graduated elastic below knee compression stockings
  - Pneumatic compression boots, during the period of immobility

- Patients with risk-factors*
  - Graduated elastic below knee compression stockings
  - Pneumatic compression boots, during the period of immobility
  - 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

- 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

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