

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
- Thrombophilia:
 - 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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