



SPINAL SURGERY



Guidebook for Families





We would like to thank the Montreal General Hospital Foundation for its financial support, which made the production of this guide possible.

Important :

The information contained in this guide is provided for educational purposes. It is not intended to replace the professional medical advice, guidance and care you will receive. If you have any questions about your health, please contact a member of your healthcare team.

It is written in plain language so that its content is easy to read, easy to understand and easy to use.

This guide is also available on this website :
chusj.org/ChirurgieScoliose

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Introduction

Enhanced Recovery After Surgery (ERAS) Program

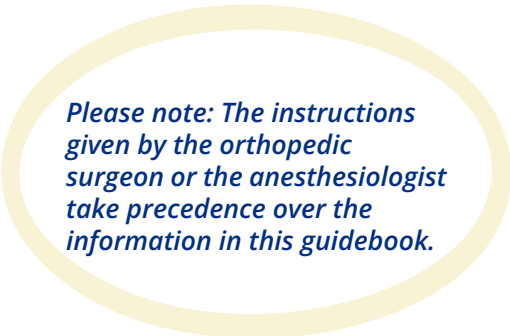
Science has shown that patients who take part in the ERAS program recover faster. The surgical journey for scoliosis has been adapted to this program by the Ministère de la Santé et des Services sociaux to achieve specific goals.

The goals are to reduce the patient's fear about the surgery, to encourage them to take charge of their recovery, to recuperate and get back home more quickly and, finally, to begin to engage in activities as soon as possible.

If you follow the instructions in this guidebook, your recovery may be faster.

This guidebook was designed to answer many of your questions. You can use it as a reference. It describes:

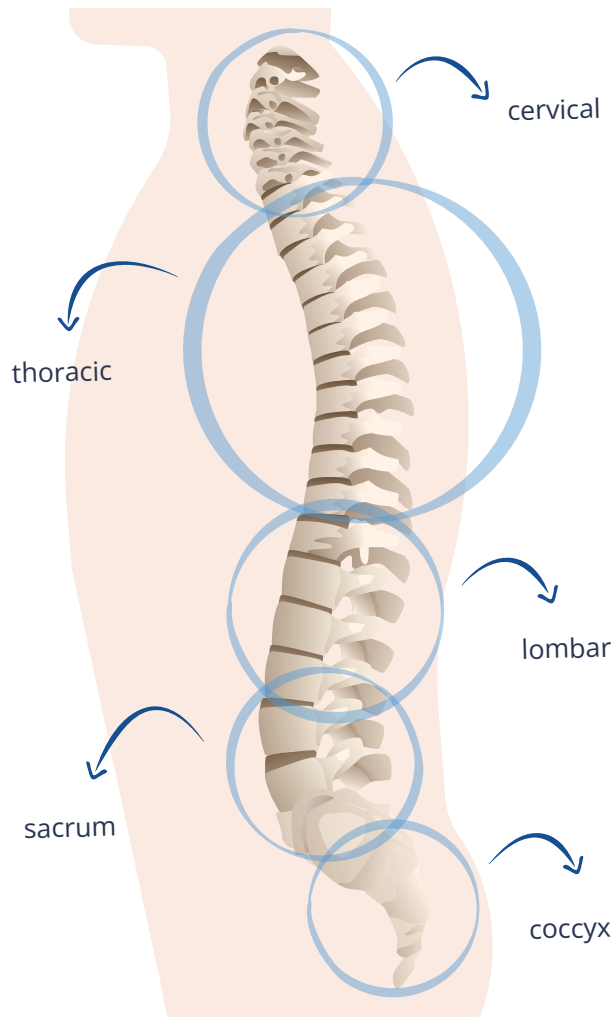
- The spine
- Scoliosis
- Types of scoliosis surgery
- What you can expect, from the beginning of your hospitalization to the end, as well as when you return home
- Goals to achieve and how to achieve them in the hospital
- Planning your return home



Please note: The instructions given by the orthopedic surgeon or the anesthesiologist take precedence over the information in this guidebook.

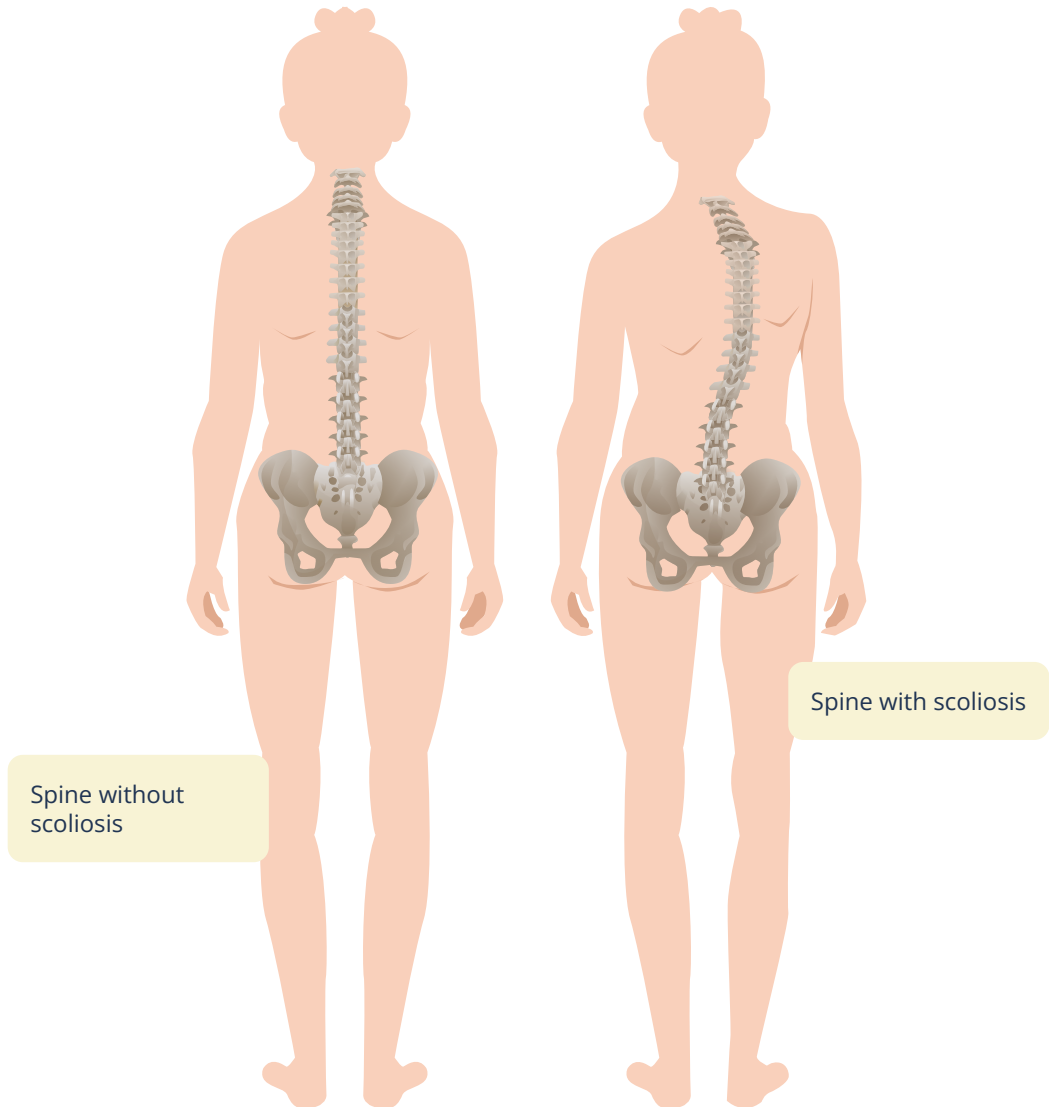
Information about Scoliosis Surgery - Definitions

- The spine or vertebral column is a stack of 33 bones called vertebrae (each bone is called a vertebra).
- The spine is straight, with slight, natural curves.
- It is divided into five sections: cervical, thoracic, lumbar, sacral and coccygeal.



What is scoliosis?

Scoliosis is a deformation of the spine. Instead of being straight, it is curved in the form of an S or a C.



Types of scoliosis

There are 3 types of scoliosis. Treatment for these types is similar.

1. **Idiopathic scoliosis:** Idiopathic means that the cause is unknown. Children or adolescents with idiopathic scoliosis are generally in good health.
2. **Congenital scoliosis:** Congenital means it was there at birth. The bones of the spine were not properly formed at birth and this may be the cause of the scoliosis.
3. **Neuromuscular scoliosis:** Neuromuscular scoliosis is caused by muscular, nerve or neurological disorders, such as cerebral palsy and muscular dystrophy.

Signs of scoliosis

Here are a few signs that may indicate that you have scoliosis:

- Your back, pelvis, torso and waist are not symmetrical. This means that the structures are not the same on both sides of your body.
- You have humps on your back, also called gibbosities.
- You experience back pain (less common).
- You have breathing problems (advanced scoliosis).

Why undergo surgery

The curvature tends to increase as you age. If the curvature becomes too severe, it ends up causing lung problems and sometimes even breathing problems.

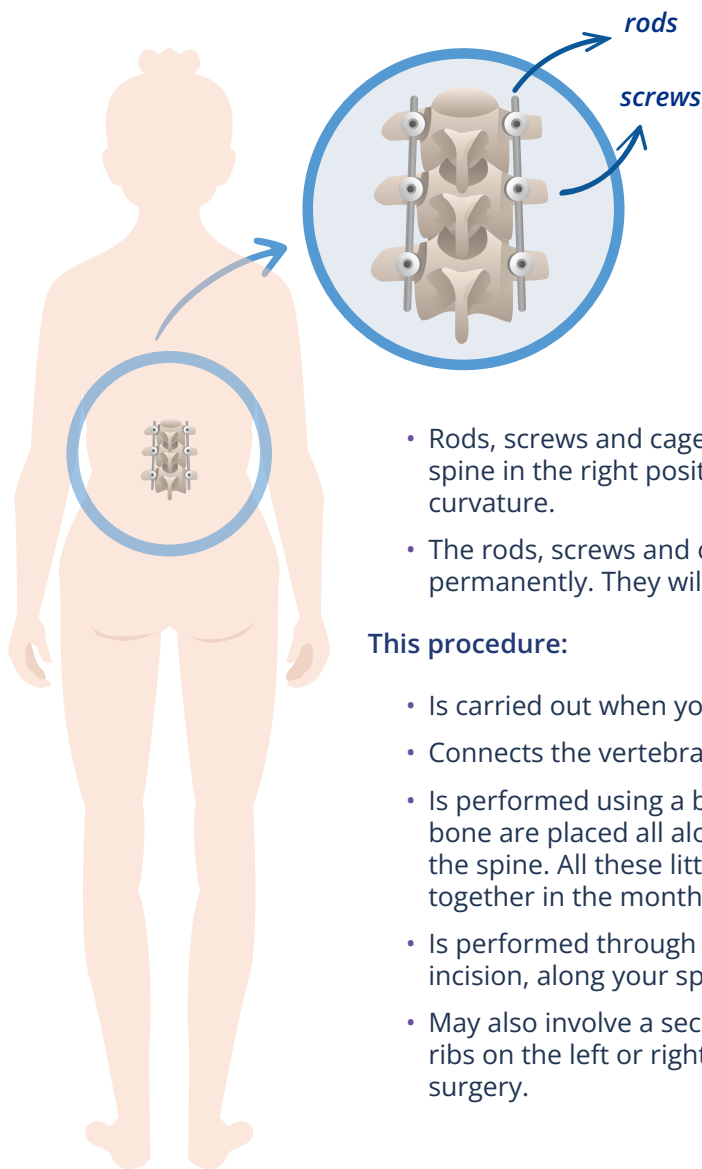
Surgery will correct the curvature and help reduce the visible humps and back pain.

The goal of the surgery is to:

- Correct the curvature.
- Stop it from getting worse.
- Improve your quality of life.

Types of surgery

Your orthopedic surgeon will decide which kind of surgery is best, based on your condition.



Spinal fusion

Fusion means that the vertebrae are connected to each other. The fused region becomes a single block. Flexibility is reduced after the surgery.

- Rods, screws and cages are used to keep the spine in the right position. This corrects the curvature.
- The rods, screws and cages are installed permanently. They will not be removed.

This procedure:

- Is carried out when you have stopped growing.
- Connects the vertebrae and corrects the curve.
- Is performed using a bone graft. Tiny pieces of bone are placed all along the operated section of the spine. All these little pieces will become fused together in the months following the operation.
- Is performed through a cut, also called an incision, along your spine.
- May also involve a second incision around your ribs on the left or right side, to complete the surgery.



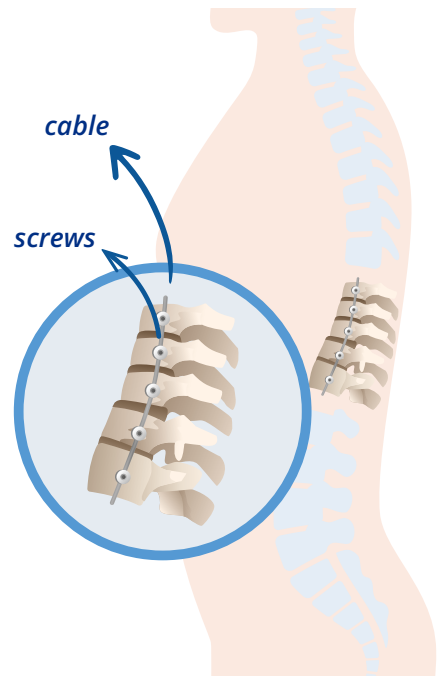
Tethering

Tethering is a kind of scoliosis surgery that does not use fusion.

- This kind of surgery is performed while you are still growing.
- The surgeon installs screws on the vertebrae that are causing the scoliosis and attaches a cable to them.
- The cable straightens your spine as you grow.
- The incision required is small, around your ribs.

Halo-gravity traction

- If you have severe scoliosis, the surgeon may decide to add halo traction in the operating room.
- The halo is a crown-shaped device screwed into the skull and attached to a weight by a pulley.
- The weight exerts pressure on your spine and straightens it. This is what is called traction.
- The traction is installed in the operating room before or during the surgery, but sometimes it has to remain in place for a few weeks.



Target outcome of the surgery

- The curve in your spine will be reduced by the surgery.
- Your spine will be straightened, and the curve will stop getting worse.
- If the chosen surgery is fusion, there will be less flexibility in the part of your spine where the vertebrae are fused. You may also be a few centimetres taller.



Risks related to surgery, anesthetic and transfusions

- The risks related to surgery, anesthetic and transfusions will be explained by the surgeon and the anesthesiologist when you meet them.
- 1 month before surgery, it is suggested to stop contraceptives containing estrogen to reduce the risk of thrombosis. If you have any questions about this, feel free to discuss it with the nurse at the orthopedics clinic. A condom-type contraception is necessary during this break and for up to 1 month after surgery.

Before your surgery

It is very important to bring your healthcare card and your blue hospital card to every appointment.

Orthopedics clinic

At your first appointment, the orthopedic surgeon will order an X-ray of your spinal column. Then you will have a detailed discussion with the orthopedic surgeon about the surgery that is recommended for you.

When you have decided whether to go ahead with the surgery, the orthopedic surgeon will prescribe all the pre-operative tests and refer you to any other specialists you have to see before the operation, such as a pneumologist (lung specialist) or a cardiologist (heart specialist).

Together, the team will determine whether you or your family could benefit from the help of other professionals.

While you wait for the day of the surgery, there will be other follow-up appointments. At these appointments, more X-rays of your spinal column will be taken. This will allow the orthopedic surgeon to monitor any changes in the curve of your spine.

These appointments also provide the opportunity to talk about the surgery, express your fears and ask questions. Do not hesitate to talk about these things with your nurse, your orthopedic surgeon or another healthcare professional.

The healthcare professionals involved

A nutritionist, a physiotherapist, a psychologist, a pain clinic nurse or a social worker may work with you throughout this journey. Feel free to talk to them about any changes in your life that may require help from a professional. If you feel like you need support, ask the orthopedic team for help.



Stress management

Waiting for surgery can be stressful. However you usually manage stress, here are a few tips that may be useful for you before your surgery:

- Talk to your family about what worries you, what scares you, and also what motivates you and encourages you to go through with this surgery and how you imagine your life will be afterward.
- Talk to your friends about the ordeal of having surgery but also about things that make you feel better and set your mind at ease.
- Keep your mind busy: watch a good movie, listen to music you love, make a playlist for while you are in the hospital, read a book.
- Relax using silent or guided meditation.

It is also really important to maintain a healthy lifestyle. We suggest:

- Going to bed and getting up at regular times.
- Sleeping eight to ten hours a night, to stimulate your recovery and give you energy to prepare for the surgery and the post-op period.
- Replacing screen time before bed with a relaxing activity such as taking a bath or reading a book.



You probably have other good ideas to help you manage during this stressful period! Everyone is unique and has their own way of doing things. Don't forget that you have an entire team around you to support you and encourage you on this journey.

Nutrition

It is important to eat well to prepare for surgery and to recover faster. We encourage you to eat balanced meals that include a source of protein, a grain, a fruit or vegetable and a dairy product or dairy substitute.

We suggest that you look for inspiration from Canada's Food Guide. Here is the link to the website.

*For more information :
food-guide.canada.ca*





There are no particular nutritional demands for the tethering operation. Following Canada's Food Guide will be enough to help you recover well.

For the spine fusion surgery, however, you will need to pay special attention to certain aspects of your nutrition.

For blood loss, it is important to:

- Stop taking natural products that have an effect on blood clotting, such as garlic, echinacea, ginkgo biloba, ginseng, ginger, cava, St. John's wort, valerian, Vitamin E and Omega 3s for at least seven days before your surgery. Seasoning that contains garlic and ginger is allowed.
- Eat iron-rich foods several times a week before the surgery.

For loss of appetite and digestion problems, we recommend:

- Eating more small meals.
- Eating nutritious snacks.

For abdominal discomfort and constipation, we recommend:

- Avoiding foods that are hard to digest for two or three days before the surgery.

To prevent constipation after the surgery, it is important to:

- Move and start doing activities again.
- Drink a lot of water.
- Eat food with a lot of fibre, such as cereal products, whole grains, fruits and fresh vegetables.
- Take the prescribed anti-constipation medication.



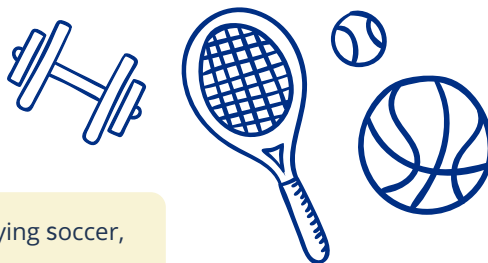
Stay active doing exercise like dancing, playing soccer, weight training and swimming.

Physical activity

- Your recovery will be faster if you exercise before your operation.
- It is recommended that you do 30 minutes of physical activity a day to prepare your body for the surgery. If pain makes it hard to do physical activity, a 15-minute walk can be very beneficial.
- Exercise also helps reduce anxiety and post-operative complications and shortens your stay in the hospital.
- You will also have more energy and sleep better.

You can find some exercises in the scoliosis section of our exercise webpage. Start them at least one month before your surgery and follow your physiotherapist's recommendations.

chusj.org/physio-ortho





Alcohol, cannabis, tobacco and vaping

Depending on your age, you may have started drinking alcohol, consuming cannabis, smoking tobacco or vaping. These are topics you can discuss with the nurse in private if your parents do not know. The nurse can also guide you to resources that reflect your needs.

- Alcohol and tobacco use increase the risk of complications after the operation.



Anesthesiologists suggest:

- Not drinking alcohol or consuming cannabis for ten days before the surgery.
- Not smoking tobacco or vaping for six weeks before the surgery.

Fake nails

A few weeks before your surgery, you will have to:

- Remove gel nail polish.
- Remove fake nails.
- Delay manicures until after the surgery.

Planning your return home

We suggest that your family members:

- Make changes to the home environment so you can avoid bending down or twisting your back.
- Adjust the home environment for your basic needs (bathing, using the toilet, eating) and pastimes (playing video games, etc.).
- Stock up on prepared meals that are easy to reheat.
- Inform your school, your friends and anyone else who should know about your surgery.

Pre-admission clinic

Your pre-operative appointment will be at the pre-admission clinic. Hold a family discussion before the appointment to prepare your questions.

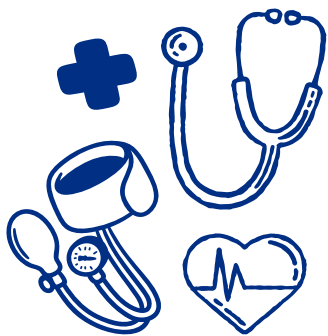
This appointment will take place a few weeks or months before the surgery. Your health will be assessed to prepare for the operation.

Bring a list of all the medications you take. You can get a list from your pharmacist.

Your pre-admission clinic appointment will take place on the 5th floor, Block 3 and Block 5. on the day surgery floor.

We encourage you to look at the various surgery sections of the CHU Sainte-Justine website [in French].

chusj.org/ChirurgieScoliose



The pre-admission team is comprised of:

The nurse, who:

- Takes your vital signs.
- Measures your height and weight.
- Asks for your list of medications.
- Explains the schedule for the day.
- Answers your questions.

The anesthesiologist, who:

- Assesses your state of health.
- Explains the pre-operative fast and the anesthesiologist's role during the surgery.
- Tells you how your pain will be managed after the operation.
- Discusses the side effects of anesthetics.

Usually, you will not have to see the orthopedic surgeon again at this appointment, because you already met about your upcoming surgery.

You may have to see other medical specialists, though.

- If you have **allergies** or you think you might be **pregnant**, tell the nurse and the anesthesiologist at this appointment.
- If you forgot to ask some of your questions to the surgeon or anesthesiologist, it is possible to see them again on the day of the operation.

Tests

You will undergo:

- Blood tests
- Several X-rays of your back and lungs
- Medical photographs of your back
- Other tests, as required

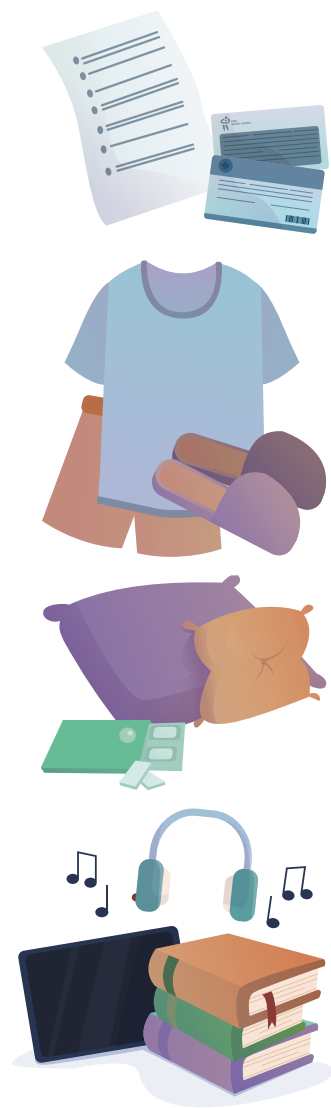
Cancellation of your surgery

- If you are sick in the 72 hours before your scheduled surgery – runny nose, cough, fever, rash, diarrhea – your operation may have to be postponed. The hospital may also postpone your surgery for other reasons. Someone will call you to give you a new date.

If you are sick, please let us know by calling:



- 514-345-2331 between 8 a.m. and 4 p.m., Monday to Friday.
- 514-345-4734 the morning of the surgery, after 6:30 a.m.
- 514-345-4780 on the weekend or outside of the hours listed above.



Preparing your hospital bag

You should bring:

- ☐ Your healthcare card, your blue hospital card and your health booklet
- ☐ This guidebook
- ☐ Your list of medications
- ☐ Packs of chewing gums (to help with digestion)
- ☐ Comfortable clothing or pyjamas that are easy to put on
- ☐ Your toiletries (toothbrush, toothpaste, soap, etc.)
- ☐ Your own pillow and blanket, if you prefer
- ☐ Your glasses or contact lenses in their case
- ☐ Your orthotics or prosthetics, if you have any
- ☐ Sanitary napkins, if needed
- ☐ Entertainment (music, books, video games)
- ☐ Cushions or pillows to make yourself more comfortable in the car when you go back home
- ☐ Anti-slip shoes or slippers that are easy to put on
- ☐ Your favourite snacks
- ☐ Your spirometer, if you have already received one

Leave your valuables at home, because the hospital is not responsible for lost or stolen items.

For more information, please see the CHU Sainte-Justine webpage on preparing for an operation [in French].

chusj.org/ChirurgieScoliose

The day before the surgery



In the afternoon, you will receive a phone call to remind you about:

- Fasting
- Bathing
- Arrival time
- The importance of moving after the surgery

If you have questions the day before the surgery, you can call 514-345-4734 between 7 a.m. and 4 p.m.

The night before the surgery

What to do:

- ☐ Take a bath or shower using the prescribed 4% chlorhexidine soap.
- ☐ Remove your nail polish or fake nails.
- ☐ Wear clean clothing.
- ☐ Make sure your sheets are clean, if possible.



What not to do:



- Put on cream or lotion.
- Shave your back.
- Eat solid food or dairy products after midnight.

The day of your surgery

The morning of the surgery

What to do:

- ☐ Take a bath or shower using the prescribed 4% chlorhexidine soap.
- ☐ Wear clean clothing.
- ☐ Remove your contact lenses and wear your glasses, if you have a pair.
- ☐ Remove your jewellery and piercings.
- ☐ Remove your nail polish, if you have not done so already.
- ☐ Fasten your hair with an elastic (no metal) or braid your hair.
- ☐ Drink the quantity of liquid the anesthesiologist allowed, up to two hours before the surgery.



- The kinds of clear liquids permitted are water, apple juice, tea and black coffee.

Don't forget not to:

- Put on cream or lotion.
- Shave your back.
- Eat.
- Wear makeup.
- Drink dairy products.

Arriving at the hospital

When you arrive, please go to the day surgery department on the 5th floor, Block 3 and Block 5. You will be taken to your room. You will be given a hospital gown, because that is the only clothing permitted for surgery.

Then a nurse will:



- Confirm your identity and ask you some questions to complete the pre-op questionnaire.
- Get you to sign the hospitalization consent form.
- Give you the pre-operative medication and a sweet juice.

If appropriate, you will do a urinary pregnancy test. You must have a negative result for the surgery to proceed.

Operating Block (operating room)

When the operating room team is ready, a patient transport orderly will come and get you. The orderly will bring you to the operating block on a stretcher. You will have to bring all your personal belongings with you. You can have someone with you. You will then be settled into the operating room waiting room.

You will:

- Meet with the surgeon, the anesthesiologist and the nursing staff.
- Have your identity verified using your identification bracelet.
- Discuss details such as your allergies.
- Sign consent forms for the surgery, the anesthesia and the blood transfusions. If you are under 14, a parent or tutor (guardian) will have to sign for you.

Then a nurse and a patient transport orderly will bring you into the room where you will have your surgery. Your parents can go to another waiting room on the same floor.

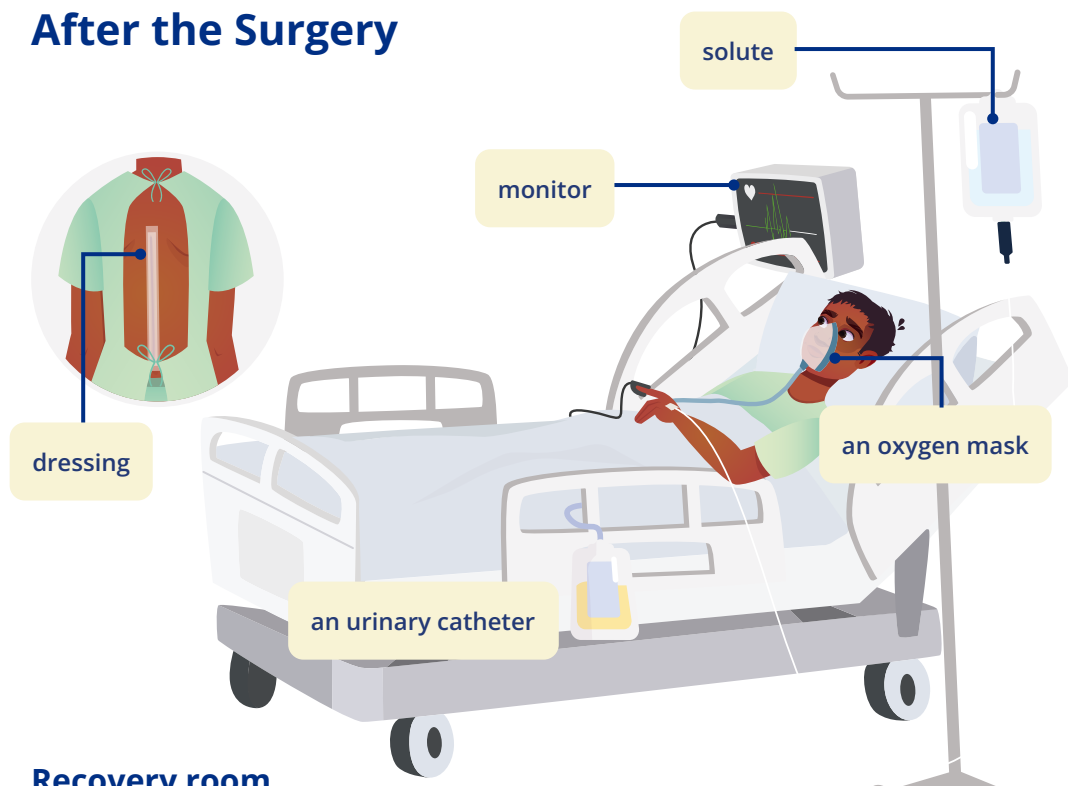
If you do not already have an IV, one will be inserted in the operating room. An IV is a small plastic tube inserted into a vein. It will be used to give you medication and liquids. The orthopedic surgeon will draw some reference points on your body for guidance during the surgery.

Here is a link to the CHU Sainte-Justine's virtual operating block [in French].
chusj.org/VisiteVirtuelle

Anesthesia

The type of anesthesia used for this type of surgery is general anesthesia. The anesthesiologist will inject drugs into you that will make you fall asleep and relieve your pain during the surgery. Once you are asleep, your surgery will begin.

After the Surgery

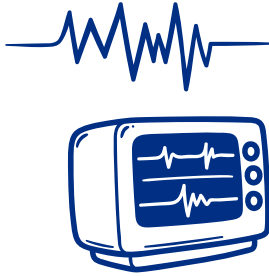


Recovery room

When you wake up after your operation, you may have:

- An oxygen mask to help you breathe
- A urinary catheter to drain your urine into a bag
- A tube to drain away air or liquid resulting from the surgery
- A heated blanket
- A dressing on your back

You will stay in the recovery room for about 2 hours before you are transferred back to your room. Your parents will not be able to visit you unless otherwise stated and in rare exceptions. The surgeon will go to the waiting room to tell them how you are. Most patients only have vague memories of this time.



A nurse will:

- Monitor your vital signs and breathing.
- Assess and relieve your pain and other discomforts.
- Explain how the PCA pump works.
- Arrange for your transfer to your room.

*** You may receive oxygen through a mask or through small nasal tubes for a while.**

When the anesthesiologist authorizes your transfer, an orderly will take you to your room on the 6th floor, Block 11. Your parents will be able to see you when you are taken back to your room.

Pain after the surgery

A plan will be established after the surgery to relieve your pain and make sure you are comfortable. This plan will be the responsibility of the post-operative analgesia team (SAPO in French). This team is made up of anesthesiologists and nurses who prescribe pain management medications for you while you are at the hospital and in preparation for your return home.

It is normal to feel pain after having surgery. It will last a few days and gradually fade with time. Your body will adapt to your new posture.

It is important to soothe your pain, so you can:

- Move more easily.
- Rest.
- Go home sooner.
- Reduce your stress.

Pain assessment

To assess your pain, we will ask you to give us a number that represents your pain level, from 0 to 10, with 0 meaning no pain and 10 being the worst pain you can imagine.



The team will also ask you more specific questions about your pain: what is causing it, what soothes it, where it is, what makes it worse, and so on. It is important to assess your pain when you are resting but also when you are moving.

The goal of pain relief is not to get to 0 pain. The goal is to reach a pain level of 4 or less, which will allow you to take part in activities and also rest.

Do not hesitate to tell your nurse if your pain starts to increase. You must not wait, because the worse the pain gets, the harder it is to relieve.

It is important to assess your pain when you are resting but also when you are moving. Predict moments when your pain may increase, such as when you get up and when you walk. If you think you need a pain killer, ask your nurse what your options are.

Pain relief methods

Medication

First of all, the medication that you received in the operating room will continue to soothe your pain for a few hours after you wake up. After that, pain management medications will be offered to you throughout your stay in the hospital.

Several types of medication will be used to relieve your pain, such as acetaminophen and anti-inflammatories. Other medications will be used to prevent or treat discomforts such as constipation or nausea.

The medication will be administered by IV at first and then, later, by mouth. Some medication may also be given through a patch stuck to your skin.



PCA pump

After the operation is over, you will have a patient-controlled analgesia (PCA) pump. This is a pump with a button you can push on when you feel pain. A PCA pump is a safe tool for managing pain.

After you push the button, the pump injects a small dose of a pain killer into your IV line. Your pain will be reduced about five minutes later.

You can use it to give yourself a little dose of pain killer before you move.

Before your operation, the SAPO team will give you a pamphlet on how to use the pump and they will be there with you after your operation to explain to you how to use it. Here is the link to the pamphlet [in French].



*L'analgésie contrôlée par le patient (ACP)
pour le soulagement de la douleur [in French]*

chusj.org/ACP



Other ways to reduce pain

Medication is not the only way to reduce pain. Combining medication with other methods is strongly recommended because it provides better pain control. Here are some examples:

- Start moving soon after the surgery.
- Change positions often. Get up and go to your arm chair, go back to bed or take a walk.
- Use relaxation techniques such as meditation, breathing exercises, massage or visualization.
- Apply heat or cold (check with the nurses first).
- Distract yourself by talking to friends, listening to music, playing a game, watching TV, etc.
- Do any other pastime or hobby that you enjoy.

Hospitalization

After the operation, the key to success is moving. The more you move, the faster you will recover. Moving helps prevent complications and supports healing. You can get up and walk even if you have a drainage tube or a catheter. The staff will guide you during your hospitalization.

Your goal is to move as soon and as much as possible after your operation.

Day 0 after the operation

D0 is the day of the operation.

You have to:

- Do the spirometry exercises ten times every hour when you are awake.
- Do the exercises the physiotherapists gave you every two hours, in bed.
- Start lifting your head from your bed.
- Sit on the edge of the bed once during the evening.
- Start drinking and eating, unless the medical team and nurses ask you not to.
- Chew gum for 30 minutes to get your digestion started again after you completely wake up.
- Use your PCA pump to manage your pain.

Tell your nurse if:

- The pain is 4 or more even with the pain killers.
- You experience nausea or vomiting.
- You have stomach pains, abdominal cramps or a feeling of constipation.

Day 1 after the operation

D1 is the day after the surgery.

You have to:

- Do the spirometry exercises ten times every hour when you are awake.
- Do the exercises the physiotherapists gave you every two hours, in bed.
- In the morning, get out of bed for the first time with the nurse or physiotherapist.
- Walk two or three times during the day with the nurse or physiotherapist.
- Sit in the armchair for every meal.
- Ask the team for support if you want to walk more.
- Eat to your appetite.
- Drink water.
- Chew gum for 30 minutes three times during the day.
- Use your PCA pump (if you still have one) based on your pain.
- Take your anti-constipation medication.

Tell your nurse if:

- Your pain is 4 or higher.
- You experience nausea or vomiting.
- Your pain is not diminishing despite the pain killers.
- You have stomach pains, abdominal cramps or a feeling of constipation.

The SAPO team may start changing your medication if you are moving around well and your pain is under control.

Day 2 after the operation

D2 is the second day after your surgery.

You have to:

- Do the spirometry exercises ten times every hour when you are awake.
- Do the exercises the physiotherapists gave you every two hours, in bed.
- Walk three times during the day with the nurse or physiotherapist.
- You may already be walking independently.
- If possible, start using the stairs. If this isn't possible, replace this exercise with an additional walk.
- Sit in the armchair for every meal.
- Eat to your appetite.
- Drink a lot of water.
- Chew gum for at least 30 minutes three times during the day.
- If you still have a PCA pump, use it to manage your pain.
- Take your anti-constipation medication.

Tell your nurse if:

- Your pain is not relieved.
- You experience nausea or vomiting.
- Your pain is not diminishing despite the pain killers.
- You have stomach pains, abdominal cramps or a feeling of constipation.
- Your catheter may be removed. Your PCA pump may also be stopped, depending on your pain levels and the medical team's assessment.

Day 3 after the operation

D3 is the third day after your surgery.

You have to:

- Do the spirometry exercises ten times every hour when you are awake.
- Continue to do the exercises the physiotherapists gave you every two hours, in bed.
- Walk three times during the day.
- Ask the team for support if you want to walk more.
- At least once today, take the stairs with the nurse or physiotherapist.
- Sit in the armchair for every meal.
- Eat to your appetite.
- Drink a lot of water.
- Chew gum for 30 minutes three times during the day.
- Take your anti-constipation medication.

Tell your nurse if:

- Your pain is not relieved.
- You experience nausea or vomiting.
- Your pain is not diminishing despite the pain killers.
- You have stomach pains, abdominal cramps or a feeling of constipation.

Discharge

Before you are discharged, make sure that:

- Your pain is at a tolerable level for the trip home. Ask the nurse whether there is pain medication you can take before getting in the car.
- You have prescriptions for your pain management medication and other medications. Ask the nurse what time you last took your medications, so you can continue the right schedule at home.
- You have received the discharge teaching given by the nurses and other healthcare professionals.
- You have these documents: "Exemption from physical education" and "Parent work paper."
- You have the supplies needed for your dressing, if applicable.
- You have a follow-up appointment at the orthopedics clinic schedule for between two and six weeks after your discharge. The date of this appointment may be given to you after your discharge.

You have the additional brochure "Retour à la maison suite à une chirurgie orthopédique de la colonne vertébrale" [in French]

Available at chusj.org/depliants

- You have the home physiotherapy exercise card.



These exercises are also available online [in French].

chusj.org/physio-ortho

Return home



What to do:

- Eat to your appetite.
- Eat fibre-rich foods such as grains, beans, wheat germ, fruits and fresh vegetables.
- Eat foods that contain iron and protein, such as leafy green vegetables, legumes and dried fruit.
- Drink a lot of water.
- Follow your medical prescriptions and recommendations to remain comfortable.
- Continue the exercise program provided by the orthopedic nurse or the physiotherapist.
- Walk as much as possible.
- Increase the time you spend sitting up when you are resting, to facilitate your return to school.
- To avoid falling, hold the railing when you are using the stairs and avoid slippery surfaces.
- Try to restrict the time you spend in bed to sleeping at night and one or two 30-minute naps during the day.
- Plan activities you enjoy to distract yourself.
- You can return to normal life (except for sports) about three to six weeks after your surgery or when recommended by your surgeon. A list of restrictions will be given to you when you are discharged or at your follow-up appointment.

Some of the medication you receive on the day of your surgery may reduce the effects of contraceptive pills for a month after the surgery. Use a condom for contraception for the first 4 weeks after the surgery.

A list of restrictions will be given to you when you are discharged or when you have your follow-up appointment at the orthopedics clinic. This list will explain which sports you can participate in.

Normally, by 1 year after your surgery, you will have no more restrictions and you will be able to do any sport you like.

If you have questions or concerns about the surgery, you can contact the nurse at the orthopedics clinic by email or leave a phone message to receive a call back.

Pain management

When you are discharged, the SAPO team will:

- Teach you about pain management for your return home.
- Give you their contact information and check that they have yours. The contact information for your pharmacy may also be useful for the team.
- Give you prescriptions for pain management and anti-constipation medication, with the related explanations.
- Provide documentation about the prescribed medications.
- Do a telephone check-in with you a few days after your discharge, to assess your pain control.
- Determine the frequency of your next appointments. The follow-up usually lasts from one to three weeks.
- Refer you to the orthopedics clinic when the pain monitoring is over.

Wound care

First ten days

What to do:

- Keep the dry dressing in place.
- Change the dry dressing as necessary if it is more than half soiled.
- Take showers without restriction if glue was used to close your wound. This glued dressing will fall off on its own.
- Remove the dressing from the chest tube after two days.

What not to do

- Rub the wound.
- Take baths or showers.
- Use creams or lotions on the wound and the surrounding skin.
- Replace the butterfly skin closures.

After ten days

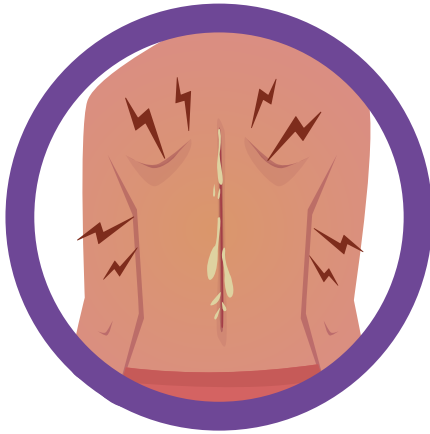
What to do:

- Take showers.
- Clean the wound by allowing soapy water to run over it while you shower.
- Go to the CLSC between the seventh and the fifteenth day after your surgery to have your staples or non-soluble stitches removed (if you have any).

What not to do:

- Rub the wound.
- Take baths.
- Replace the butterfly skin closures.
- Use creams or lotions on the wound and the surrounding skin.

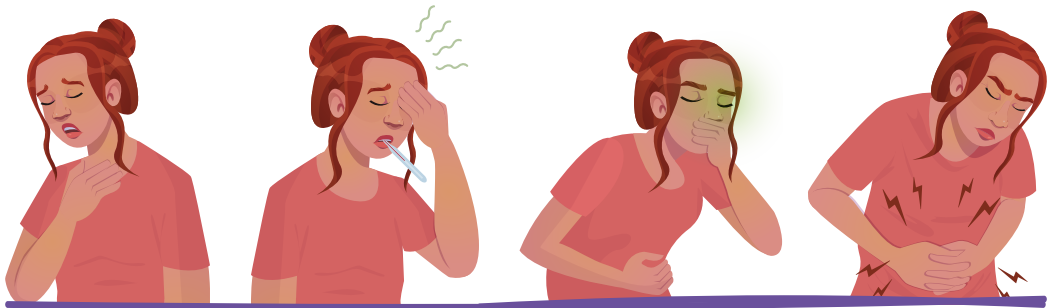
Exception: You will have to remove the butterfly skin closures that have still not fallen off after 14 days. Your orthopedist will also tell you when you can start taking baths and using creams.



When to call the clinic

Phone the nurse at the orthopedics clinic at 514-345-4717 if:

- Your wound is red, hot or seeping pus.
- Your pain increases and you get no relief even when you take your pain medication.
- You have general questions.



When to go to emergency

You should go to emergency if you:

- Have trouble breathing.
- Have a fever (38.5°C or higher by mouth) without cold symptoms.
- Feel nauseated, are vomiting with a very swollen stomach, have abdominal cramps or a bad stomachache.
- Have redness, pain and abnormal discharge from your wound with fever or severe fatigue.

Resources for families

Accommodations and amenities

In every room, there is a place for one parent to stay overnight with the hospitalized child. On the surgery floor, there is a kitchenette with a microwave and a refrigerator. There is also a washing machine and dryer.

If you live more than 55 km away from CHU Sainte-Justine and your situation justifies it, you may be able to stay at Manoir Ronald McDonald. The rate is \$10 a night. For more information:

omrmmontreal.org

At CHU Sainte-Justine

Centre de rendez-vous unique (questions for your appointment)	Monday to Friday from 8 a.m. to 5 p.m. 514-345-2141 or 1-855-2141
Orthopedics clinic (Questions for the nurse)	Monday to Friday from 8 a.m. to 4 p.m. 1st floor, Block 9 514-345-4717
Free Wi-Fi	Select “Chu-Public” Follow the daily acceptance procedure and terms of use
CHUSJ website	https://www.chusj.org/
Parking	Entrance on Côte-Sainte-Catherine and Descelles Discount for families on the 1st floor, Block 11 (main entrance)
Cafeteria	Floor A, Block 1 Monday to Friday: 11 a.m. to 2 p.m.
Bistro/Snack bar	Floor A, Block 1 6:30 a.m. to 8 p.m. every day
Délipapilles	Hospital room food service Every day 6:30 a.m. to 7 p.m. 514-345-4931 ext. 4747 *The Délipapilles call centre is closed from 10:30 to 11:00 a.m. and from 3:30 to 4:00 p.m.
Jean Coutu drug store	Floor A, Block 1 Monday to Friday, 8 a.m. to 6 p.m.
Joujouthèque toy library	6th floor, Block 3 Monday to Friday, 8 a.m. to 5:30 p.m. Saturday and Sunday, 9 a.m. to 5 p.m.
Contemplation room/Le Havre	Floor A, Block 1, open 24/7
Desjardins bank machine	Floor A, Block 1, open 24/7
Television	Free in every room

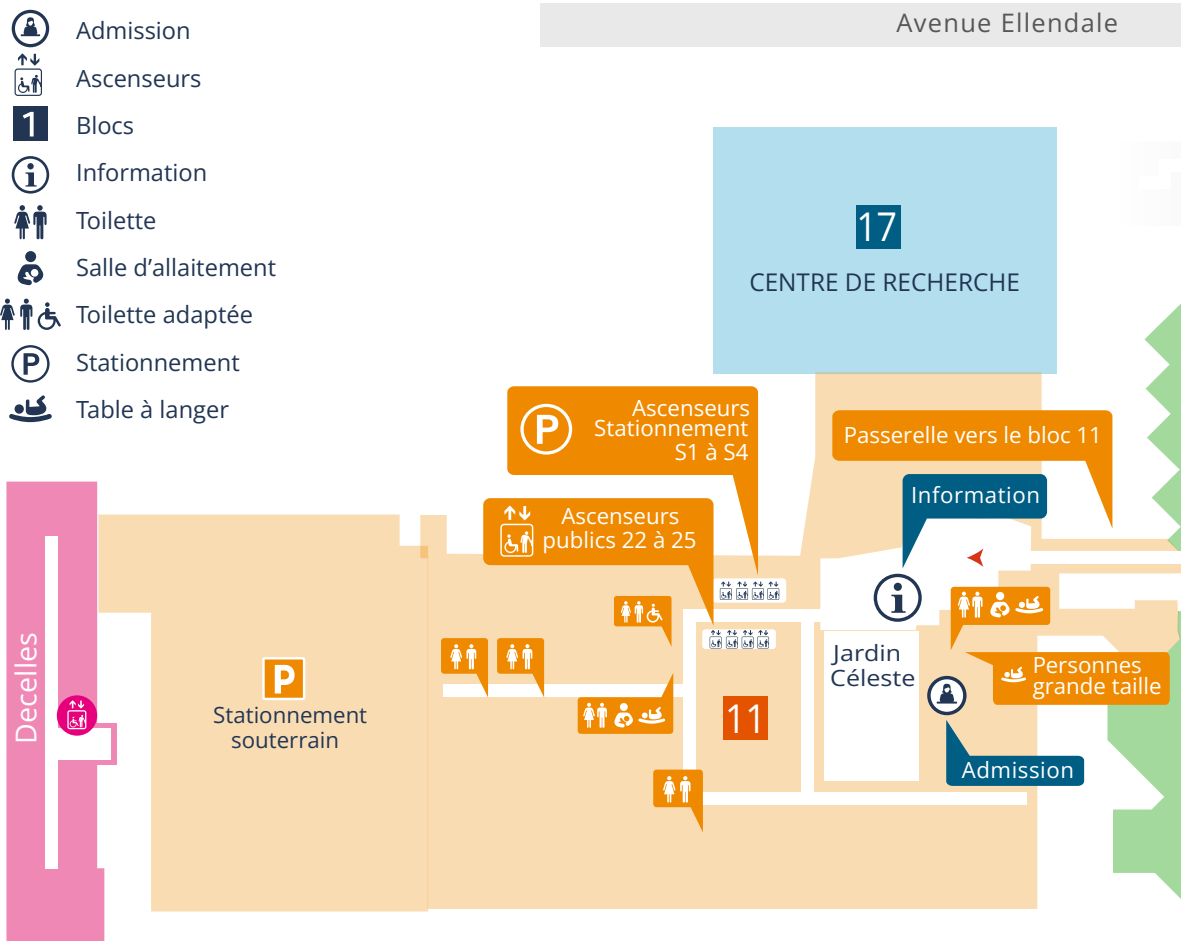
Outside CHU Sainte-Justine

- > For assistance, you can go to the psychosocial services at your local CLSC. The staff are familiar with the available resources and they will be able to refer you.
- > I Quit Now is a resource to help you stop smoking. You can contact this resource by phone or online. Telephone: 1 866 JARRETE (527-7383)
Online: Tobacco-free Québec: Anti-smoking portal
- > Aire ouverte is a service for youth aged 12 to 25 that reflects the reality of adolescents and young adults. There are time slots for walk-in appointments. It is free and confidential.
For more information: <https://www.quebec.ca/en/health/finding-a-resource/aire-ouverte-services-for-young-people-aged-12-to-25>
- > The Youth in Mind Foundation is an organization that works to prevent psychological distress in young people aged 11 to 18 all over Québec.
For more information: <https://fondationjeunesentete.org/en/>
- > Espace Transition is a social innovation project that explores the power of art and creativity for the wellness of young people and their families.
For more information: <https://www.etspy.ca>
- > Tel-jeunes is a help line for young people aged 5 to 20. It is confidential, free and accessible day and night. For more information: <https://www.teljeunes.com/en>
- > LigneParents is a help line for parents. It is confidential, free and accessible day and night. For more information: <https://www.teljeunes.com/en/parents>
- > Suicide.ca offers a professional, confidential help line and a suicide information service. It is available 24 hours a day, 7 days a week. For more information: <https://suicide.ca/>
- > The MindShift app was developed to help Canadians manage their anxiety.
For more information: <https://www.anxietycanada.com/resources/mindshift-cbt/>
- > Tobacco-free Québec is a website dedicated to quitting and preventing tobacco use.
For more information: <https://www.tobaccofreequebec.ca/iqitnow>
- > Breathing balloon exercises: <https://kidshelpphone.ca/get-info/breathing-balloon>
- > Jacobson progressive relaxation exercises [in French]:
<https://www.teluq.ca/site/infolettre/articles/relaxation-progressive-de-jacobson.php>
- > Meditation and mindfulness exercises:
Applications: Petit BamBou and Headspace.
Podcast: <https://www.passeportsante.net/portail/audio-video/balado>

Hospital map

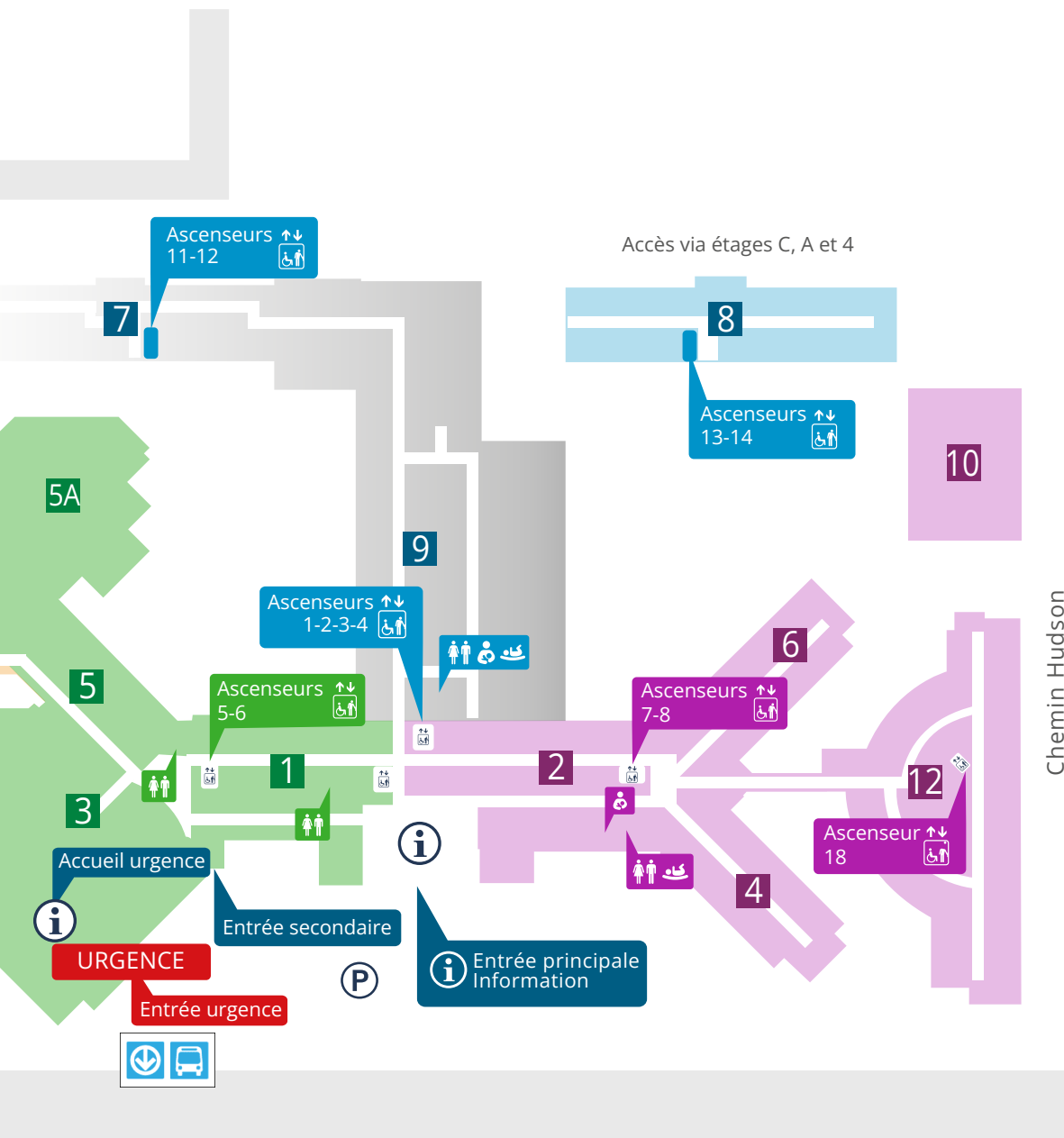
Légende

-  Admission
-  Ascenseurs
-  Blocs
-  Information
-  Toilette
-  Salle d'allaitement
-  Toilette adaptée
-  Stationnement
-  Table à langer



Chemin de la Côte-Sainte-Catherine





Notes



Client survey

Tell us about your experience!
Your contribution helps us improve the care
and services offered by our institution.

chusj.org/sondages