SPINE DISCHARGE INSTRUCTIONS

We hope these instructions will answer all of your needs when you are at home. Please ask any questions you have. If you need to contact us, it is best to call Dr. Sponseller’s office at (410) 955-3136 from 8:30 to 4:30 or email his office coordinator Minerva at mflore22@jhmi.edu. To reach our Nurse Practitioner, Kristen Venuti, please call (410) 955-4798 or email her at kvenuti@jhmi.edu. For clinic appointments, call (443) 997-2663. If you have urgent concerns and are unable to reach one of us, please call the hospital paging operator at (410) 955-6070 and ask to speak with the pediatric orthopaedist on call.

**Surgical Site:** Please observe it, and take temperature 1-2 times per day for one week. Call if there is a temperature over 101.5 degrees more than once, or any increased redness or drainage. You may bathe or shower one week after surgery. Be aware that a hot shower may cause a “light-headed” episode while taking narcotics. Please be prepared with either a place to sit or someone to support your child during the first few showers. Protect the incision from sustained sun for six months.

**Dressings:** May be left off as long as incision is dry. “Steri-strips” should be allowed to come off by themselves.
**Intestines:** Bowel function may be slow because of pain medications and decreased mobility. Try raisins, prunes, fruit, and bran to help with this. Over-the-counter laxatives are okay if needed.

**Activity:** You may sit, stand and climb stairs if able. No lifting over 15 pounds for the first six weeks. **Bend** from hips and knees, not spine. Keep spine straight. May swim and walk as much as desired (no diving).

**School or Work:** You may return when your strength and energy permit. This usually takes two to six weeks after surgery. Notify us before discharge if you need anything, to arrange a home tutor or if you need any notes written.

**Medications:** Iron (ferrous sulfate), 65 mg daily with food for four weeks. Multivitamins should be taken for 1 month. AVOID non-steroidal medications for three months (Advil, Aleve, Ibuprofen, Naprosyn, aspirin).
**For pain:** as notated on Hospital discharge instructions. It is never too early to start weaning from the pain medication.

**Equipment:** To be notated on discharge instructions if needed

**Post-op Visit/Return to clinic:** Six weeks. You will need an x-ray then, so notify us before discharge if your health insurance plan does not allow x-rays to be done at Johns Hopkins.
**Posterior Spinal Fusion Medication Weaning Schedule**

Prior to discharge you will be given a list of medications for pain and for constipation. These medications will help you recover safely and effectively at home. **Narcotics should be used only as needed for pain >5.** Otherwise, pain should be controlled with scheduled Tylenol. If your pain is still >5 and you need narcotics on a scheduled basis, please follow the weaning guideline below, so you can easily transition off of all pain medications in 3-4 weeks.

Medications at discharge:

- **Bowel regimen (for constipation):**
  - Miralax: 1 capful (***)* daily, if no bowel movement in 24 hours then increase to 1 capful every 12 hours.
    - If you experience diarrhea, then decrease dosage to ½ capful daily
  - Colace: *** daily
  - Senna *** nightly as needed if no bowel movement in 48 hours after taking both Miralax and Colace
  - Eat dried fruits such as raisins, prunes, plums and drink prune juice
  - Discontinue once you no longer take narcotic or you have regular bowel movements

- **Narcotic (oxycodone or dilaudid):** *If required for narcotic weaning*
  - Week 1
    - Take *** every 4-6 hours for severe pain not relieved with Tylenol
    - Space out the dosing to every 6 hours as you feel comfortable.
  - Week 2
    - Take *** every 6-8 hours for severe pain not relieved with Tylenol
    - Take *** every 8 hours as you feel comfortable
  - Week 3
    - Take *** every 12 hours as needed for severe pain not relieved with Tylenol
  - Week 4
    - Set a goal to be off all narcotics by week 4

- **Gabapentin (for Nerve Pain):** *Please follow weaning schedule*
  - Week 1: Take *** each evening
  - Week 2: Take *** each evening
  - Week 3: Discontinue

- **Acetaminophen (Tylenol):**
  - Take *** every 4-6 hours x 3 weeks
  - Acetaminophen is a less potent pain reliever that increases the effectiveness of your narcotic
• Diazepam (Valium):
  o Take *** mL/mg every 6 hours as needed for muscle spasms
  o If you have already taken your narcotic and pain is still not controlled, please wait at least 45 mins before taking the Valium.

ALL UNUSED NARCOTICS NEED TO BE FLUSHED DOWN THE TOILET

Call your provider if:
• You have a fever>= 101 degrees
• Your wound drains pus, or there is an increase in redness and warmth around your incision.
• Sudden increase in pain not relieved with pain medication.
• Swelling in the thigh, calf or ankle that does not decrease with elevation.
• Pain, heat and tenderness in calf, back of knee or groin area in either leg.
• You notice a bad smell coming from the surgical site or dressing.
• The surgical site breaks open after the sutures or staples have been removed.
• There is persistent bleeding from the suture or staple line.
• You are getting worse or are not improving.
• You have any other questions or concerns.
• If you notice sudden chest pain, difficult or rapid breathing, or shortness of breath, please present to a local Emergency Department immediately.

Follow-Up Appointment and Questions and Concerns:
Please call the office of *** to schedule an appointment *** weeks from discharge. If your appointment has already been scheduled, it will be included in your discharge paperwork. This number can also be used to answer any questions or concerns you may have. Calling earlier will ensure securing a more convenient appointment time.