Keeping You Comfortable After Your Surgery

Your doctors, nurses, physical therapist, child life specialist and the Acute Pain Service will be working together as a team to help you manage your pain. You are an important part of this team and will need to tell us what you are feeling and what is working. This handout will help prepare you for recovery from spinal fusion surgery. The information will cover the types of pain, what you need to tell us, how your pain will be managed, and how your family members can help you manage your pain.

Types of Pain with Spinal Fusion Surgery

We understand that it may be scary to you to have spinal fusion surgery and to be in pain. We will work together with you to make you as comfortable as possible during your hospital stay but we will not be able to get rid of all pain from the surgery. Each person feels and experiences pain in their own way.

**Incisional Pain** comes from operating on the bones and muscles. This pain can be described as throbbing, beating, pounding, stabbing, sharp, intense, heavy, and sore. This pain is treated by using pain medicine such as Morphine and Tylenol.

**Muscle Spasms** comes from stretching of the muscles and lack of movement. They are very common after this surgery. Spasms are often described as cramping, squeezing, and pinching. This pain is treated with a muscle relaxant such as Diazepam (Valium).

**Generalized Pain and Discomfort** comes from having a long surgery, lying in bed, not eating and having tubes and needle sticks. Although these types of discomfort may be milder than the surgery pain, they often cause frustration and interrupt your rest. These pains can be treated with a change in position, massage, and other non-drug therapies.
Tell Us What You Feel

One of most important steps in treating your pain is to tell your team members what type of pain and discomfort you are feeling and what things are working to make you comfortable. One of the best approaches for measuring your pain is to tell us where your pain is and give us some words that describe it. A pain assessment scale will be used so that you can tell us how big or small the pain is that you are feeling. Two pain assessment tools that are frequently used with older children and adolescents are the number scale and the word scale.

0-10 Number Scale:  0= No Pain . . . 10= Worst Pain Ever

Word Scale:  No Hurt, A Little Hurt, Medium Hurt, Big Hurt

We also want you to tell us about other discomforts and pain such nausea, being cold, shivering, not sleeping and other things that are bothering you. We need to consider all of the things that are painful and uncomfortable so that a plan can be made to help you.

Be sure to tell us about any pain that does not go down or any new pains or discomfort. Also tell us if the pain medication is working or if you need more medication.

What Your Team Will Do

You team will give you medication and will provide other measures to keep you comfortable. You will receive opioids and non-opioid pain medication for your pain and other medication and therapies will be suggested to make you comfortable. There are two special ways to deliver pain medication with spinal fusion surgery. They are called Patient Controlled Analgesia (PCA), and Epidural Therapy

IV medications are given after surgery for your pain, muscle spasms and nausea. This delivery route is chosen for the first day or two to provide rapid relief
PCA is a pump that gives Morphine or Morphine like medicine through the IV line. The PCA pump is programmed to give a safe dose of medicine based on your weight and condition. It is also set to give a fixed amount over a given time period. The pump can be adjusted to keep you comfortable and safe.

Epidural therapy is sometimes chosen instead of IV or PCA medications. This therapy involves placement of a small catheter (like an IV tube) into the epidural space which is located just outside of the spine. Numbing medicine and sometimes a low dose opioid is given through this catheter as a continuous infusion.

Oral Medications are started once you are able to tolerate a clear liquid diet without any nausea. This varies from patient to patient but is typically the second day after surgery. Starting an oral opioid may seem like less pain control but doses can be adjusted to provide good coverage of pain. This is the first step in making a plan for pain control at home. These medications are opioid based and are typically used on a timed schedule along with non-opioid drugs such as Tylenol which can help decrease pain and generalized aches.

Non-drug therapies can be effective for mild to moderate pain and to boost the pain-relief effects of drugs. Techniques such as deep breathing and massage are easy to use and your family members can be your coach.

What You Can Do to Help Get Comfortable

You can do many things to help with your pain. Moving your legs and simple exercises such as deep breathing and stretching your fingers and feet will help your circulation and comfort.

Deep Breathing can be used to relax but is also very helpful when needing to be repositioned in bed or getting up with physical therapy. Use the 3 breaths and move technique: Take 2 slow breaths in and out. On the 3rd breath when you are blowing out, change your position. When you blow out, you help your muscles relax.
Distraction is an effective way to focus your mind away from the pain and thinking about getting better and stronger. Music, deep breathing, computer or video games, and TV are all useful distractions.

Relaxation such as listening to your favorite music or looking at pictures from home of family or a pet help to keep your body and mind calm and not tense.

Environmental changes such as limiting visitors and keeping the light and noise down in the room will help you rest and feel in control. A favorite blanket, pillow, or stuffed animal may help as well.

Gentle touch and frequent repositioning can help soothe pain. Ask your parent or family member to gently massage your hands or feet. Turning to your side and moving your legs and arms will also help.

Making a Plan for Pain Management

- Prior to coming to the hospital for surgery have a conversation with your parents about your pain expectations. Set pain goals and realize that it is impossible to have no pain.
- Discuss with your family members how they might help you with your pain and comfort.
- Tell your team what you are thinking, feeling and what you would like to do so that we can work together to provide pain management and comfort.
- The Child and family Life Department recommends that you build your own coping kit to bring to the hospital. Some ideas include a CD player or Ipod with headphones, movies, favorite pictures, drawing and writing supplies.