Pediatric Orthopaedic Surgery Clinic

Scoliosis Surgery Guide
For patients and parents

OHSU accepts most major health plans.

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DCH 1326447 07/10

DOERNBECHER CHILDREN’S HOSPITAL
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DOERNBECHER CHILDREN’S HOSPITAL
Oregon Health & Science University
Thank you for choosing OHSU Doernbecher Children’s Hospital for your scoliosis treatment.

We want your stay with us to be as comfortable as possible. Please take some time to read this guide to scoliosis surgery carefully. If you’re a kid or teenager with scoliosis, the guide will help you know what to expect before, during and after surgery. It is also helpful for parents and other caregivers.

If you have any questions or concerns after reading this guide, please call the OHSU Doernbecher pediatric orthopaedic surgery clinic at 503 346-0640.

General Information

What is scoliosis?

Scoliosis is a medical condition that causes your spine (backbone) to curve sideways. Your spine might also rotate (turn) so one side sticks out further than the other does. Your spine might curve in a C shape, an S shape or a combination of the two.

Scoliosis can be caused by a disease, injury or birth defect, but there is no known cause for most kids. You will probably be the only one in your family with scoliosis, although you might have a parent, brother or sister who also has it. You can have scoliosis at any age, but it is most common in children ages 10 to 12 and in teenagers. Scoliosis is more common in girls than in boys. About three in every 100 people have scoliosis; and only a small percentage need to have surgery.

If your spine does not curve very much, you might not need treatment. Some kids with mild scoliosis see the doctor once or twice a year to have their scoliosis checked, but do not have any other treatment.

In the past, a kid who had scoliosis might wear a brace to keep the spine from curving more. Today, doctors only do this in special cases, for kids who still have a lot of growing to do and a curve between 25 and 40 degrees.
Who needs scoliosis surgery?

If you are reading this guide, your doctor has probably decided surgery is the best way to straighten your spine and keep your scoliosis from getting worse. A doctor who does scoliosis surgery on kids and teenagers is called a pediatric orthopaedic surgeon (orthopaedist). This type of doctor is an expert in surgery on the spine and other bones and muscles. Your pediatric orthopaedist also specializes in taking care of kids and young adults. He or she knows how bones grow and develop, whether your scoliosis will change as you grow and what kids and teenagers need that is different from adults.

If your spine curves enough to need surgery, you might have:

- One shoulder higher than the other or one shoulder that sticks out more.
- A sideways tilt to your body.
- A waist that looks curved on one side and flat on the other.
- Back pain or discomfort.

Scoliosis surgery can help straighten your spine and help you look and feel better. Your clothes might fit better. Depending on how much your spine curves now and whether you have pain or discomfort, you might be able to do more activities after surgery. Most importantly, surgery will also keep your scoliosis from getting worse as you grow.

If your spine curves 40 degrees or more, it is likely to get worse as you get older. At a certain point, the curve in your spine can affect your lungs and even your heart. Straightening out the curve helps most kids live much healthier and more active lives.

About scoliosis surgery

The most common surgery for scoliosis is called a spinal fusion – surgery to connect some of the bones in your spine, called vertebrae. In a healthy spine, these bones grow from top to bottom without curving from side to side. If you have scoliosis, some of these bones are formed differently. This makes your spine curve.

Moving some of these bones back to a straight position and fusing (holding) them in position will help keep your spine straight. Having a fusion might make your spine less flexible in some places, but most fusions only hold together small sections of the spine. Because the doctor will only fuse (hold) small sections of your spine together, you will still be able to move normally and be active after you recover from surgery.

Your pediatric orthopaedic surgeon (orthopaedist) will use some materials to help straighten your spine and hold it in place. These include:

- Small stainless steel metal rods, hooks and screws (implants)
- Bone grafts

To help connect the curve, the doctor will use two metal rods, hooks and screws. These small metal parts are called implants and are used to hold the spine bones in an improved position. Your doctor will put the implants far beneath the muscles of your spine, so you will not be able to feel them. Once you have recovered from surgery, the implants will not hurt.

Bone graft comes from within your own body, at the surgery site, as well as from donors. The donor bone graft is specially treated to significantly decrease any risk of disease transmission. Your doctor will put the bone grafts in the spaces between your vertebrae (spinal bones) to help fuse the bones together in the correct position.

Learn more

Good Web sites for information on scoliosis and scoliosis surgery:

www.iscoliosis.com
www.aaos.com

There is a lot of medical information on the Web. Not all of it is correct, so compare what you read to the information on these sites. They have the most up-to-date scientific information by doctors who specialize in treating kids with scoliosis.

If you have questions, ask your doctor, nurse practitioner or another member of your care team.
Before Your Surgery

You will have two appointments before your scoliosis surgery. These are:

- Pre-surgery appointment with a member of your care team
- Pre-anesthesia testing (PAT) clinic appointment (also called Doernbecher PREP clinic)

Pre-surgery appointment

Your parent or primary caregiver can call 503 346-0640 for a pre-surgery appointment if you have not already made one.

At your pre-surgery appointment, a member of your care team will ask you and your parent or primary caregiver about your medical history – your health, any problems you have had and any illness or medical conditions in your family. The doctor will examine you to make sure you are healthy enough for surgery.

At this appointment, you will meet the care team who will work with your pediatric orthopaedic surgeon. Your team might include:

- A nurse practitioner
- A surgery resident (a doctor who is completing specialty training in orthopaedics)

This is a good time for you to ask questions about scoliosis surgery, your hospital stay, recovery and activities after surgery.

This guide has answers to some of the questions you might have. If you have more questions or are not sure about something you read in the guide, on the Web or somewhere else, ask your doctor, nurse practitioner or another member of your care team.

Because recovering from scoliosis surgery can be painful, you can also talk with your team about managing pain and discomfort after surgery. It might help to write down your questions and bring them with you to the pre-surgery appointment.

If you are taking any medicine, please bring it (or a list of your exact medications, including the dosage) to your pre-surgery appointment.

Doernbecher prep clinic appointment (pre-anesthesia testing)

Your doctor’s office will make an appointment for you in the OHSU Doernbecher surgery preparation (prep) clinic. This appointment is also called pre-anesthesia testing. It will probably be on the same day, following your pre-surgery appointment.

The clinic is on the eighth floor of Doernbecher Children’s Hospital (green maple leaf).

At this appointment, a staff member will show you where the doctor will do your surgery. You will also go to the lab for a blood sample. The results of this blood test tell the doctor and anesthesiologist that your blood levels are OK and it is safe for you to have surgery. We might also check your blood type and screen your blood to make sure it is healthy in case you need a blood transfusion. This is very rare with surgery.

A member of the anesthesia team will go over some questions with you and your parent or primary caregiver. You can find the questions in the pre-anesthesia questionnaire at the back of this booklet. Filling out the questionnaire ahead of time, even if you do not answer every question, will help when you talk to the anesthesia team.
Before you go to the hospital

One or two days before surgery, you can pack for your hospital stay. You can bring:

- Personal items, such as a toothbrush, toothpaste and lotion
- Robe and slippers
- Glasses, if you wear them
- Comfortable clothes for going home
- Book or magazine

Don’t bring jewelry or a watch, wallet or purse. Valuable items can be stolen in the hospital.

It’s OK to bring an MP3 or other music player, but you might want to have someone keep it for you until you feel like listening to music.

Some hospital rooms have computers, and the hospital staff can bring a game system to your room if you feel like playing.

A parent or other adult family member can stay in your room with you while you are in the hospital. Brothers, sisters or other kids cannot stay overnight with you, but can visit during the day. If you need something from home while you are in the hospital, a family member or friend might be able to bring it to you.

The scheduler for the Pediatric Orthopaedic Surgery Clinic will call the day before surgery to let you know the exact time to arrive. This is usually around 6 a.m.

The night before surgery

Do not eat anything after midnight unless your doctor gives you other instructions.

If you are checking into the hospital later than 6 a.m., don’t eat anything, including gum or candy, for six hours before you check in.

You can drink clear liquids (anything you can see through, like water or Sprite) until two hours before you check into the hospital.

It is important not to eat anything for six hours before you check in. Having an empty stomach will help avoid problems during surgery. If you have eaten, your surgery will be delayed or need to be rescheduled on a different day.

Before you leave home

If you take medicine, and your doctor has told you it is OK to take before surgery, you can take it with a sip of water, or the way your care team told you at your pre-surgery appointment.

Please take a shower or bath, with soap and water, before you come to the hospital. Do not wear makeup or nail polish. Nail polish can block the sensor we attach to your finger to check the oxygen in your blood.

Brush your teeth, but do not swallow any liquid. Take off any body jewelry, and take out your contact lenses if you wear them.

At the hospital

Please come to OHSU Doernbecher at 6 a.m. on the day of your surgery, unless the surgery scheduler told you to come later.

If you drive to the hospital, your parents or other caregiver may park free in the OHSU Doernbecher patient parking area. There are signs to mark the patient parking lot. If no spots are available, pull up to the entrance of OHSU Doernbecher and ask the parking attendant for a pass and directions. The attendant will help you find another place to park.

Tri-Met buses stop on SW Campus Drive, about two blocks down the hill from OHSU Doernbecher.

If you take a cab or hotel shuttle, tell the driver to take you to the main entrance of Doernbecher Children’s Hospital at OHSU.
After you check in on the first floor, you will go to the surgery waiting area where you can change into a hospital gown. We will help you put your own clothes away or your parents or caregiver can take care of them for you.

A staff member will give you some medicine to help you relax. You will have an IV put in your arm once you are sleepy, or you might get it after you are asleep. The IV gives you the fluids you need during surgery. Your surgery team can also give you pain medicine through the IV.

Your parents or primary caregiver may walk with you back to the operating room doors. Then a member of the anesthesia team will take you into the operating room and give you medicine to help you relax more and fall asleep.

**During your surgery**

You will be asleep while your doctor does surgery. You will not feel any pain or discomfort. The nurses and other members of your care team will watch carefully before, during and after surgery to make sure you are doing OK.

When you are asleep for surgery, a staff member will put a small tube in your bladder to drain urine (pee) out of it. This is called a Foley catheter. The tube will make the first few days after surgery easier because you will not have to get out of bed to use the bathroom. Your nurse will take out the catheter two to three days after surgery.

Your care team will also put a small tube under the skin of your back. This is called a Hemovac. It helps drain extra fluid or blood from your back after surgery. A bandage will cover the Hemovac and hold it in place.

**Information for your family and friends**

During your surgery, your family and friends can wait in the surgery waiting room on the eighth floor of OHSU Doernbecher Children’s Hospital. There are magazines to read and sometimes crafts or other activities.

If your family or friends get hungry, there is a Starbucks coffee shop on OHSU Doernbecher's first floor, near the admitting desk. OHSU Hospital, across the 9th floor sky bridge, has a natural foods store and several coffee shops and cafes. The cafeteria on OHSU Hospital's third floor is open 24 hours a day, seven days a week. You will receive a welcome packet at your Doernbecher prep (pre-anesthesia testing) appointment with more information for family and friends.

There are restrooms in every hospital room at Doernbecher. There are also restrooms near the surgery waiting room.

An ATM is located just across Doernbecher’s 9th floor sky bridge at OHSU Hospital, near Treasures gift shop.

When your surgery is over, the doctor will talk to your family about how it went. Your parent or primary caretaker might be able to come to the recovery area after you start waking up. When you go to your hospital room, your family can meet you there. Your family will also be contacted several times during the surgery to tell them about the progress of the operation.

**What happens after surgery?**

After surgery, staff members will take you to the recovery area. You will probably stay there for one or two hours, until you are awake and your hospital room is ready.

A staff member will take you to your room on the 10th floor of OHSU Doernbecher. This part of the hospital is called 10 North (10N). The signs have a sea horse symbol.

Your nurses and care team will watch you closely after surgery to make sure you are recovering normally. They will:

- Check your breathing, heart rate, blood pressure and pain level.
- Help you change positions every two hours until you can move on your own.

After surgery it is important you take deep breaths regularly to help keep your lungs clear. Your nurse will show you how to pull air out of a device called an incentive spirometer. This helps keep your lungs expanded after surgery. Using the incentive spirometer will help keep you from getting pneumonia (a lung infection) and keep your fever down. You need to use it about 10 times an hour while awake.
What to Expect in the Hospital

Day one
On the first day after your scoliosis surgery, you will lie in your hospital bed on your back. You will have pain and will probably not want to do very much. Because you might not feel like talking, you might not want to have many visitors on day one.

You will get pain medicine through a pump you control by pushing a button. The pump will give you some medicine automatically, but you can get more medicine if you need to. You will also get antibiotics through an IV for 24 hours after surgery. The antibiotics will help prevent infection.

You probably won’t feel like eating or drinking, but you can have sips of water and might be able to drink clear liquids. You might feel nauseated (sick to your stomach) when you drink liquids. It is fine to wait to drink until you feel better.

We will give you the nutrition and liquid you need through your IV until you can digest food normally. Your appetite will probably start to come back one to four days after surgery.

What to expect on day one:
- Fever: This is normal after surgery. Using your breathing device (incentive spirometer) will help keep your lungs clear and your fever down. It will also help prevent pneumonia (lung infection).
- Swelling in your face: This is normal too. You were lying on your stomach during the surgery, and a lot of fluids were put in your body. The swelling will go away in several days.
- Drain: You will have a small tube under the skin of your back. This is called a Hemovac. It drains extra fluid and blood out of your back after surgery. A bandage will cover the Hemovac and keep it in place.

Your doctor will come to see you and answer any questions you and your parents or primary caregiver have. The doctor, resident or nurse practitioner will visit each day while you are in the hospital.

Day two
Your care team will take the drain (Hemovac) out of your back. You can press the button on your pain pump before this is done. Some kids think it hurts when the tape is removed.

You will be able to sit at the side of your bed and dangle your feet.

You will be able to sip water and drink clear liquids. If you feel well enough, you might be able to eat something.

If the hospital food does not taste good, your parent or primary caregiver can bring you some food from home. If you want to do this, have your parent or caregiver talk with your doctor or nurse about what foods are best. There is a refrigerator near your hospital room.

Day three
A nurse or other team member will take out your catheter. Many kids don’t think this hurts, but everyone is different. After your catheter is out, you will need to get out of bed whenever you need to use the bathroom.

You will be able to move from your bed to the chair in your room. A physical therapist will help you.

You might be able to stop using your pain pump and start taking pain medicine by mouth. You can still get medicine through your IV if you need it. If you have a lot of pain, you might have the pain pump until day four.

If you are drinking enough fluids, your care team can stop the fluids in your IV line. If you are not drinking enough fluids yet, the IV will continue until you start drinking more.

Day four
The physical therapist will help you start walking around the hospital. If you need to climb stairs at home, the physical therapist will help you learn how to climb them while your back is healing.

The machines keeping track of your heart rate, blood pressure and other information can be unhooked.

You can start getting ready to go home. Many kids go home on day five, but everyone is different.
You probably won’t need much more pain medicine through your IV, but you can still take pain medicine by mouth.

Your doctor or nurse practitioner will change the dressing (bandages) on your back. A new bandage will be placed that someone at home will need to remove in 5 days.

**Day five**

Most kids stay in the hospital about five days after scoliosis surgery.

**When is it time to go home?**

You can go home this day if:

- You can get out of bed and walk to the bathroom and back.
- You are only taking pain medicine by mouth.

You do **not** need to have a bowel movement (poop) before going home.

What happens each day depends on how you recover from scoliosis surgery. Because everyone recovers at a different speed, you might notice some differences from the way things are described here. Some kids recover faster and can go home on day four. Other kids need more time.

**Medicines you might take in the hospital**

- Morphine or Dilaudid. The nurse will put these pain medicines in your IV.
- Zofran. This medicine can help stop nausea (feeling sick to your stomach).
- Reglan. This medicine also helps stop nausea. It can help your stomach work better.
- Vicodin, Lortab or oxycodone. You take these pain medicines by mouth.
- Colace. This medicine makes your bowel movements (poop) softer so going to the bathroom is easier.
- Miralax. This medicine can help stop constipation (having hard bowel movements or difficulty going to the bathroom). Some pain medicines can make you constipated.
- Tylenol. This will help with fever and pain.
- Antibiotics. Medicines that kill bacteria (germs) that could make you sick. After surgery, you are more likely to get an infection. You will get an antibiotic medicine that kills many different types of bacteria, so you are less likely to get an infection after surgery. Ancef (cefazolin) is the medicine most patients get. This medicine will be in your IV for the first 24 hours after surgery (day one).

**Managing your pain and discomfort**

Your stay in the hospital will be the most painful part of your recovery. Remember that your care team is there to take care of you, and tell them if you have pain or discomfort. Our goal is to keep you as comfortable as possible. Keeping your pain level down will help you rest so your body can heal faster.

If you have any questions, ask your doctor, nurse practitioner or someone else on your health care team, or have your parent or primary caregiver ask questions for you. We want to make sure you are as comfortable as possible.
What to Expect at Home

Going home
Your parent or primary caregiver can get the medicines you will need at home at the OHSU Doernbecher pharmacy. This is on the seventh floor (look for the frog symbol). Before you leave, your nurse can give you some medicine so you will be comfortable on the way home. On the drive home make sure to avoid bumpy roads, use a seat belt sitting upright, and drive the speed limit.

Your nurse will explain to your parent or primary caregiver about when you need the next dose of medicine and how often you should take each type of medicine.

Medicines you might take at home
Because you will go home before your back has healed completely, you will still need to take medicine at home. Medicines you might take are:

- Pain medicine, such as Lortab, Vicodin or oxycodone
- Medicine to prevent constipation (difficulty having a bowel movement), such as Miralax, Colace, Dulcolax or senna
- Medicine to help prevent nausea (usually not needed)
- Medicines to help prevent back spasms (valium)
- Medicines you were taking before your surgery

Recovering at home
You will miss about three weeks of school after you get home from the hospital, so you will be out of school for about a month. You can do schoolwork at home. If you need a note for school, talk to your doctor, nurse or someone else on your care team.

Five days after the doctor changed your dressing (bandage) in the hospital, you can take the dressing off and leave it off. You can shower and wash your back after you take the large dressing off.

Under the dressing, your surgery incision is covered by small strips of adhesive bandage called Steri-Strips. Do not take these off. You are encouraged to shower and wash the incision area with soap and water. They will fall off by themselves in a few weeks. If the corners of any strips are peeling up, you may cut the corners off.

In the first month after your surgery, you can take pain medicine by mouth. Most kids do not need narcotic pain medicine after the first month. Your doctor will talk with you about any pain or discomfort you have and make sure you are comfortable while your back is healing.

Once you are home, it is unlikely that you will need physical therapy.

Activities
You can be active after scoliosis surgery, but you need to start slowly and allow your back to heal. For information on specific activities after surgery, see the Activity Chart at the back of this guide.

As soon as you go home from the hospital, it is fine to walk as much as you want. You may turn and twist as much as you want, but do not lift anything that weighs more than 10 pounds. This includes pets, books and backpacks.

We can write a note to your teachers so you can have two sets of textbooks, one at school and one at home. This will keep you from having to carry heavy books or a heavy backpack.

Remember, every kid is different. Talk to your doctor, nurse or care team if you have problems or questions about activities.

Having scoliosis surgery should not keep you from being able to have children later on. However, depending on where your spine is fused, you might not be able to have an epidural anesthetic for childbirth or other
medical procedures. If you have any concerns about your activities, now or later, talk to your doctor, nurse or another person on your care team.

**When to call the doctor**

Once you are home, you will see your pediatric orthopaedic surgeon for regular checkups. If you have questions between checkups, you (or your parent or caregiver) can call our office at 503 346-0640.

Call the office if you have any of the following:

- Fever
- Your incision (area where you had surgery) leaks blood or other fluid
- Your legs feel sleepy or numb (no feeling)
- You feel much weaker than usual
- Your incision looks more red than usual
- Your incision is more swollen than usual
- Worsening pain rather than improving pain

If you have any of these symptoms after regular office hours (during the night or on weekends), call 503 494-8311 and ask for the pediatric orthopaedist on call. Tell the operator you are a patient of Dr. Halsey at OHSU Doernbecher and that you had scoliosis surgery. The doctor will call you back at home and make sure everything is OK.

**Checkups after surgery**

After you go home from the hospital, you will see your pediatric orthopaedist or someone else on your care team regularly to make sure your back is healing correctly. Your appointments after surgery will include:

- Two-week checkup. The doctor will check your back, and you will have X-rays.
- Six-week checkup
- Three-month checkup with X-rays
- Six-month checkup
- Every six months after the six-month checkup
- Any time you have questions or concerns about your scoliosis surgery or recovery.

You will see your pediatric orthopaedic surgeon for at least three years after scoliosis surgery to make sure things are going well.

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**ACTIVITY CHART**

*After Scoliosis Surgery*

This chart is a guideline. Please ask your doctor or nurse practitioner if you have questions about being active after scoliosis surgery.

<table>
<thead>
<tr>
<th>Activity</th>
<th>7-10 days</th>
<th>1 month</th>
<th>6 weeks</th>
<th>3 months</th>
<th>6 months</th>
<th>1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shower</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting 10 pounds</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
</tr>
<tr>
<td>Walking outdoors</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Climbing stairs</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light upper body exercise</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car rides</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Making bed, fixing yourself snacks</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short outings (church, visits)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stationery bike</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swimming, no diving</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dancing (slow)</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Light jogging</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aerobic dance exercise – Low impact</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Non-contact sports (tennis, swimming)</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air travel (long distance)</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Downhill skiing (experienced)</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
</tr>
<tr>
<td>Cycling (road bike)</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross-country skiing</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Downhill skiing (novice)</td>
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<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
</tr>
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<td>Horseback riding, snowmobiling, waterskiing</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
</tr>
<tr>
<td>Contact sports (soccer, volleyball)</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Varies</td>
<td>Yes</td>
</tr>
<tr>
<td>PE class</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td></td>
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</table>
Before surgery

After surgery

Important Contact Information

Pediatric Orthopaedic Surgery Clinic – 503 346-0640
Call for clinic information and scheduling or with questions

General OHSU number – 503 494-8311
Call if you have problems after hours (evenings or weekends)

Matthew Halsey, M.D. – halseyma@ohsu.edu
Jeanette Diaz, C.P.N.P. – diazj@ohsu.edu
Pre-anesthesia Questionnaire

When you come for your Doernbecher prep (pre-anesthesia testing) appointment, your doctor will ask you these questions. Your parent or primary caregiver should read them before your appointment and mark the answers. If you don't know something, it is OK to leave it blank until your appointment.

If your child has any of these medical problems now or had them in the past, check yes. If your child has never had the condition, check no.

Please Answer the Following Questions:

<table>
<thead>
<tr>
<th>Do you have a history of or currently have:</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
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<tbody>
<tr>
<td>1. Was your child born premature (early)?</td>
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<td>2. Asthma, frequent colds or lung disease from being born premature (early)?</td>
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<td>3. Cold, cough, flu, runny nose, fever or pneumonia in the last month?</td>
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<td>4. Exposed to an infectious (contagious) disease in the last month, including chicken pox, measles or tuberculosis?</td>
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<td>5. Snore?</td>
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<td>6. Heart disease, a heart murmur or &quot;blue spells&quot;?</td>
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<td>7. Gastric reflux (indigestion) or vomit often?</td>
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<td>8. Liver disease, including jaundice or hepatitis?</td>
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<td>9. Kidney disease?</td>
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<td>10. Diabetes, taking pills or insulin?</td>
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<td>11. Bleed easily, bruise easily or have any blood diseases, including anemia, low platelets or leukemia?</td>
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<td>12. Convulsions, seizures, cerebral palsy, mental retardation, developmental delay or learning disabilities?</td>
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<td>13. Cancer?</td>
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<td>14. Muscle disease or weakness?</td>
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<td>15. Any other medical problems? If yes, please write them here:</td>
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<th>Don’t Know</th>
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<tr>
<td>16. List all operations (surgery) your child has had including year and type of anesthesia (general, epidural, local, etc.)</td>
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<td>17. Has your child ever had problems with anesthesia or sedation?</td>
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<td>18. Have any family members (blood relatives) ever had a problem with anesthesia?</td>
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<td>19. Has your child ever been a patient at OHSU Doernbecher or OHSU Hospital?</td>
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<td>20. Do any family members (blood relatives) have a bleeding problem?</td>
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<td>21. Is there anyone at home who has or had an MRSA infection in the last three years?</td>
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<td>22. Does your child wear braces or orthodontic appliances?</td>
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<td>23. Does your child wear contact lenses?</td>
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<td>24. Does your child have any implanted medical devices?</td>
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<td>25. Does your child have any allergies or allergic reactions (to drugs, adhesive tape, or other things)? Please write them here:</td>
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<td>26. Is your child taking any medicines now? (Include herbal medicines, cortisone, Motrin, aspirin and birth control pills). Please write them here:</td>
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<td>27. If your child is a girl, could she be pregnant? Date of last menstrual period:</td>
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