

SDR Post Operative Information for Families / Carers

This information sheet provides you with advice on how to care for your child once you go home following Selective Dorsal Rhizotomy (SDR) surgery.

For the first few days following the operation your child is likely to require regular painkiller medication to keep them comfortable. This also allows them to get the most benefit from the first few physiotherapy sessions following their operation. This medication will be given to you upon discharge from the ward.

The SDR surgery wound is about 5-6 cm long in the centre of the back. You will also notice that there is a small point off to the right of the main wound where the epidural was sited. The main SDR surgery wound is closed with an absorbable stitch that is usually buried under the skin and cannot be seen.

- Both wounds are covered by flesh-coloured paper “suture strips” and an additional dressing. These dressings and suture strips are removed one-week after surgery and the wounds can then be left uncovered. These are removed by the nurses on the ward after one of the physiotherapy sessions.
 - These strips need to be removed because they take a long time to come off on their own and could cause problems if left on too long.
 - Don't worry though, we have special “sticky-removing” spray that we use to enable them to peel off easily.
- The epidural site has a stitch that is visible at the skin. Whilst this is dissolvable, if it is causing trouble, it can be removed. The stitches dissolve over several weeks.

We recommend that lotions and creams are not applied to the wound for the first 6-weeks as they may affect the wound healing and may increase the risk of an infection.

Sometimes scabs will form over the wound; please do not pull the scabs off as they protect the healing tissue underneath.

If you have any concerns about the surgical wounds after discharge, please contact the ward and bring your child in to the ward for us to review. We are best-placed to make accurate assessments of these wounds and would prefer you to come to us rather than your GP. In particular, if there is any redness or discharge, or if your child becomes unwell with a high temperature, we should be contacted immediately:

- Ward 52 (24/7) – 0113 392 7452 – **Please ask to speak to the nurse in charge**
- Clinical Nurse Specialists (8.30am-5pm weekdays) – 0113 392 6350

When can my child have a bath or a shower?

- We allow your child to have a bath in shallow water once the dressings have been taken off, 1 week after the SDR surgery. We recommend that they sit-up in the bath and that the wound is not soaked – it can get a little bit wet, but should not be soaked.
- For a shower, because the wound will get wetter for longer, we would prefer you to wait until 2 weeks after surgery.
- After the bath / shower, gently pat the area dry to avoid discomfort or damaging the wound or the surrounding skin.

When can my child have hydrotherapy or swim?

- We recommend that hydrotherapy and swimming are avoided for the first 6-weeks after surgery. This is to allow the wound to fully heal and reduce the infection risk.
- If scabs are still present on the wound even at 6-weeks, swimming & hydrotherapy should be avoided until after these have fallen off.

I've noticed a "Lump" on my child's back. Is this normal?

- Yes. It is normal to notice a "lump" on your child's back above or below the incision site. This may look more prominent when they bend forwards. This "lump" is due to the stitches used to close the wound, and generally flattens down over the month after surgery.

Are Muscle spasms common after SDR?

- Your child may experience muscle spasms after an active day. Adequate painkillers and muscle-relaxing drugs may be required so please inform your doctor.

How important is the physiotherapy after SDR?

- Physiotherapy after SDR is absolutely vital. SDR takes away the stiffness in the muscles, but the muscles are weak because they haven't developed properly so far. Physiotherapy is required to strengthen the muscles and to enable your child to get the maximum benefit from their surgery. If you miss physiotherapy sessions, this could mean your child gets less benefit from SDR.
- It is vital that you are fully committed to attending for every post-op physiotherapy session in the hospital after SDR. This will be every weekday for 3 weeks after SDR.
- If your child is unwell and unable to attend for a physiotherapy session, we ask you to contact the physiotherapy team ASAP so that alternative arrangements can be made.
- After discharge to home, there will be a programme of physiotherapy that your local therapist needs to provide. It is also vital that you fully commit to that and do not miss sessions.

Activity and Play – What can my child do and when?

- Your child should return to activities quite quickly but it may take longer for them to walk due to muscle weakness. It is important to encourage your child to be active on the floor (crawling, rolling, sitting) & participate with any exercise programmes advised. Hydrotherapy or swimming should be avoided for 6 weeks after the operation in order to allow full healing of the wound and minimise the risk of infection. Other forms of physiotherapy are not usually a problem.

When can my child return to school?

- Most children will be able to return to school about 4-6 weeks after surgery.
- Your child may tire more easily after the operation and may not be able to manage a full day or week in school.
- A phased return to school may be helpful but should always be discussed with your local therapy team & school special educational needs coordinator.

If you have any concerns about your child you can contact the following for advice:

Monday – Friday 08:30–17:00

- Andie Mulkeen or Sharron Peacock (Clinical Nurse Specialists) Tel: 0113 392 6350
- Mr Goodden (Consultant Neurosurgeon) Secretary Tel: 0113 392 8413

Out of hours (evenings and weekends)

- Contact Ward L52 Tel: 0113 392 7452