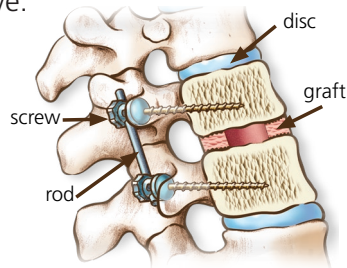


Q What happens during surgery?

A The surgery of choice for scoliosis is spinal fusion, connecting two or more vertebral bones along the curve. The surgeon inserts bone grafts made of small pieces of bone from your child's hip, or a bone bank, or other material into the spaces between the vertebrae. Over time, the bones grow together, or fuse, and prevent the progression of the curve.

Wires, screws, rods, metal cages or plates may also be used to increase stability. These are left in place even after the bones have fused.



Lumbar fusion

Scoliosis surgery in children is a complicated procedure. The surgery takes several hours and requires several days in the hospital. However, most children are up and walking without a brace 2 to 3 days after surgery. They are generally released from the hospital within a week and can resume their normal activities fairly rapidly. Most children can return to sports activity within 6 to 9 months.

Following spinal fusion surgery, growth in that area of your child's spine will stop. However, your child's final height is not affected since most growth generally occurs in the leg bones and the unaffected area of the spine.

Surgical risks

The risks for scoliosis surgery are the same as for any major surgery. Though rare, complications like infection, pain and nerve damage can occur. Talk with your surgeon to make sure you understand the risks and benefits of your child's recommended scoliosis treatment.

For more information go to:

www.AllAboutBackandNeckPain.com

As your doctor, I look forward to answering any questions you have about your child's back and neck.

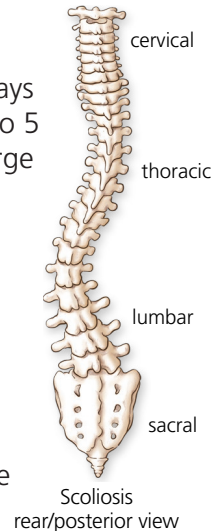
Understanding Scoliosis in Children and Adolescents


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Q What is scoliosis?

A Scoliosis (sko-lee-O-sis) occurs when the spine twists and develops an S- or C-shaped sideways curve. Of every 1,000 children, 3 to 5 develop abnormal spinal curves large enough to require treatment. Scoliosis that occurs after age 10 whose cause is unknown is called **idiopathic adolescent scoliosis**. This is the most common type in children, occurring more often in girls than in boys. Most cases of scoliosis in children are discovered during puberty when the curvature becomes more noticeable.



Scoliosis tends to run in families. Less often, it's caused by things like birth defects, polio, cerebral palsy or other health issues. It is not due to anything that the child or the parents did or did not do. Things like diet, exercise, poor posture or carrying a backpack does not cause scoliosis in children. Scoliosis often develops in children who are otherwise healthy.

The cause of 80 to 85% of scoliosis in children and adolescents is unknown.

TERMS TO KNOW

- **Idiopathic** — cause unknown. Most adolescent scoliosis is idiopathic.
- **Spinal fusion** — surgery that joins together two or more vertebral bones to stabilize the spine and correct abnormal spinal curve.

Q What are the symptoms of scoliosis?

A In children and adolescents, scoliosis rarely causes pain. Often, children will not even notice they have a spinal problem. In fact, scoliosis often goes undiagnosed until the curves have progressed and are more noticeable.

Common signs and symptoms of scoliosis include:

- One shoulder or hip higher
- One shoulder blade sticks out
- Rib hump at the back of the waist or on the back at the ribs
- One arm hangs lower than the other

Q What are the treatment options?

A You may have tried many options for your child's scoliosis, including bracing or electrical stimulation of muscles called **electrospinal stimulation**. Since your child's curve is continuing to progress, has progressed to 40 to 50 degrees, or the deformity is causing social problems for your child, it may be time to consider surgery. Without correction, severe scoliosis can lead to serious, though rare, health problems such as severe back pain, difficulty breathing, physical deformity, and even injury to the lungs and heart.

Surgery may be an option for your child

Your doctor has recommended surgery for your child. While that may be frightening, surgery can correct the curves of scoliosis. If your child's curve is 40 degrees or greater and he or she is still growing, or 50 degrees or higher, surgery is usually recommended.

QUESTIONS TO ASK YOUR CHILD'S SURGEON

- What are the risks and benefits of surgery?
- What techniques will you use?
- Where will the incisions be made?
- How straight will my child's spine be after surgery?
- How long will my child be in the hospital?
- Will there be chronic back pain after surgery?
- Will my child need additional surgery?
- Will my child be able to do the things she wants following surgery?
- How much school will my child miss if surgery is done during the school year?
- What kind of physical therapy and exercise program follows surgery?