

Disclaimer



**Mr D S Marks FRCS FRCS(Orth) is a consultant to DePuy Spine & Medtronic
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Spine V Chest



Department of Spinal Surgery The Royal Orthopaedic Hospital

Would you do a Total Hip Replacement on this hip?



When the Pathology is here?

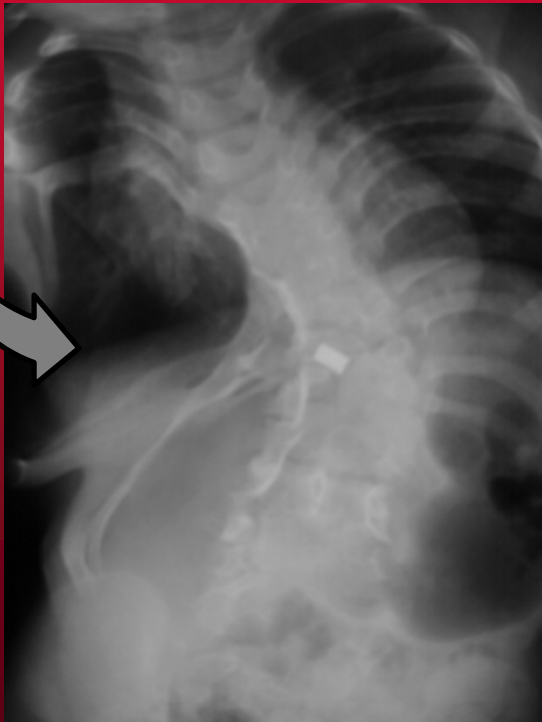


**Then why subject a
'normal' thorax to this !!**



Chest Instrumentation limitations

Only Congenital Scoliosis
has rib pathology – **why
operate here in a 'normal'
thorax**



Chest Instrumentation limitations

**VEPTR stiffens chest
wall**

↓ FVC after VEPTR

↓ FEV1

↑ Residual volume

John Emans (Boston)

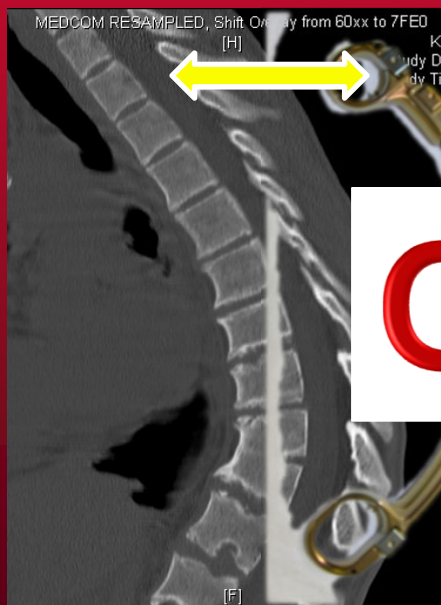
Mayer & Redding (Philadelphia)

Motoyama et al (Pittsburgh)



Chest Instrumentation limitations

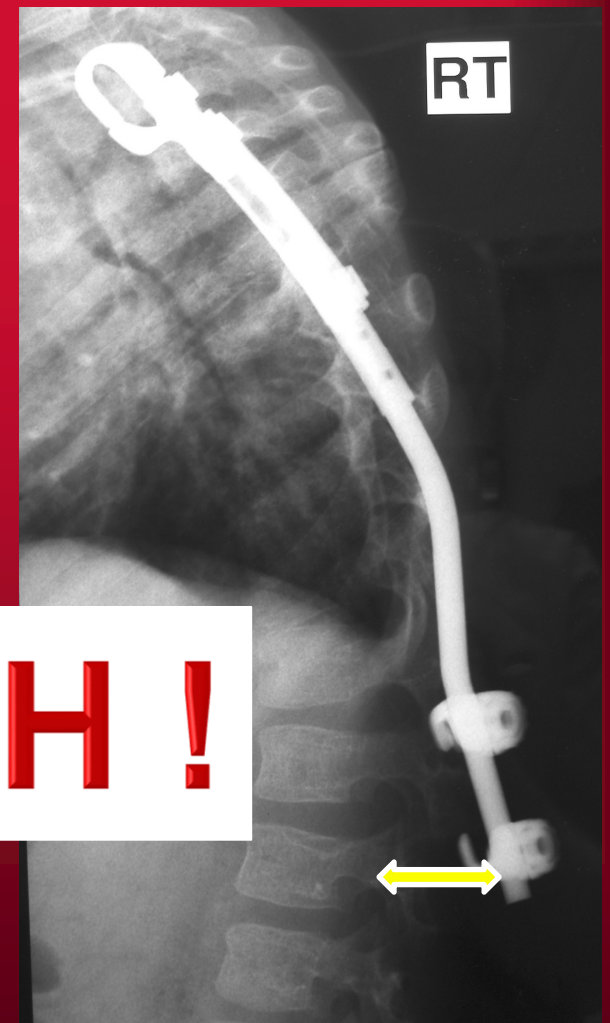
Chest instrumentation
has difficulty in
addressing sagittal /
transverse planes



In Kyphosis
it either
won't fit the

OR BOTH !

.....or it
pulls out at
the bottom



Chest Instrumentation limitations

Limited Fixation

Whereas spinal
instrumentation
has -

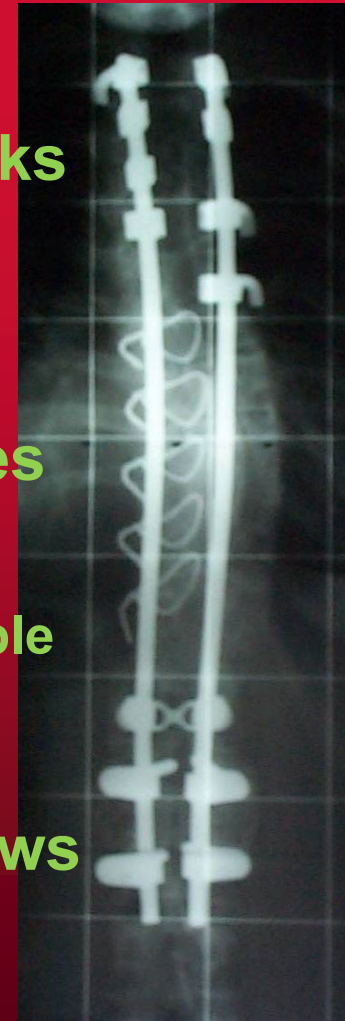


Hooks

Wires

Fully
controllable
rods

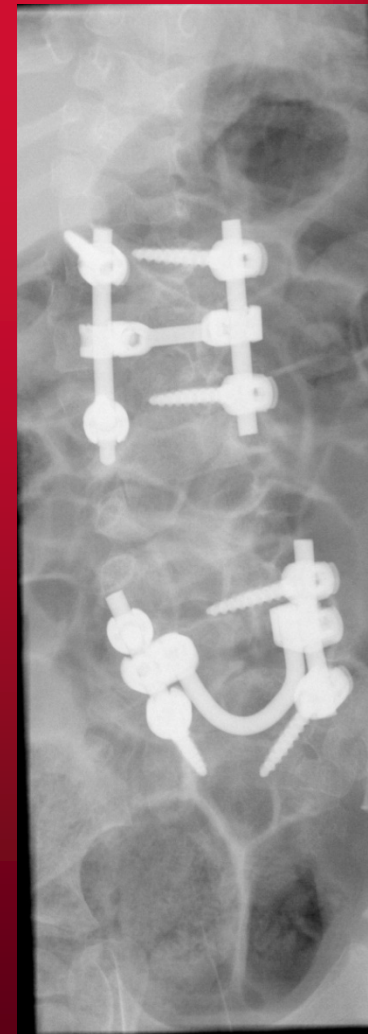
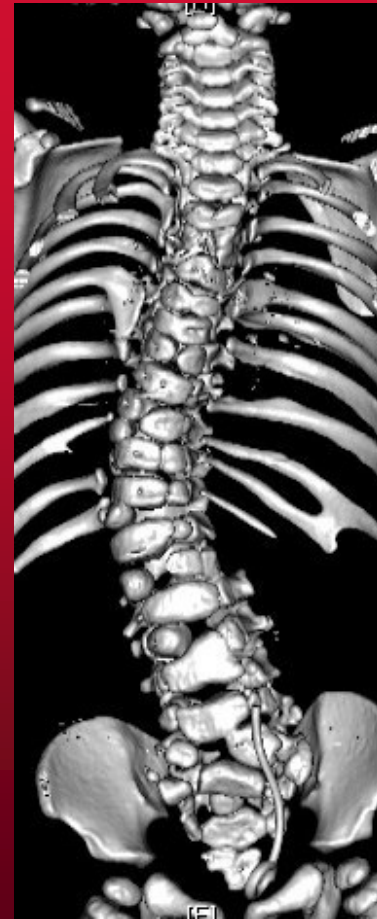
Screws



Chest Instrumentation limitations

Cannot deal with selective spinal pathology *ie* hemi-metameric shift

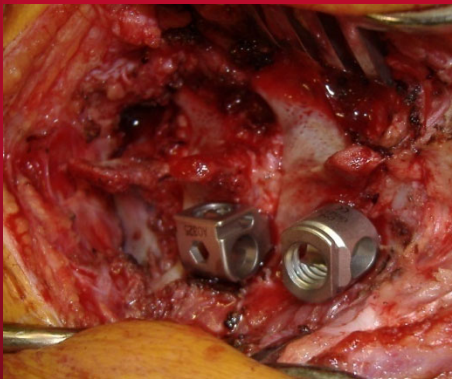
Spinal Instrumentation has the flexibility to do this



Che

tion

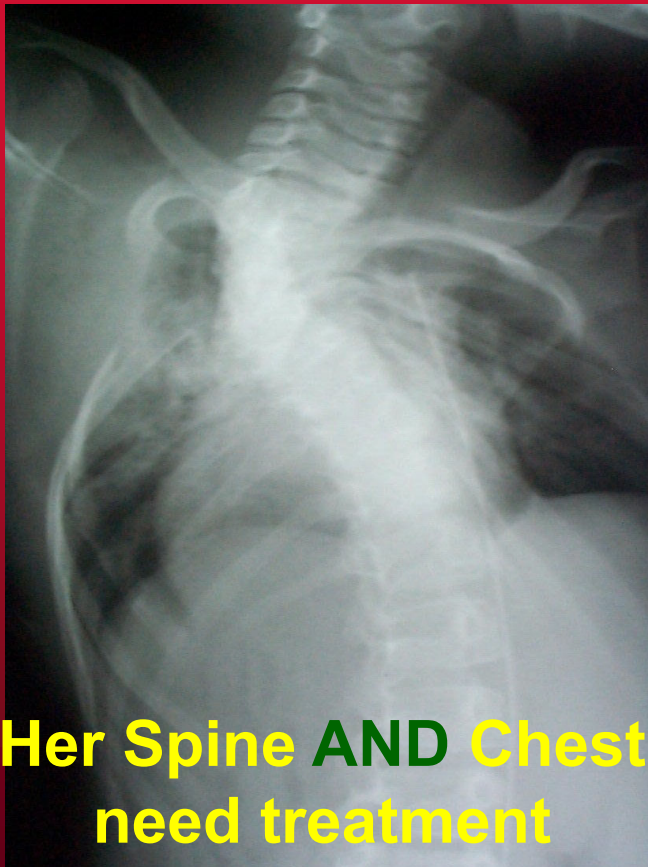
Issues of
(better with



Depa

Hospital

Go Where the Pathology is !

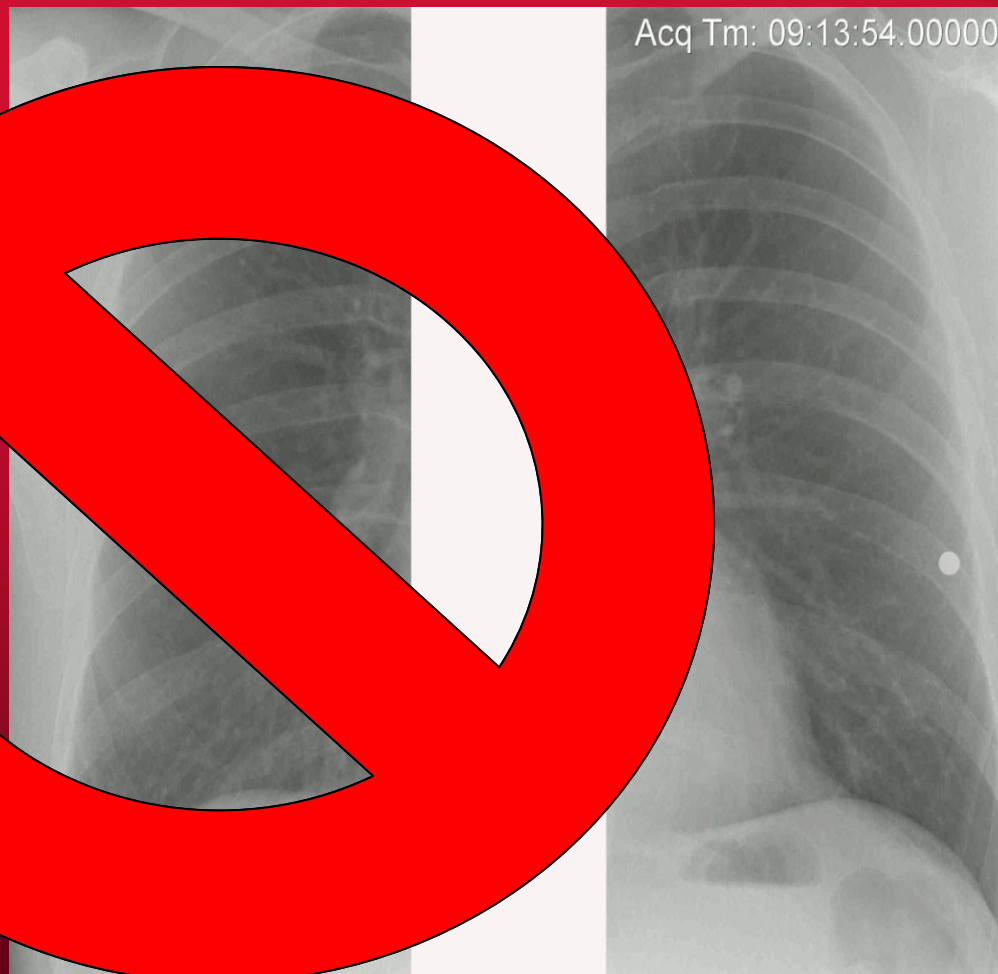


Her Spine **AND** Chest
need treatment



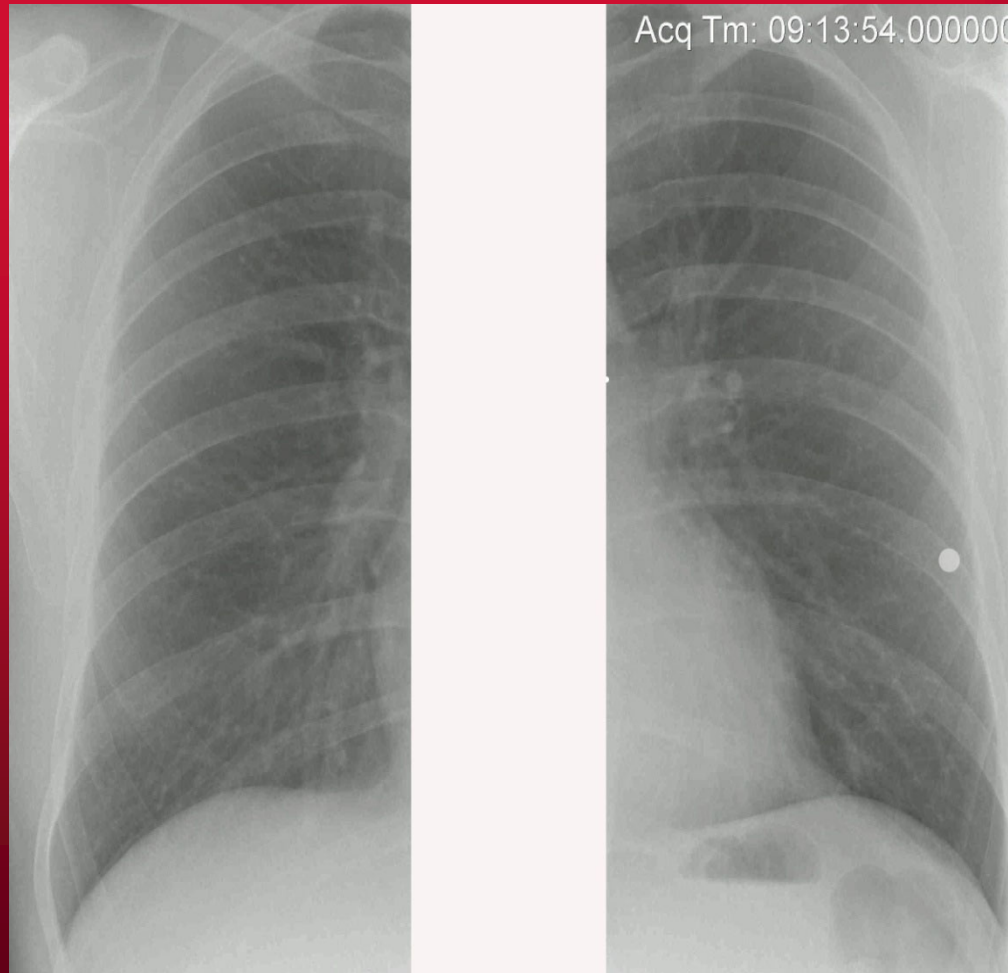
His Spine needs treatment
BUT he doesn't need a
stiff chest

Spine & Chest ?



Acq Tm: 09:13:54.000000

Spine & Chest ?



Spine & Chest

