Anchors/Instrumentation Techniques in Small Children

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Disclosures

- Speaker's bureau for:
 - Medtronic Sofamor Danek
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Cephalad Fixation: Spine

• SJL Indications:

- Spine problem (normal chest), stay on spine
- Proximal thoracic kyphosis: contour rods. Less kyphogenic with screws?
- Need minimum 4 fixation points in 2 adjacent vertebra. Consider low-dose CT scan w/ 3-d reconstructions







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Cephalad Spine Fixation Options

- Pedicle Screws:
 - Harimaya et al (2009 SRS): 948 PS in 88 pts <10 y/o...8 pedicle violations (0.8%)
 - Mueller et al (POSNA 2010): 205 PS w/ 7.7% implant-related complication rate
- Hooks vs. Screws:
 - Mahar et al (Spine 2008): PS fixation better correction than hybrid or hooks at cephalad and caudal levels.
 - Skaggs et al (2010 SRS): 247 pts <10 yrs with GRs. PS complication rate 2.4% vs. hooks 6.9%

Cephalad Spine Fixation: UIV Selection

• Coronal plane: UIV at or cephalad to upper End Cobb level



Cephalad Spine Fixation: UIV Selection

- Sagittal Plane:
 - Extend instrumentation past kyphosis (may lessen risk of PJK and failure of fixation)
 - Cephalad motion segment should be neutral or, preferably, lordotic
 - Schroerlucke et al (2010 SRS)
 - More implant failures when T5-T12 >40°
 - 4.9x more complications than neutral
 - group (10-40°)

Alanay A et al, Spine 2003

• Don't use crosslinks when using pedicle screws. Prevents toggle and axial pull-out.



Caudal Spine Fixation: LIV Selection

• Coronal:

- Last level "touched" by CSVL (with neutral rotation): possible endpoint
- Stable vertebra: safest



Caudal Spine Fixation: LIV Selection

• Sagittal: caudal motion segment below LIV should be lordotic



Pedicle Screw Placement

- Intraoperative imaging (fluoroscopy vs. Oarm)....intra-pedicular screws essential
- Small ("baby") pedicle finder
- Minimum 4 fixation points, 6 if osteopenic or increased kyphosis



Pedicle screw placement

- Larger diameter screws are better
- Pedicle screw diameter should be greater than rod diameter....rather revise rod fracture than screw pull-out!



Rod contouring: Avoid hypokyphosis!

- Minimize accentuation of thoracic hypokyphosis during intraoperative positioning
- Bend extra kyphosis into proximal rod to compensate
 - Decrease chance of implant pull-off or PJK?



Cephalad Fixation:

- SJL indications:
 - Chest cage dysplasia (absent and/or fused ribs)
 - Hypotonic neuromuscular scoliosis (MMC, s/p spinal tumor resection, SMA)
 - Congenital scoliosis proximal thoracic spine (precludes screw fixation of UIV)





Cephalad Rib Fixation: Selection of Levels

- Avoid
 - Thin, gracile ribs (if possible)T1 rib
- Sagittal: Above apex of kyphosis
- Coronal:
 - Concave: at or 1 level below End Cobb level
 - Convex: at or 1 level above End Cobb
- SJL preference: 2 rib fixation



Cephalad Rib Fixation: Placement Technique

- Constructs
- VEPTR (SJL preference)
 Spine-based system
- 1-rib vs. 2-rib fixation
- Surgical incisions: midline vs. paraspinal
- Minimize dissection around rib (minimize devascularization)





Growing Rod Graduates: Lessons from 58 patients who Have Completed their Lengthenings Flynn J et al, 2010 SRS paper

• 91% underwent fusion

- 60% of fusions were longer than GR constructs by mean 1.6 levels

- Correction:
- No correction in 7%
 Minimal (<20%) in 25%
 Moderate (21-50%) in 53%
 Substantial (>51%) in 15%

Other construct factors

- Metal:
 - Stainless steel

– Titanium

- Cobalt-chrome
- Rod diameter: 3.5 6.0 mm Connectors SJL: 3.5 or 4.5mm

Axial:

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- Axial: Short vs. long Static vs. dynamic Side-to-side domino



Thank you

