

DISTRACTION OF (MAGEC) ROD WHY AND WHEN ?

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Early Onset Scoliosis

- Spinal Deformity in children < 5 years
- Natural History dismal and it is challenging
- Aim of Management:
 1. Stop curve progression
 2. Achieve max axial skeletal growth
 3. Allow lung and thoracic cage development to continue



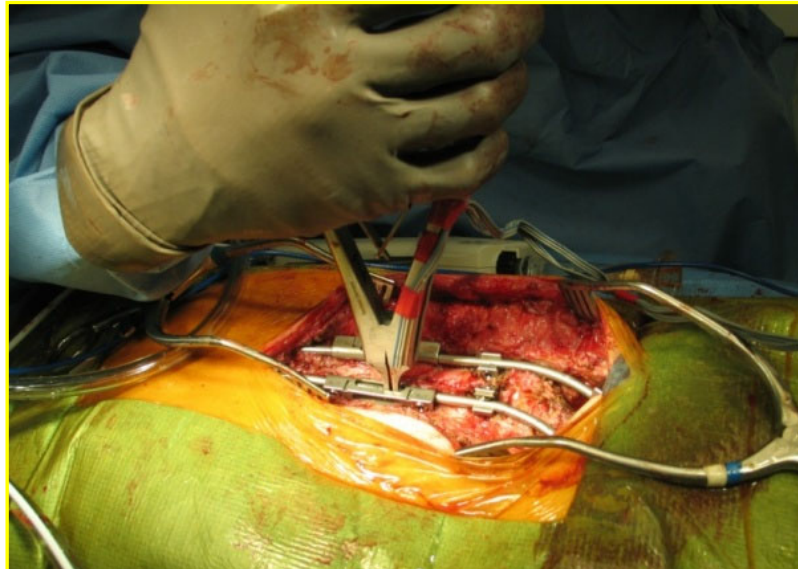
Treatment Of EOS

1. Distraction Based e.g: VEPTR
2. Guided Growth e.g: Shilla Technique
3. Compression Based
e.g: tether, staples



Disadvantages of Conventional Growth Rod

1. Multiple hospital admissions: Psychologically traumatic
2. Repeated 6 monthly anaesthesia & its risks
3. The law of diminishing returns: Large forces every time

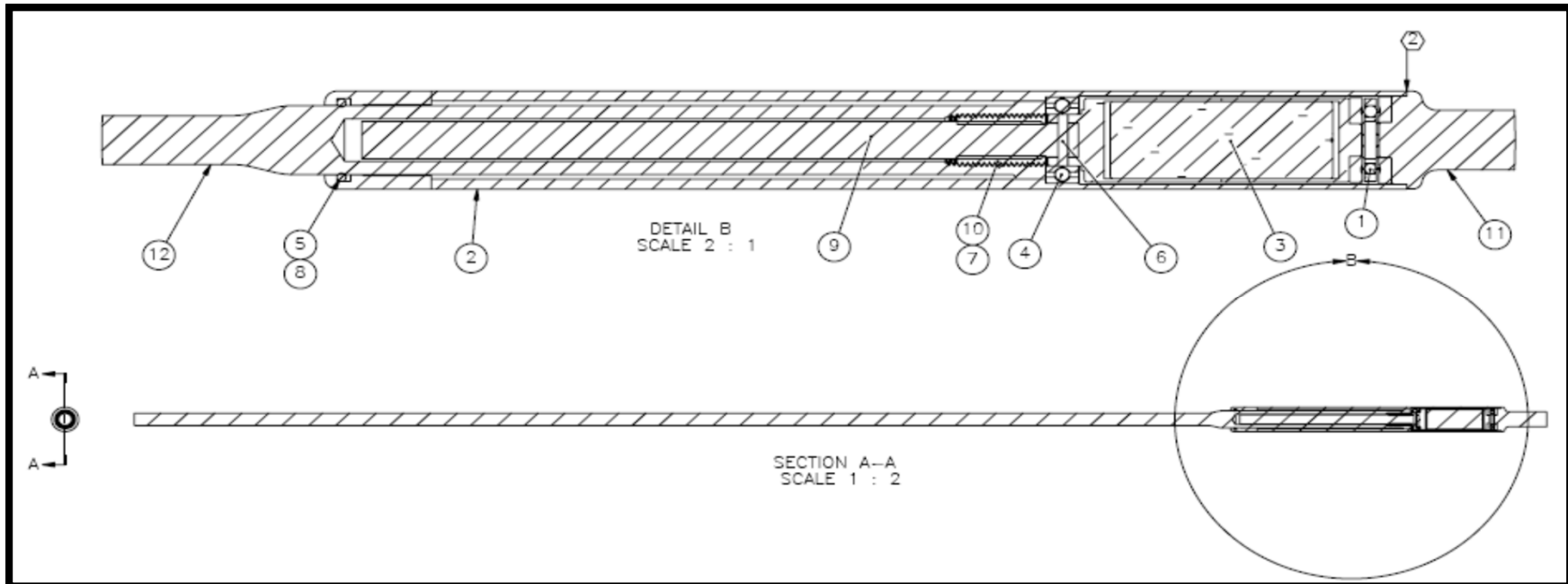


The MAGEC™ System

- A Remotely Expandable Device for Non-invasive Lengthening of Growing Rod
- MAGEC™ comprises two major elements
 - Implantable distraction rod
 - External adjustment device



How Does It Work?



- | | |
|---------------------------------------------|---------------------------------------------------|
| 1. Thrust Bearing | 8. Gland (groove in which O-ring resides) |
| 2. Actuator Housing | 9. Lead Screw |
| 3. Magnet | 10. Inner space in proximal rod where nut resides |
| 4. Radial Bearing | 11. Distal rod (shown short) |
| 5. O-ring dynamic seal | 12. Proximal rod (shown short) |
| 6. Pin (holds lead screw to magnet housing) | |
| 7. Nut | |

MAGEC™ Distraction

External Remote Controller (ERC)

- The ERC is a portable, hand held unit that uses a pair of permanent magnets to automatically modify the length of the implant through touch of a switch.
- The amount of applied distraction /retraction can be seen on a built in display.
- If dual rods are used, they can be distracted/retracted independently.



Advantages of MAGEC

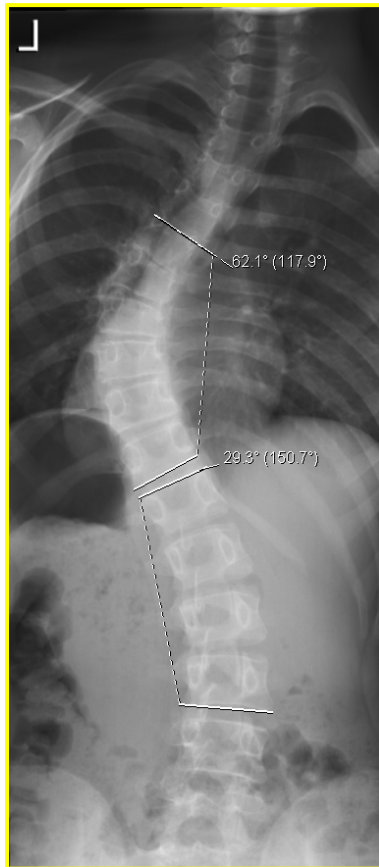
1. One off surgery
(EOS in neuromuscular disorders, e.g: SMA)
2. Save theatre time and expenses of repeated surgery
3. Pulmonary Function not compromised
4. Addresses the limitations of VEPTR and Conv. GR

Frequency Of Distraction

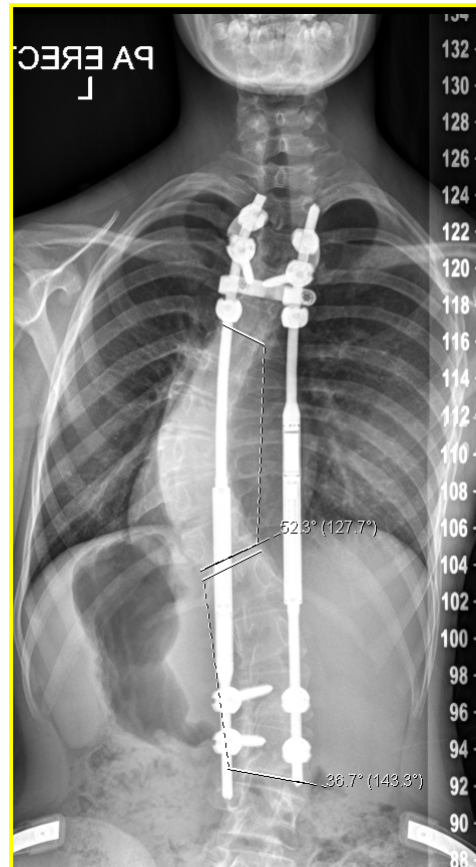
- Rods are usually distracted every 3-6 months
- AP view of the whole spine is obtained during each visit
- Distraction can be:
 1. Targeted
(predetermined)
 2. Non-targeted
(Max length that the spine allows)



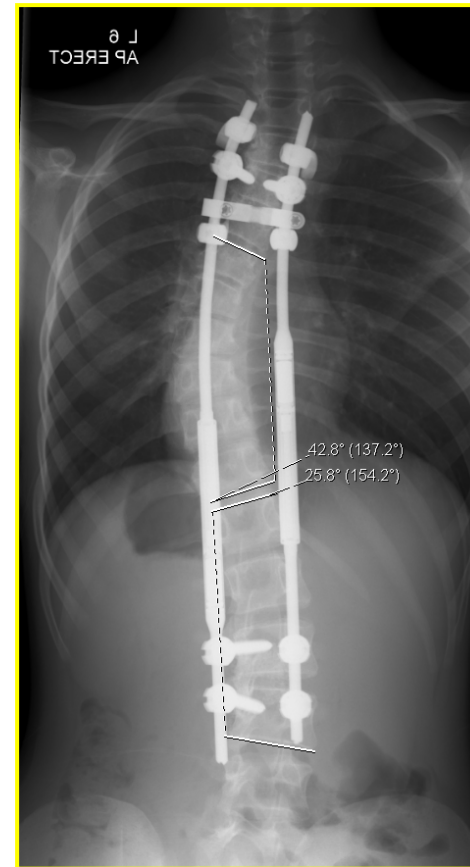
Case Presentation:



Pre-op
T1-s1: 375mm
Cobb Angle - 62



Post-op
T1-s1: 388 mm
Cobb Angle - 52



After 5 distractions: total 19mm
T1-s1: 415 mm
Cobb Angle - 42

Thank You



London 2012- Opening Ceremony