#### The Value of Flexibility Radiographs in Predicting Coronal Curve Correction Following Growing Rod Surgery

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5<sup>th</sup> Annual International Congress on Early Onset Scoliosis November 18-19, 2011 – Orlando, FL











#### DISCLOSURES

a. Grants/Research Support

b. Consultant

c. Stock/Shareholder

d. Speakers' Bureau e. Other Financial Support

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Growing Spine Study Group	Growing Spine Foundation (a)

### INTRODUCTION

- Assessment of coronal curve flexibility is utilized for:

- Scoliosis surgery planning
- Predicting post-operative curve correction
- The value of flexibility films using different methods has not been previously reviewed in growing rod (GR) surgery for early onset scoliosis (EOS).





# METHODS

- Retrospective review of a multi-center EOS database
- Patient inclusion criteria:
  - Underwent GR surgery
  - Flexibility x-rays taken prior to index surgery
  - Minimum 2-year follow-up from time of index surgery
- The following parameters were collected and analyzed:
  - Type of pre-op flexibility x-ray
  - Primary curve magnitude and pre-op flexibility
  - Curve correction immediately post-op and latest follow-up (and post final fusion if applicable)







#### METHODS

- Correction Rate (CR), Flexibility Rate (FR) and Correction Index (CI) were calculated per Klepps et al.:

CORRECTION RATE FLEXIBILITY RATE = CORRECTION INDEX (CI)

- A CI >1.0 indicated greater correction than predicted by flexibility films; <1.0 indicated less correction.







- 103 patients met inclusion criteria
- Mean age = 6.4 years
- Mean follow-up = 4.2 years
- 30 of 103 patients underwent "final" spinal fusion
- Distribution of diagnoses:
  - 31 idiopathic
  - 35 neuromuscular
  - 17 syndromic
  - 16 congenital
  - 4 "other"





- Distribution of type of curve flexibility films:
  - Supine bending films = 78%
  - Traction films 20%
  - Standing bend = 1%
  - Push prone = 1%
  - All patients had a CI greater than predicted at postindex (1.9) which slightly declined at latest follow-up (1.6).
  - For patients who underwent final fusion, curve correction equaled post-index correction (CI = 1.9).



- CONGENITAL curves were stiffer (FR = 25%) compared to IDIOPATHIC (FR = 45%) and NEUROMUSCULAR curves (FR = 41%) (p>0.05).
- At final fusion, CONGENITAL curves had a correction nearly predicted by the flexibility films (CI = 0.96) while IDIOPATHIC and NEUROMUSCULAR curves maintained greater correction (CI = 2.1 and 2.4, respectively).





- No statistical difference between SUPINE BEND and TRACTION in predicting correction at any post-op time point.
- There was greater consistency in measuring curve flexibility with TRACTION films.



# CONCLUSION

- SUPINE BEND followed by TRACTION was the most commonly used flexibility film used in this series of growing rod patients.
- No flexibility method was better in predicting postop curve correction.
- One can anticipate greater curve correction than predicted by flexibility films in IDIOPATHIC and NEUROMUSCULAR patients -- even at final fusion.



# Thank You

The Growing Spine Foundation is supported primarily by donations from its surgeon members and unrestricted grants received either directly, or through OREF, by industry and other organizations.

*The Growing Spine Foundation acknowledges the support and thanks all donors who supported its cause.* 









