How I Decide What to Do at the End of Growth Friendly Treatment

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Disclosure

- Consulting Depuy Synthes, Nuvasive, Globus, K2M, Ethicon,
- Speakers Bureau Depuy Synthes, Nuvasive, Globus, Stryker, Medtronic (baclofen pump)
- Royalties K2M, Globus, Orthopediatrics



Most Important Disclosure

My preference for growth friendly treatment is final fusion

Special Thanks to Paul Sponseller



Two Questions

• What to do at the end?

- Fusion vs No final fusion vs instrumentation removal

- When is the end? \rightarrow stop lengthening
 - Final fusion \rightarrow scheduling surgery
 - No final fusion \rightarrow waiting to schedule surgery
 - Instrumentation removal \rightarrow waiting to schedule revision surgery



Introduction

- Historically final fusion anticipated
- Cahill et al. (2010) → autofusion common
 Poor correction at final fusion

Growing-Rod Graduates: Lessons Learned from Ninety-nine Patients Who Completed Lengthening

John M. Flynn, MD, Lauren A. Tomlinson, BS, Jeff Pawelek, BS, George H. Thompson, MD, Richard McCarthy, MD, Behrooz A. Akbarnia, MD, and the Growing Spine Study Group

Investigation performed at The Children's Hospital of Philadelphia, Philadelphia, Pennsylvania, and the San Diego Center for Spinal Disorders, La Jolla, California



Final Fusion Concerns

- Stiff spine → osteotomies
- Obscured landmarks → difficult implant placement
- Weak bone → stress shielding
- Longer fusion
- Drifted anchors
- Potential increased neurological risks



It may not be over?

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Final Fusion After Growing-Rod Treatment for Early Onset Scoliosis

Is It Really Final?

Connie Poe-Kochert, RN, CNP, Claire Shannon, MD, Jeff B. Pawelek, BS, George H. Thompson, MD, Christina K. Hardesty, MD, David S. Marks, FRCS, Behrooz A. Akbarnia, MD, Richard E. McCarthy, MD, and John B. Emans, MD

• 20% reoperation risk following final fusion



Instrumentation Removal

- Hope for a straight spine with some flexibility
- Yazici (ICEOS 2016) → bad idea
 High rate of decompensation
- Too many "my next worst cases" started with "they then removed the instrumentation"



Magnetic Implants

- No long term safety profile
- Discuss need for removal at implantation



3 Scenarios at "Graduation"

- 1. Straight, not stiff
- 2. Not Straight (unacceptable/unbalanced)
- 3. Straight (acceptable) and stiff



Straight but Not Stiff

– Sponseller –

- Recent rod breakage
- Laxity at last distraction
- Add anchors + graft



Straight but Not Stiff

– Personal preference

- Revising instrumentation
- Improving correction all planes



Not Straight

– Personal preference

- Final fusion \rightarrow Revision surgery
- Aggressive correction \rightarrow Osteotomies



Acceptably Straight and Stiff

– No final fusion

- Skeletally Mature
- No rod fractures
- Stiff \rightarrow diminishing returns





Acceptably Straight and Stiff



- No further surgeries
- 12 surgeries
 later → no more
- Done growing



 $CT \rightarrow fused$





2 years later pop in upper back **Final Fusion**



While my preference is to final fuse, there are options

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Avoidance of "Final" Surgical Fusion After Growing-Rod Treatment for Early-Onset Scoliosis

Amit Jain, MD, Paul D. Sponseller, MD, John M. Flynn, MD, Suken A. Shah, MD, George H. Thompson, MD, John B. Emans, MD, Jeff B. Pawelek, BS, and Behrooz A. Akbarnia, MD, on behalf of the Growing Spine Study Group

- Compared 137 Final fusion (FF) with 30 non fusion (NF)
- Skeletally mature
- Similar ages and diagnoses

Radiographic Outcomes

- Correction of major curve
 - − NF \rightarrow 48% correction
 - − FF \rightarrow 38% correction
 - Not statistically significant (P=0.31)
- Increase in trunk height (T1-S1 length)
 - NF \rightarrow 31%
 - FF → 35%
 - Not statistically significant (P=0.64)



Conclusion

- Personal default is final fusion
 - Prepared for difficult surgery
 - 20% risk of additional surgery
- No final fusion \rightarrow viable option with caution
 - Continue to follow
- Don't remove instrumentation

