

# Spine Based Surgery

David L. Skaggs, MD

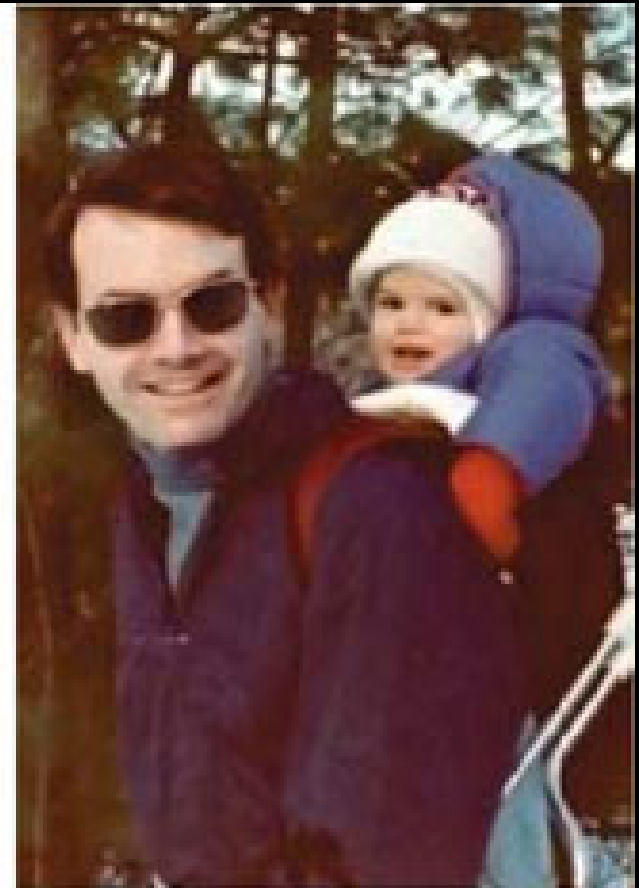
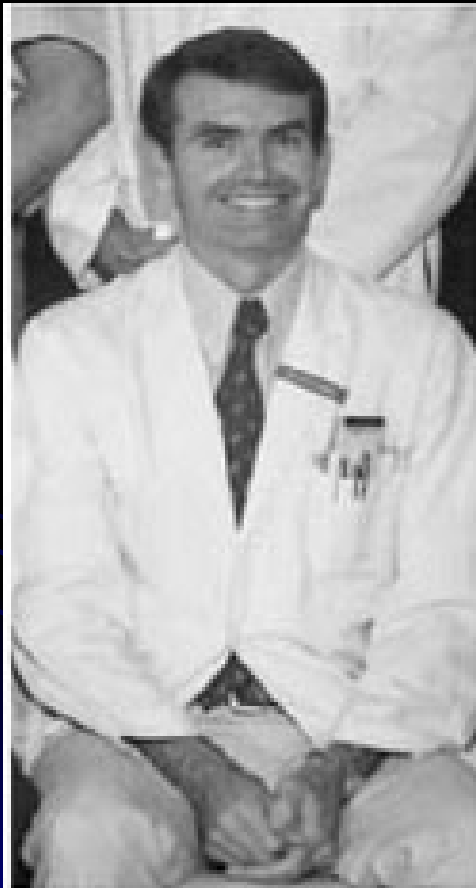
Endowed Chair of Pediatric  
Spinal Disorders

Children's Hospital  
Los Angeles

University of  
Southern California



# John Emans



JOHN EMANS, MD

# Bob Campbell

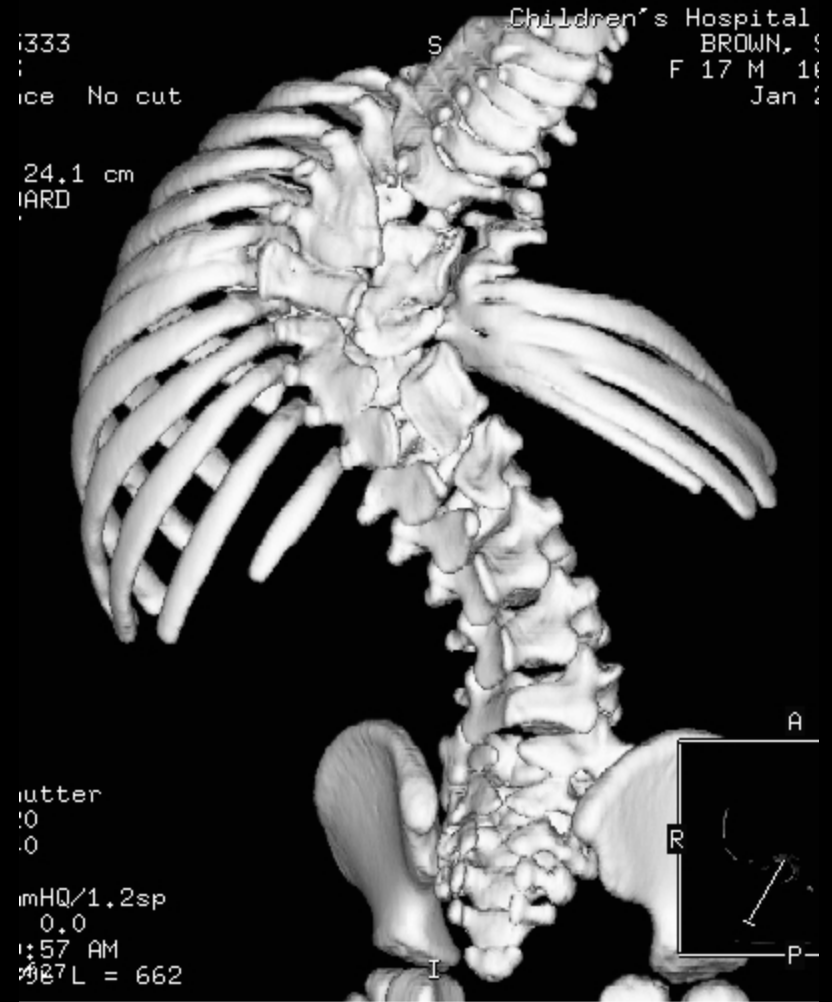


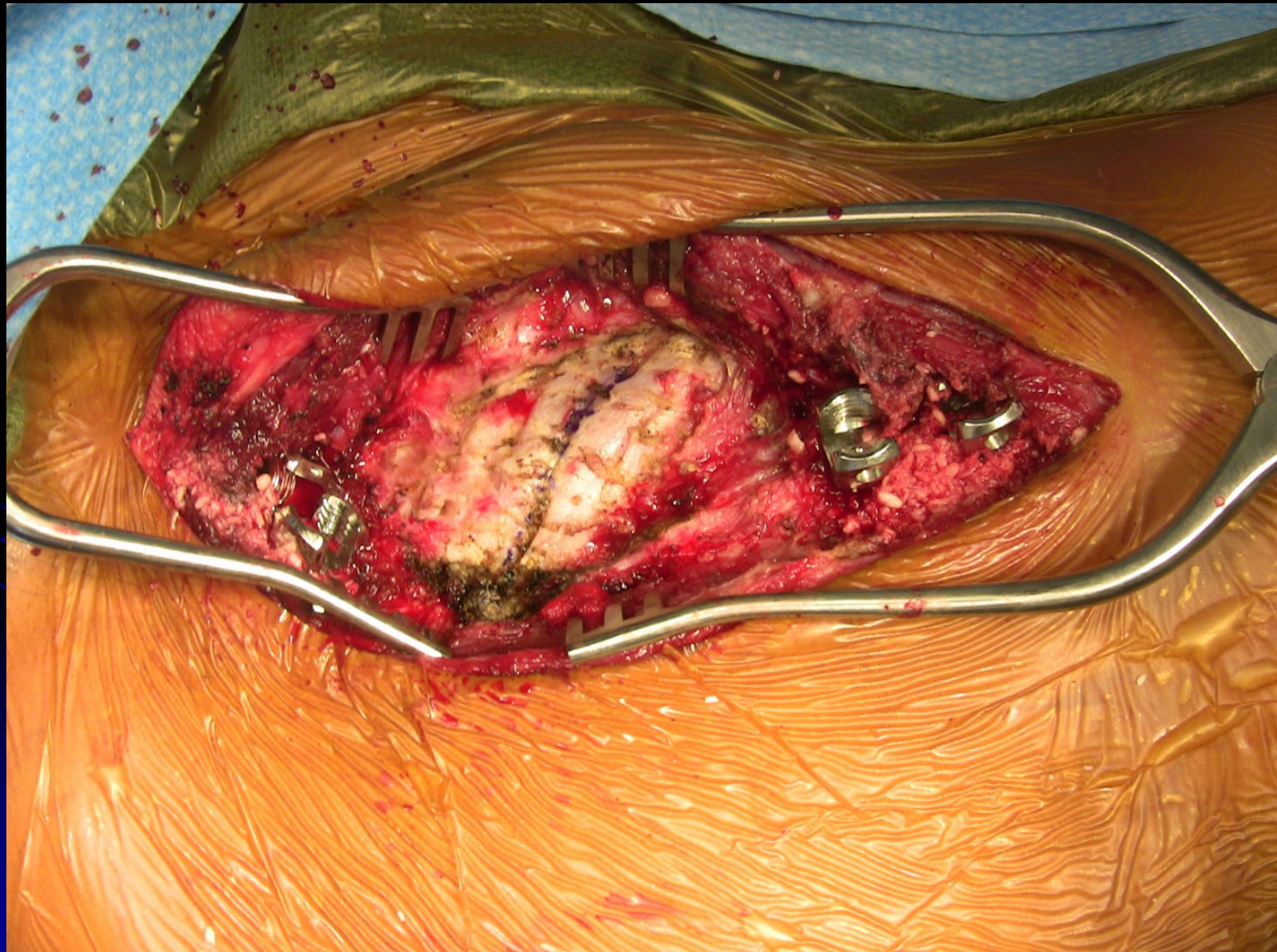




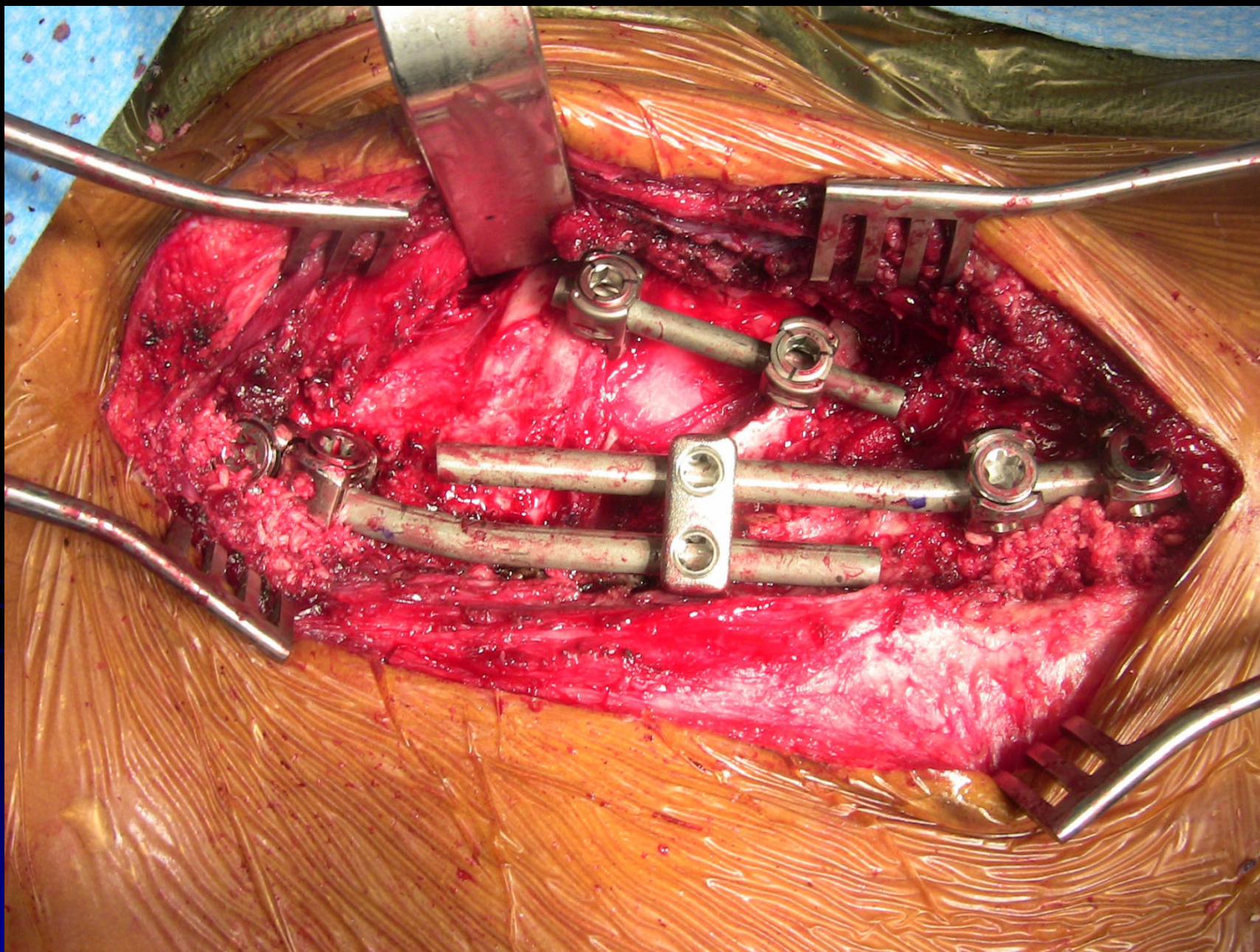


# Sometimes Rib Base Approach Indicated



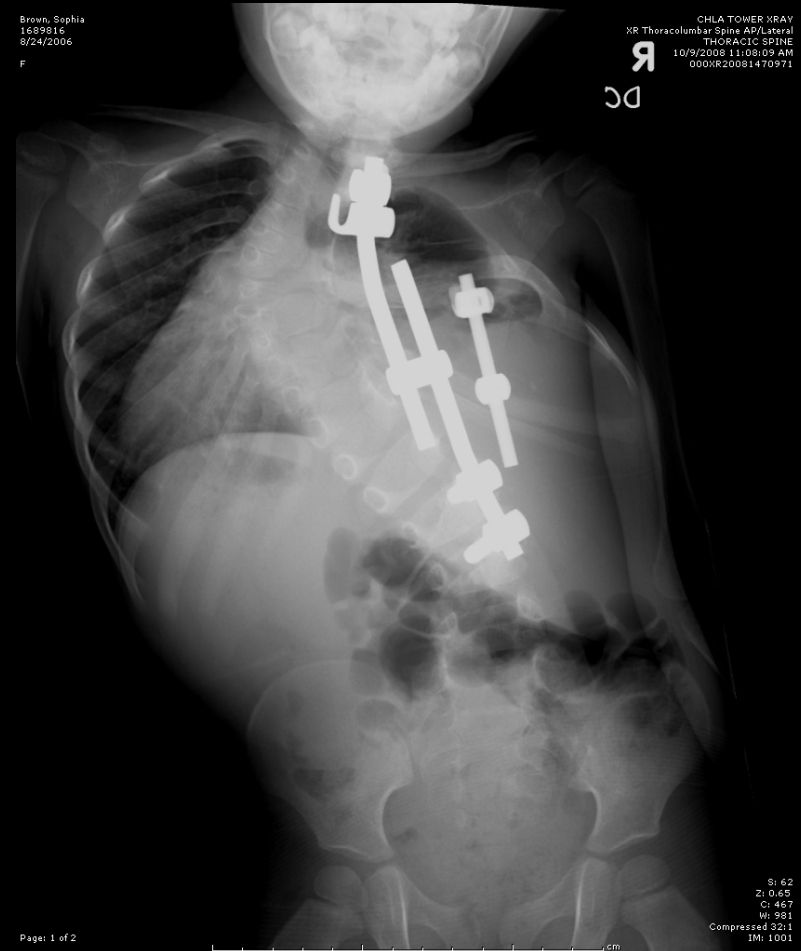
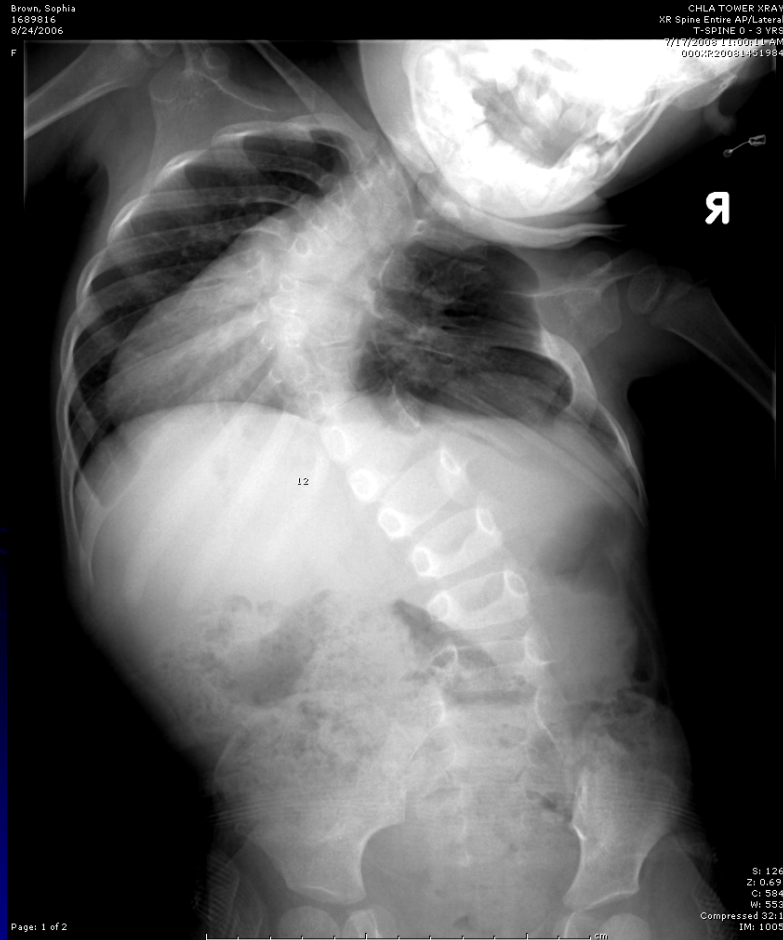




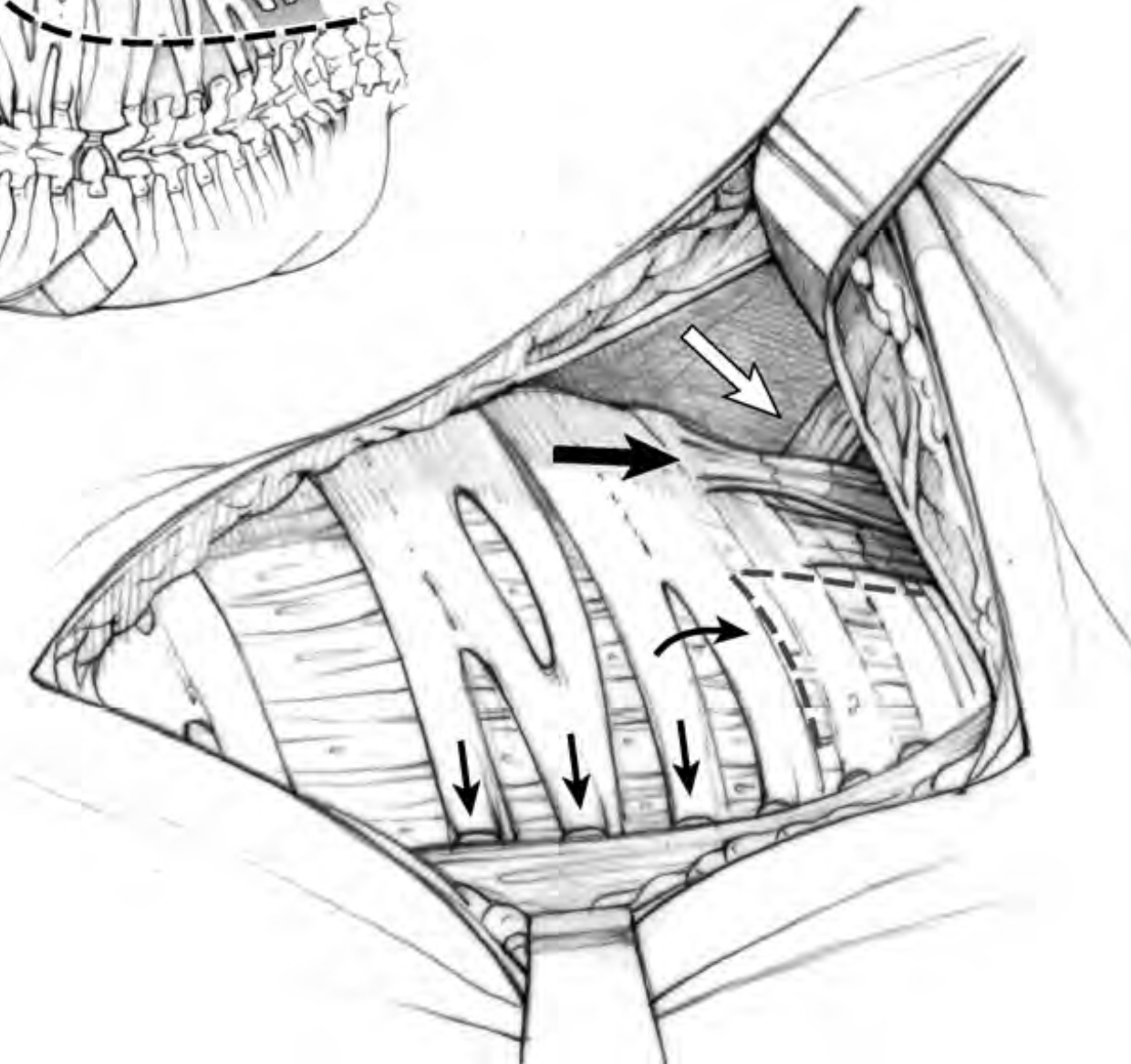
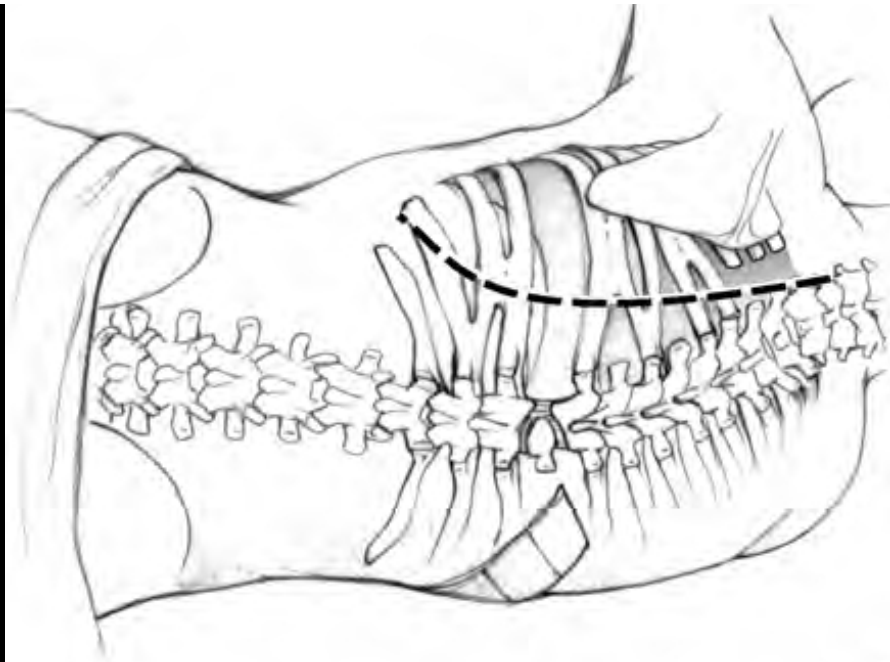




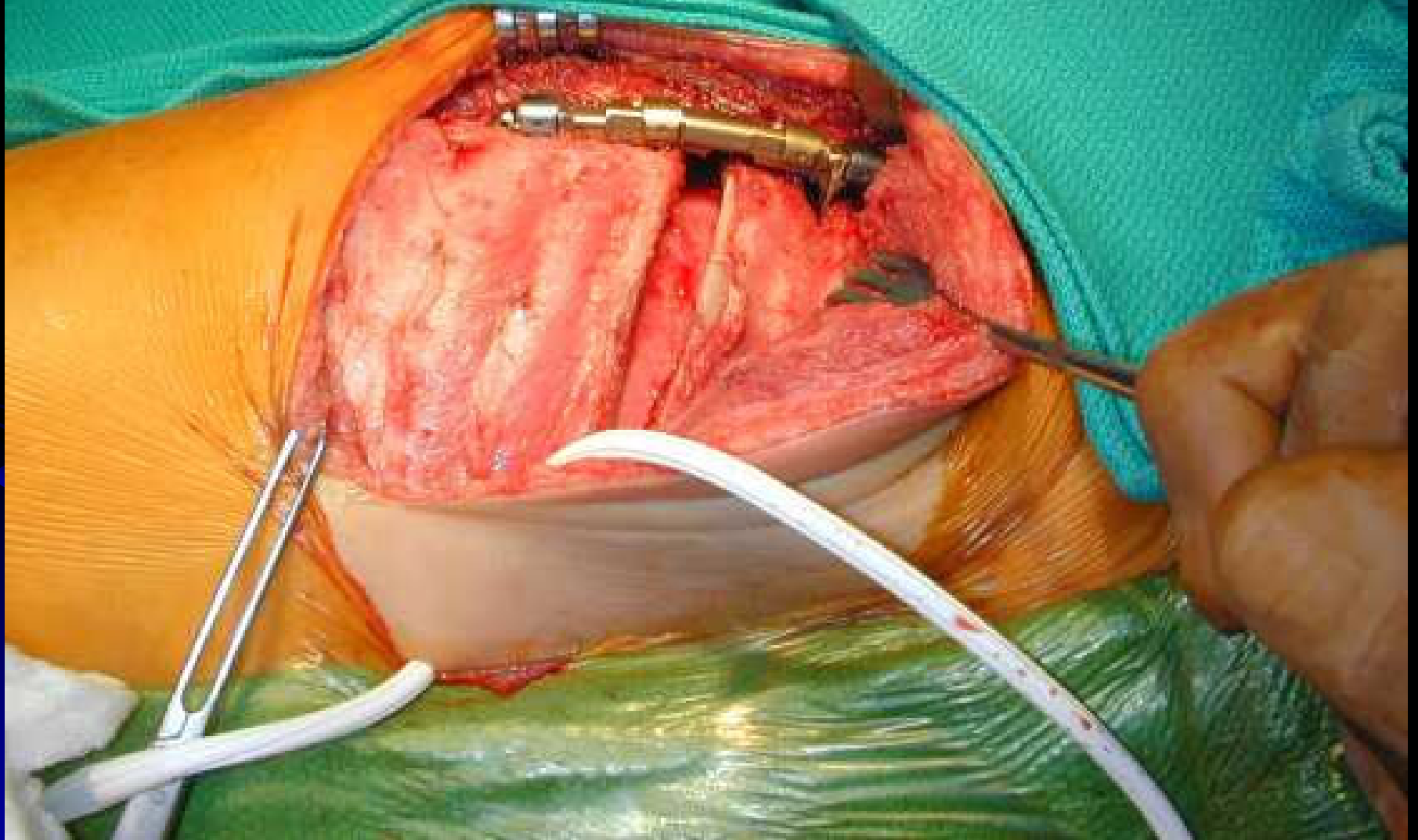
# Only thoracotomy in years



Scarring?  
Scapular motion?



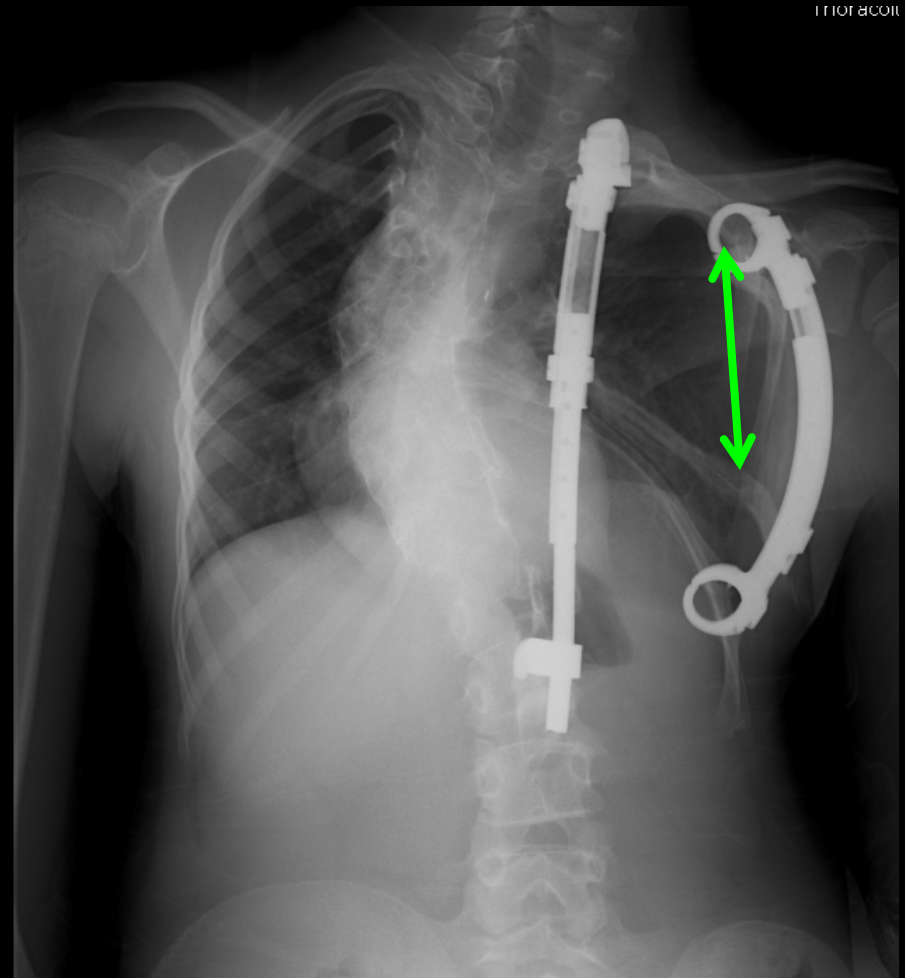
Scarring?  
Pulmonary Implications?





# When do you REALLY need a thoracotomy?

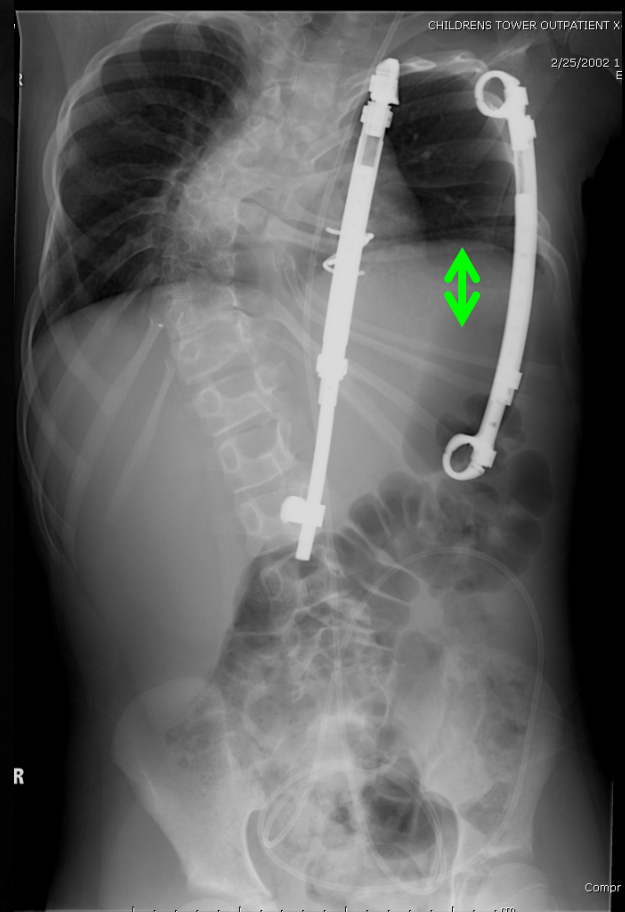
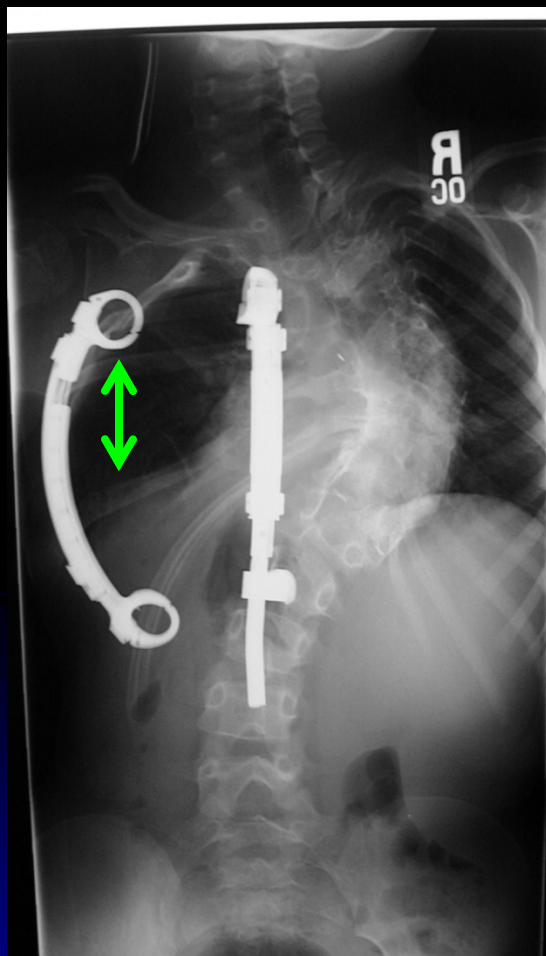
- 1/3 of normal respiration from chest wall movement
- Disruption of chest wall hurts PFTs



# Why do a Thoracostomy?

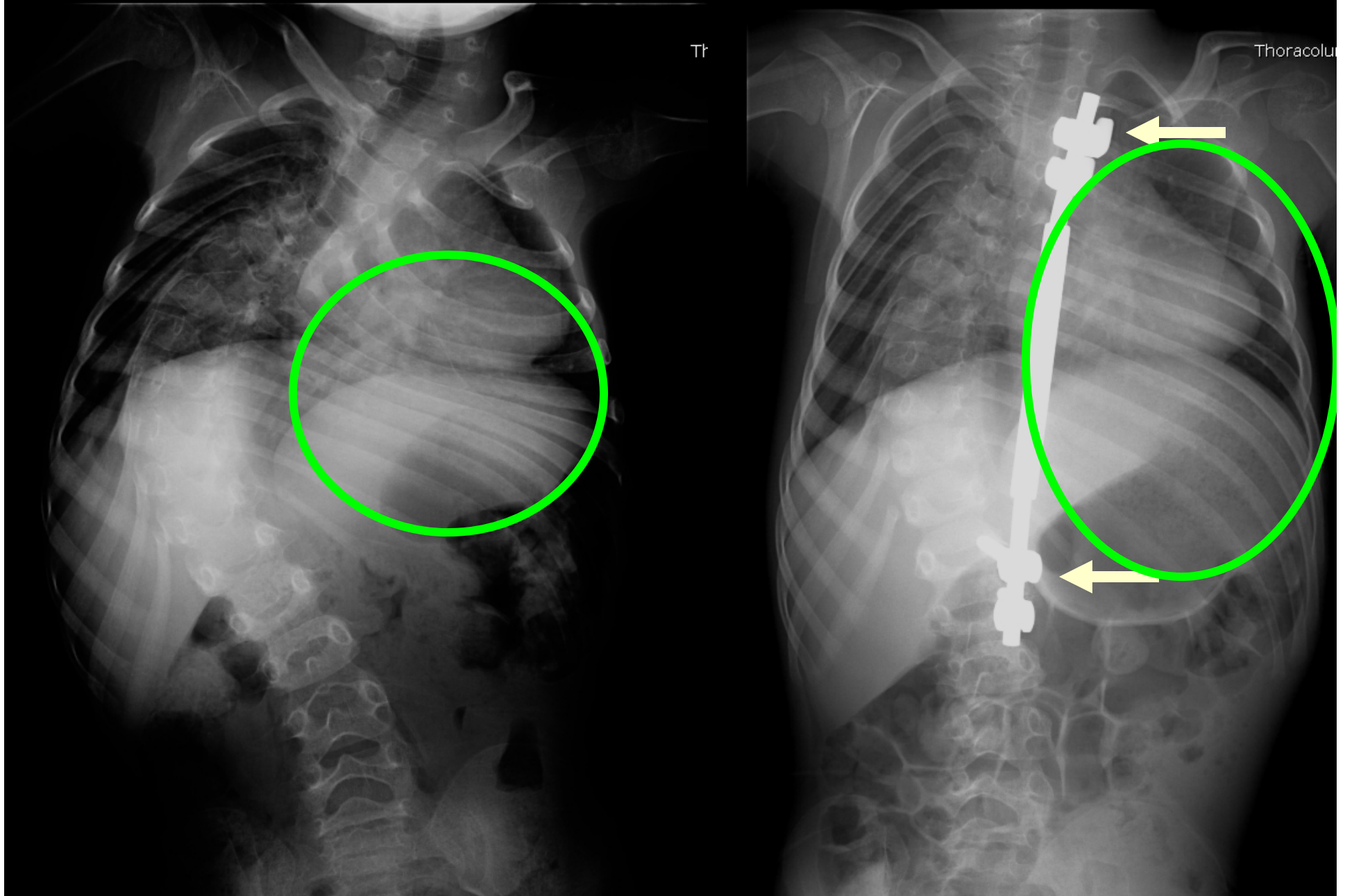
“The object of the opening-wedge thoracostomy is not to separate fused ribs into individual ribs, but rather to provide a cleavage point for lengthening the constricted hemithorax.”

R. Campbell, Masters Techniques in Orthopaedic Surgery, 2008





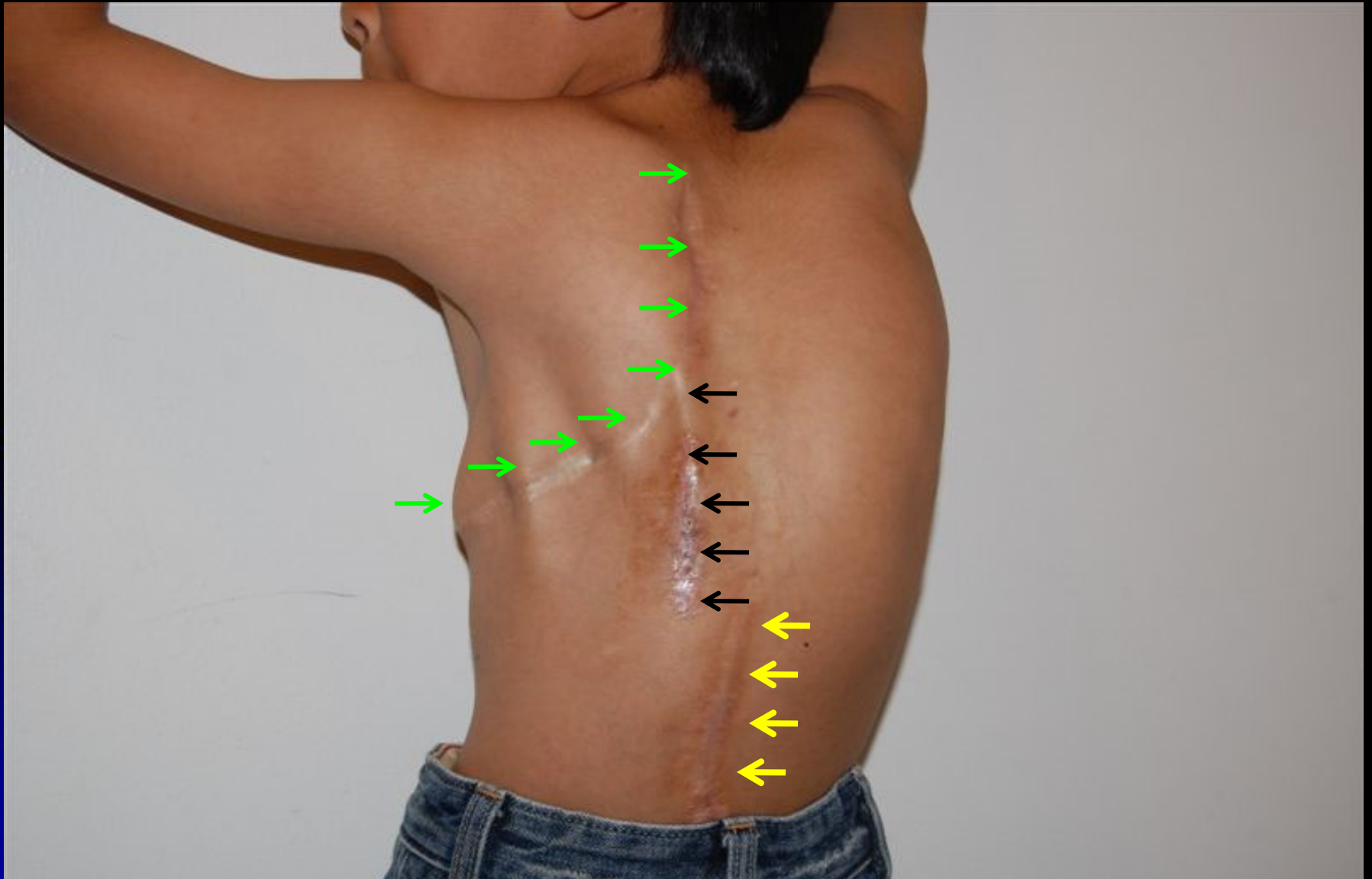
# Why Thoracotomy?



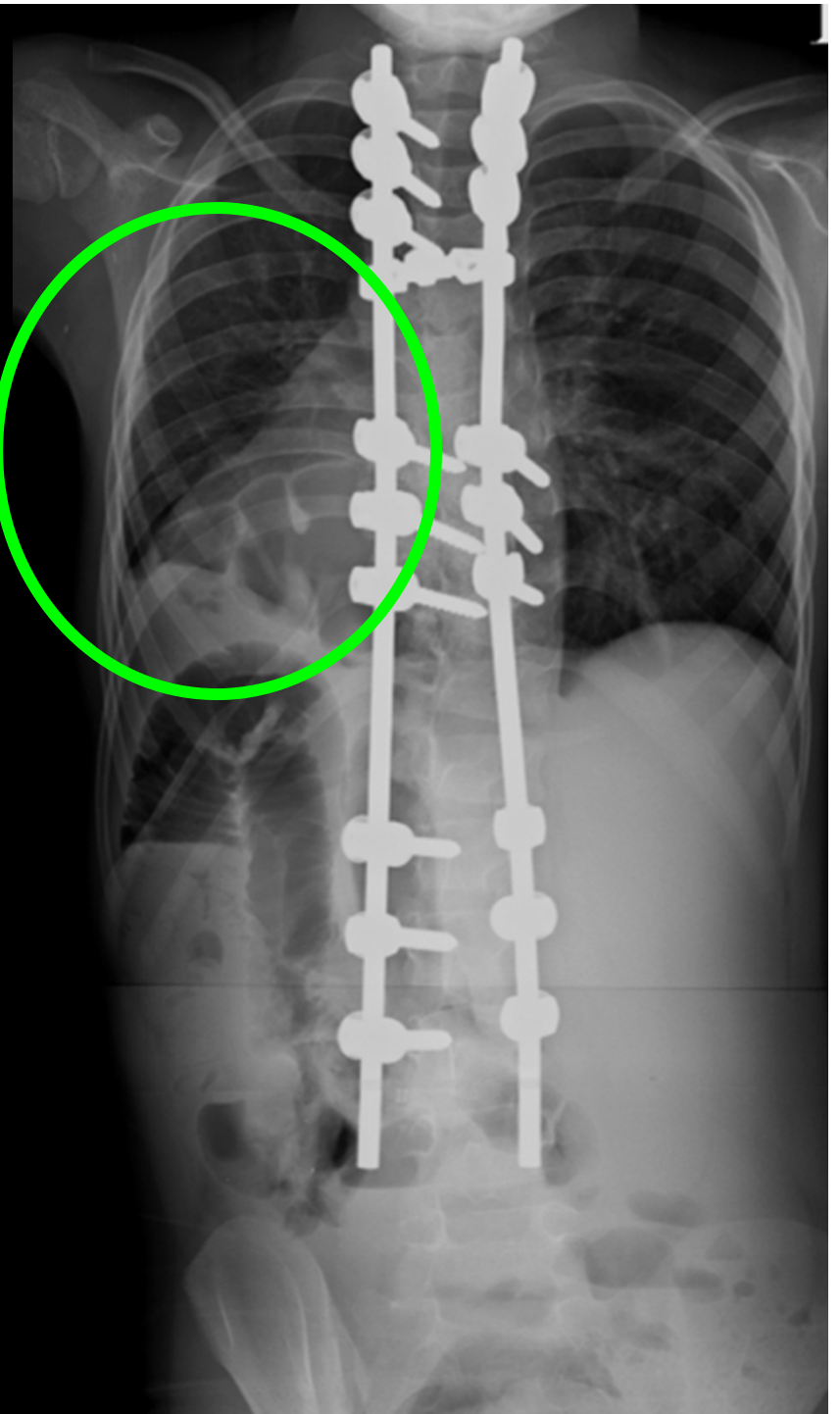
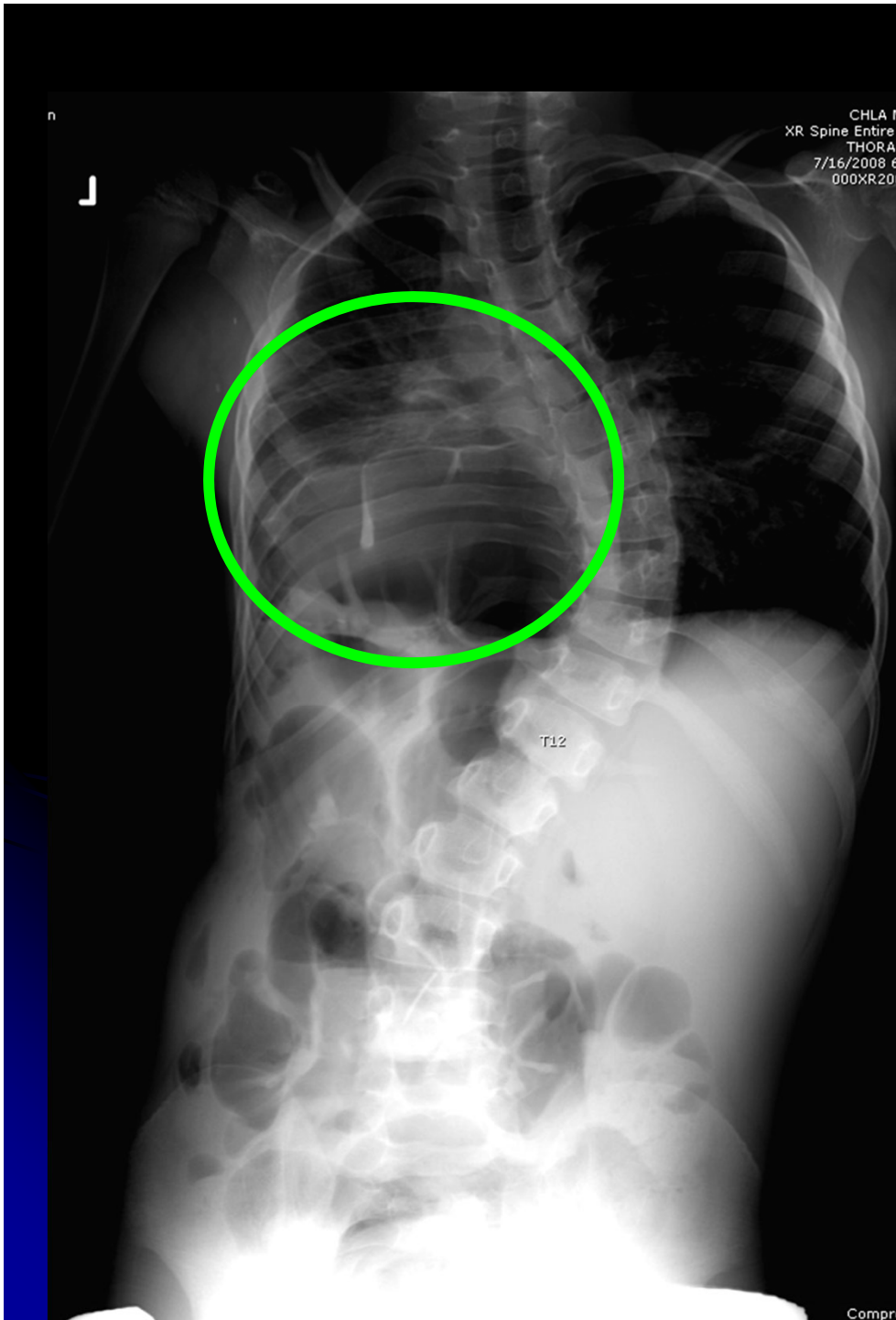
# No Thorocotomy : 3 & 5 cm incisions



# Rib-Based: Maximally Invasive Surgery





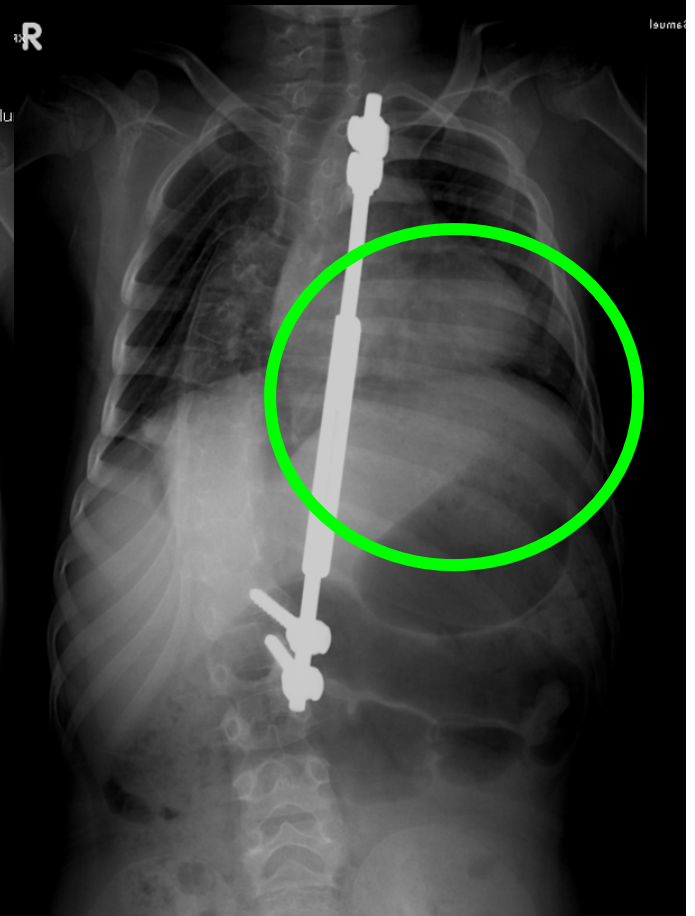
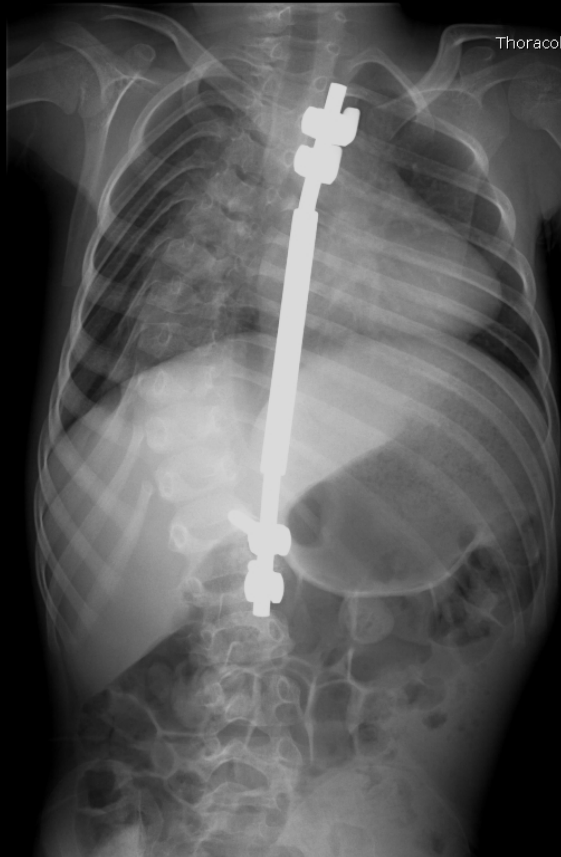
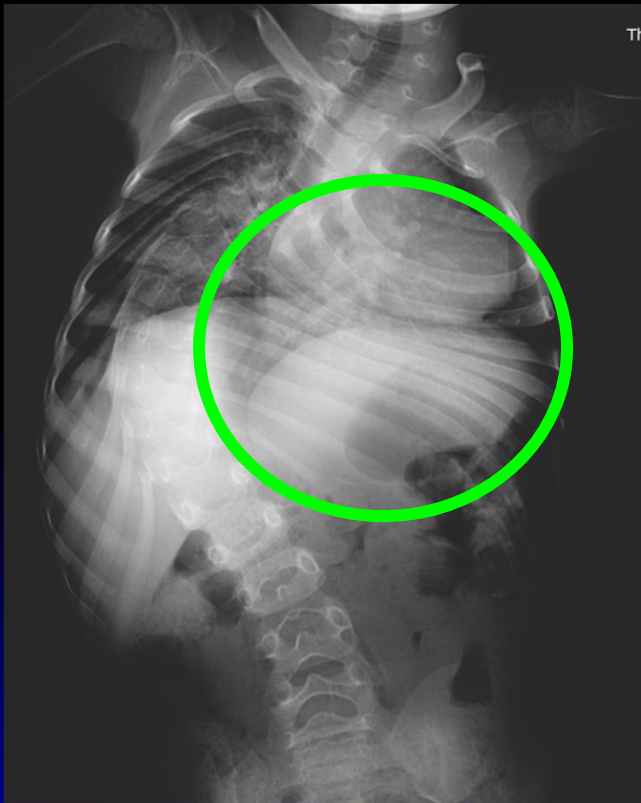




# When should you do a thorocotomy?

Very, Very, Rarely

3 years post





# Thank You





Thank  
You





# Thank You





# Next Case





# Thank You

