Self-Lengthening Devices When and Why Shilla

Richard E. McCarthy, M.D.

Professor

Dept. of Orthopaedics and Neurosurgery
Arkansas Children's Hospital

University of Arkansas for Medical Sciences

Little Rock, Arkansas, USA

ICEOS, 2012

Indications

- Progressive deformity despite non-operative treatment
- Curves >50 degrees
- Adequate bone density for pedicle screw fixation
 - If questionable, perform bone density
- Adequate nutritional status for implant coverage and wound healing
 - ?placement of "button" preoperatively
 - Consult with nutritionist











Indications - Basics

- Medical stability
 - Pulmonary consult
 - Cardiac consult
 - Anesthesia consult
- Skeletal immaturity
 - Bone age better indicator than chronological age
- Pedicles large enough to tolerate screws
 - Preop CT scan if in doubt



Indications - Safety

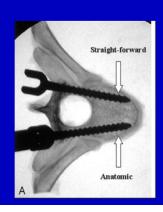
 Availability of spinal cord monitoring with skilled technician



Availability of intensive care for post-operative monitoring



 Physician skilled with pedicle screw placement in small children





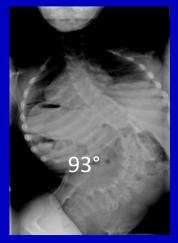
Advantages

 May be used with single or double curves





 May be used with fixation to the pelvis



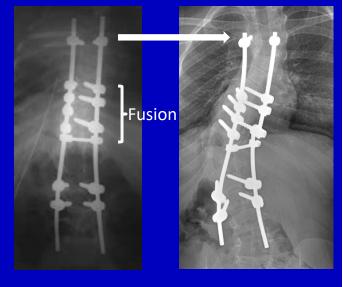




Advantages

- Does not require scheduled returns to the operating room for lengthening
- Limited area of fusion at apex
- Avoids proximal junctional kyphosis

CE mark approved



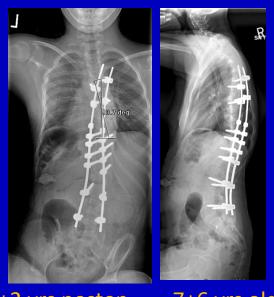
Immed postop

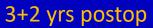
7 yr postop





Preop 4+4 yrs old





7+6 yrs old



Definitive Fusion



9 yrs old

Limitations

Not FDA approved



 Child must be large enough for pedicle screw insertion (youngest 23 months)

Thank You