



JOHNS HOPKINS
M E D I C I N E

When to Fix to the Pelvis -and “how”

ICEOS 2017 Session 9 “Tips & Tricks”

Paul Sponseller

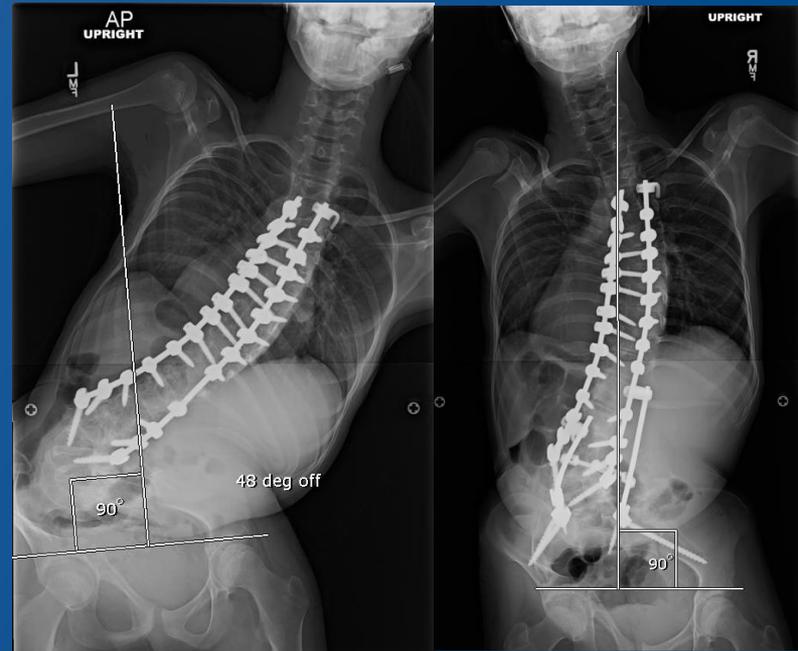
3:55-4:05



Paper 94: Don't You Wish You Had Fused to the Pelvis the First Time? SPINE LITERATURE Nielsen.... Skaggs

Take Home Message:

- Advise Families if a second operation to the pelvis is needed
 - it will be as “big” as the first surgery
 - OR time
 - EBL
 - likely end up with less correction



Does the Same apply to EOS?

Advantages of Fixation Short of Pelvis



- Lower infection rate?
- Increased mobility (if it works)
- Fewer CSF risks

Advantages of Fixing to Pelvis

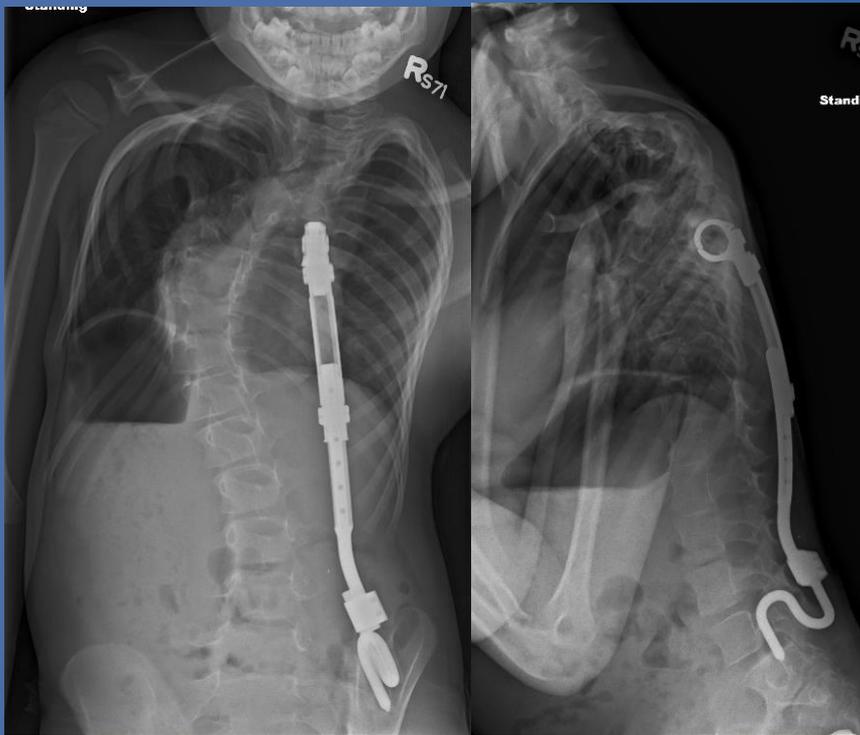
- Strongest distal anchors
- Foundation for rotational control
- Better sagittal control
- Better coronal control

My indications for Fixing short of Pelvis

- Apex above L1
- End vertebra L4 or higher
- Upright balance:
 - Stander or independent sitter
 - With level pelvis
- Adequate distal anchor purchase above pelvis

Un-needed fixation to pelvis

- Less correction of intended segment



Infantile Marfan Syndrome

- 2.5 yr old
- 3 heart valves
- GR replaced with MAGEC



VEPTR in Marfan

- Forward lean progresses



EOS instrumentation = later fusion JOHN'S HOPKINS MEDICINE

COPYRIGHT © 2017 BY THE JOURNAL OF BONE AND JOINT SURGERY, INCORPORATED

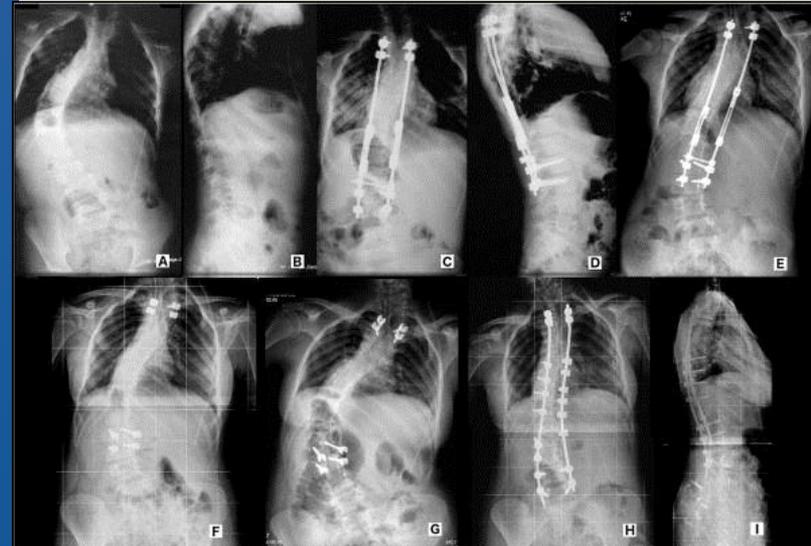
JBJS Sept 2017

Graduation Protocol After Growing-Rod Treatment: Removal of Implants without New Instrumentation Is Not a Realistic Approach

Ismail Aykut Kocycigit, MD, Z. Deniz Olgun, MD, H. Gokhan Demirkiran, MD,
Mehmet Ayvaz, MD, and Muharrem Yazici, MD

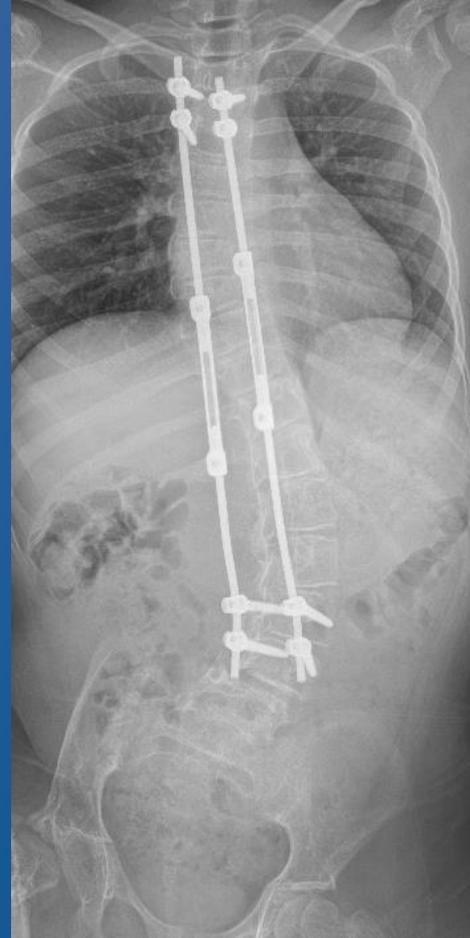
Investigation performed at the Department of Orthopaedics and Traumatology, Hacettepe University Hospitals, Ankara, Turkey

- Yazici
- Fixing to the pelvis implies
 - fusing there later.



CP

- 8.5 y.o.
- GMFCS 5
- Non amb



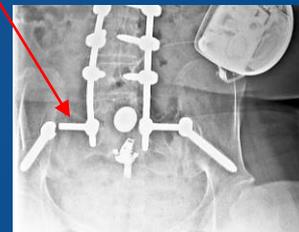
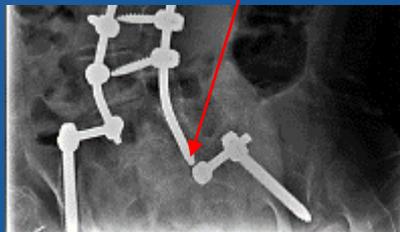
- How to Fix to the Pelvis: Simplicity Matters
- *Aboussamra...HSG*

Pelvic Obliquity



Pelvic Implant – Related Complications

- Unit Rod Group (11%)
 - 1 reoperation:
Pseudarthrosis at L5 - S1
- SAI Group
 - 0% pelvic implant – related complications
- Iliac Screws Group (14%)
 - 6 Cases:
 - 2 Prominent Screws (not needing reop)
 - 3 disconnections (1 not reop, 2 reop)
 - 1 loose iliac screw that needed removal



Thank You



Thank you!

