

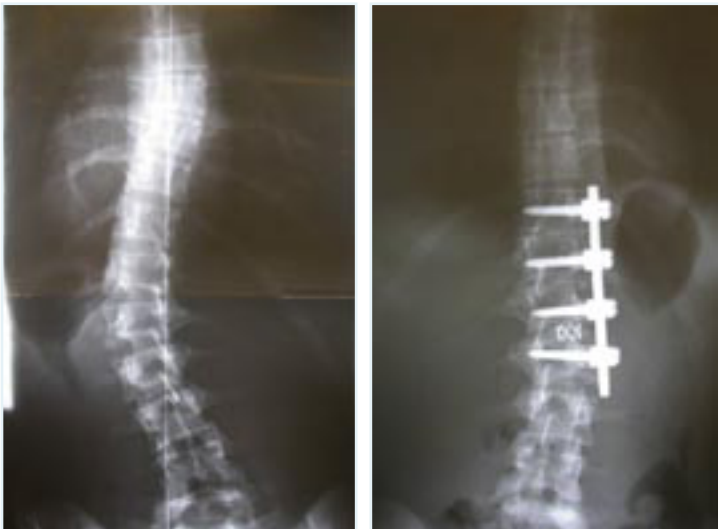
ANTERIOR ROD FOR SCOLIOSIS

This operation is required by patients with a large scoliosis that requires some of the discs at the front of the spine removed, allowing for greater correction. In some cases this surgery is required by patients with a moderate sized curve that crosses the thoracic and lumbar spine junction. In many of these patients, a separate posterior rod surgery is not required.

The surgery is performed under a general anaesthetic. The front of the spine is approached through a lateral, or side-on, approach. Sometimes a rib needs to be removed to allow the space between the ribs to be opened up. Carefully, the front of the spine is approached and the discs in between the vertebrae that cause the scoliosis are removed. Bone graft is placed between the vertebrae and a single screw is placed in each vertebral bone of the scoliosis. A single rod is then placed into the screw heads. The screw heads are compressed together and locked off to permit a straightening of the curved section of spine.

This surgery has most patients in hospital for around one week. With the new "cell saver" service, any blood lost during the operation can be recycled and allows for an auto-transfusion. Very few patients therefore require a banked blood donation.

Most often, a brace is not required after the surgery. Physiotherapy and hydrotherapy is sometimes useful after such scoliosis surgery.



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