Scoliosis is a common source of back pain and deformity. Approximately 1 in 1000 people will develop scoliosis. There are many types - Idiopathic, Congenital, Neuromuscular, Syndromic, Degenerative, etc. Of these, Idiopathic types accounts for approximately 90% of all forms of scoliosis.

When severe, scoliosis is a health and wellness problem. Among the consequences are chronic back pain, truncal deformity, restrictive lung dysfunction and neural compression syndromes. Non surgical treatment has traditionally been recommended for progressive curves greater than 25 degrees where at least one or more years of growth remains. Surgical treatment has been reserved for curves of high magnitude (> 40 degrees) or high risk curves failing to respond to brace treatment.

Surgical treatment usually involves mechanical correction and internal stabilization of the involved segments of the spine with metallic implants connected to the spine. In addition, in order to preserve the correction over a lifetime, the involved spinal segments are fused together with bone. Though effective in preserving a more normally aligned and comfortable back there is the disadvantage of loss of motion and potential early degeneration of adjacent unfused spinal segments.

Over the last 10 years, progress has been made in developing less invasive surgical techniques designed to both halt progression, obtain some degree of scoliosis correction while avoiding fusion of the spine. In that regard, such “Growth Modulation/ Non fusion” scoliosis procedures are superior to bracing which only halt progression of the curve and to fusion procedures which permanently eliminate large segments of spinal motion.

At present, these new surgical strategies are being employed most successfully in curves between 20 and 35 degrees which are expected to have a high risk of further progression. Ideal candidates are children and adolescents with scoliosis between 20 and 35 degrees, at least one year of growth remaining, poor bracing candidates or those children who will not comply with the rigorous demands of daily spinal bracing over many years.

Referring Physicians must understand that early referral to a spine deformity specialist is a must in order for a patient to have the opportunity to consider this new treatment alternative. Early referral insures that the patient will not miss the window of opportunity within which to benefit from this innovative, minimally invasive, lower risk approach.

Scoliosis Stapling

What’s New in Spine Deformity Treatment: Scoliosis Stapling

Dr. Bret Baynham, Pediatric Spine Deformity Surgeon, Palm Beach Orthopedic Institute offers this new and exciting approach to scoliosis care. Please feel free to consult Dr. Bret Baynham if you have scoliosis patients who might be interested in learning more about scoliosis stapling or any other scoliosis related issues.