



Patient Information

ADOLESCENT IDIOPATHIC SCOLIOSIS

Information About Scoliosis, Symptoms, and Treatment Options



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ADOLESCENT IDIOPATHIC SCOLIOSIS

Patient Information

This brochure will help you understand more about:

- Anatomy of the spine
- Information about scoliosis
- What to expect from surgery

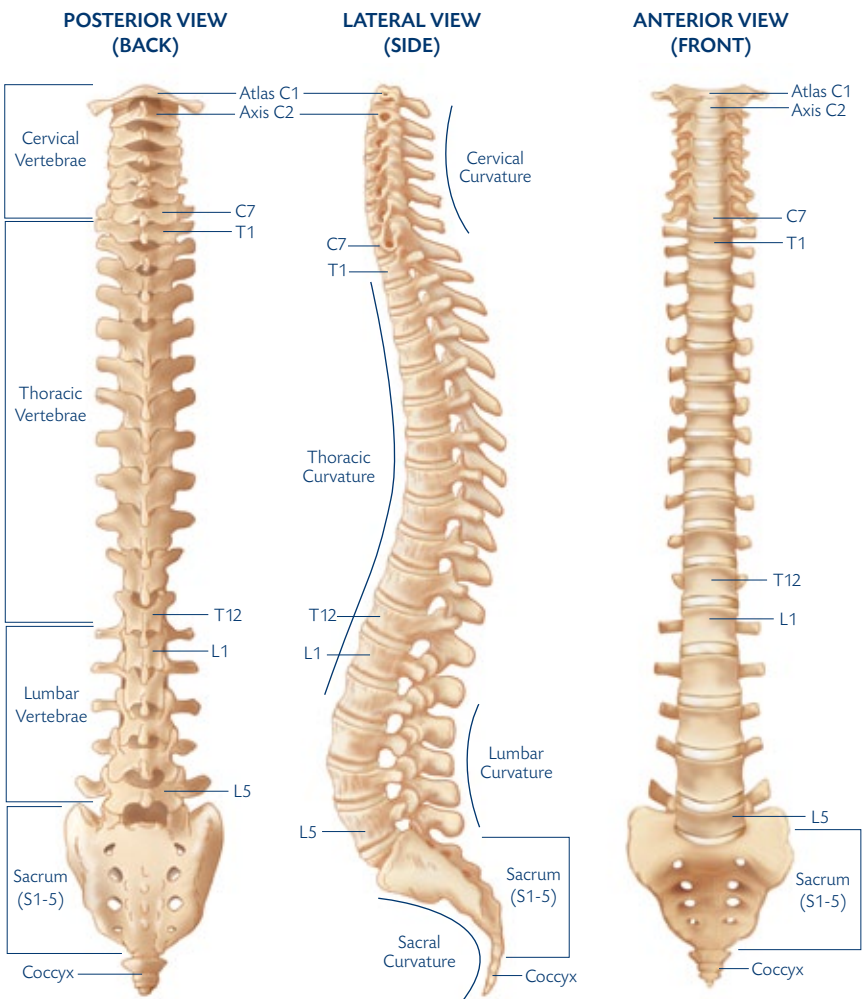
The decision to receive medical treatment is individualized to the patient and the patient's symptoms. The information presented within this brochure may not apply to your condition, treatment or outcome, as surgical techniques vary and complications can occur. It is important to discuss the viability of treatment with your physician to decide which treatment option is right for you.

This brochure is intended to be an education resource only and is not meant to be a warranty or to replace a conversation between a patient and their physician or member of their health care team. Please consult your physician for a complete list of indications, precautions, clinical results and other important medical information that pertains to surgical treatment.

Anatomy of the Spine

The spine is one of the most important structures in the human body. It supports much of the body's weight and protects the spinal cord, which carries information from the brain to the rest of the body. The spine is strong yet flexible, allowing for a wide range of movements.

To understand scoliosis, you must first understand what a healthy spine looks like.



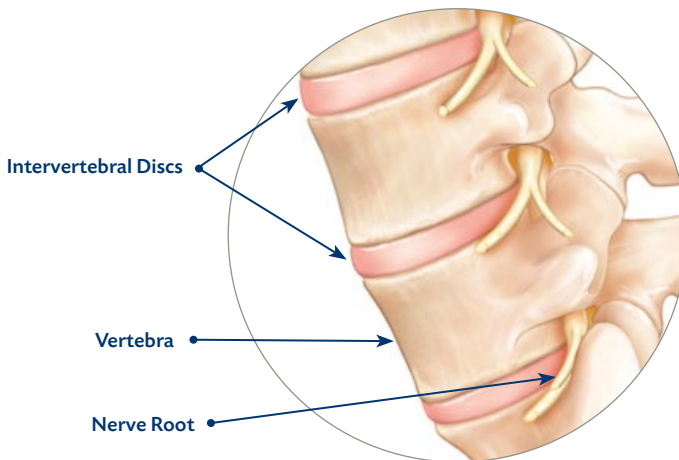
Anatomy of the Spine

The spine is made up of vertebrae and is divided into four distinct regions:

- **Cervical Spine:** The cervical spine is your neck. It starts at the base of your skull and contains seven vertebrae.
- **Thoracic Spine:** The thoracic spine is your mid-back. It contains 12 vertebrae that connect to the ribs and sternum, making this portion very stable.
- **Lumbar Spine:** The lumbar spine is your lower back. It contains five vertebrae which are the largest and strongest, and carries most of your body weight.
- **Sacrum and Coccyx:** The sacrum consists of 5 fused vertebrae; the end of the spine is the coccyx, or the tailbone.

From behind, the healthy spine appears to be straight. However, when viewed from the side, the spine is naturally curved inward and outward which allows the spine to support more weight.

The vertebrae bear the weight of the upper body and provide points of attachment for muscles and ligaments. They also protect the spinal canal and provide exit points for spinal nerves. The individual vertebrae are separated by intervertebral discs, which act as cushions or shock absorbers between the vertebral bodies.



What is Scoliosis?

Scoliosis is a sideways curvature of the spine. When a healthy spine is viewed from the back, it appears to be straight. However, patients with scoliosis have curves that look like a “C” (one curve) or an “S” (two curves) when viewed on an x-ray.

Approximately six million people in the U.S. are diagnosed with scoliosis.¹ Although scoliosis can occur at any age, it most frequently develops in children between 10 and 15 years old. This type of scoliosis is called Adolescent Idiopathic Scoliosis. The term “idiopathic” means the cause is unknown.

There is ongoing research into the potential causes of scoliosis including genetics, soft tissue disorders, and abnormalities in the central nervous system.

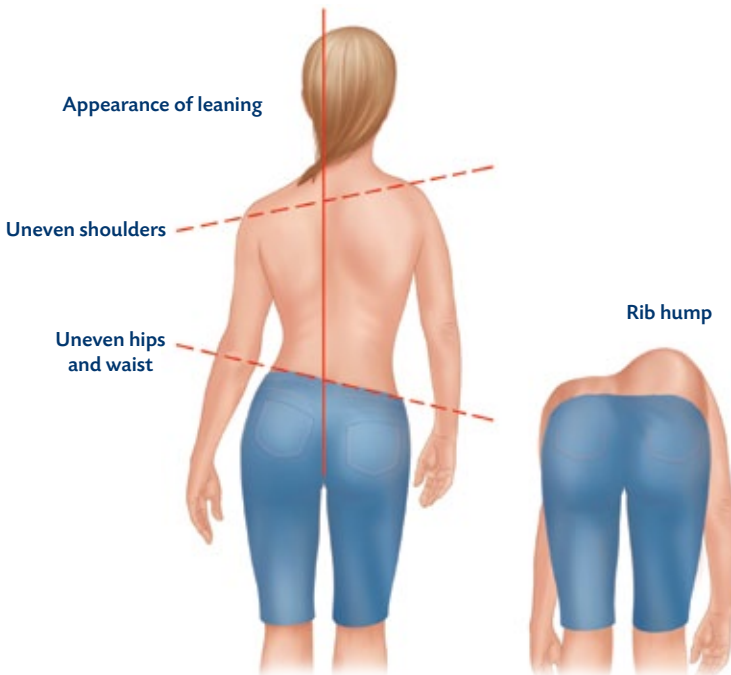


¹ National Scoliosis Foundation. Information and Support. Cited 28 Dec 2011. Available online at: <http://www.scoliosis.org/info.php>.

What are the Symptoms of Scoliosis?

For many patients with Adolescent Idiopathic Scoliosis, it is a painless condition. However, there are several warning signs a healthcare professional uses to help determine if a patient has scoliosis. The most common signs of scoliosis include:

- Uneven shoulders and/or shoulder blades
- Uneven hips and waist
- Appearance of leaning
- Head is not centered over the body
- A “rib hump”, which is a hump on one side of the spine that is most noticeable when bending forward



How is Scoliosis Diagnosed?

The diagnosis typically begins with a complete history followed by a thorough physical examination. A healthcare professional will examine the spine and look for any signs of scoliosis.

X-rays may be taken in order to evaluate any tilt or rotation of the vertebrae causing a curvature. X-rays allow the doctor to confirm the diagnosis, monitor the degree and severity of the curve, and to assess the patient's skeletal maturity.



**Posterior view
(back)**



**Lateral view
(side)**

General Treatment Options

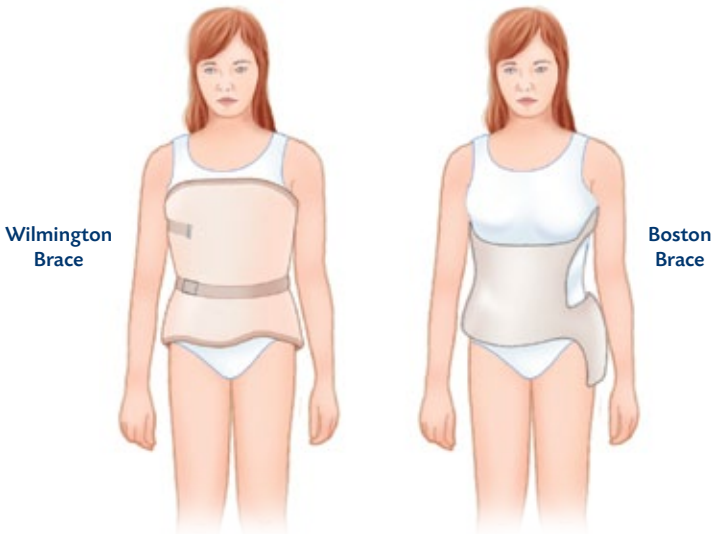
Treating scoliosis must take into account the severity of the curve, the age and state of physical maturity, and the location of the curve. Treatment options range from observation, bracing and casting, to surgery.

1. Observation

Observation is appropriate for mild size curves that have a low risk of progression when the patient is still growing, or for moderate size curves when growth is complete.²

2. Bracing

Bracing is appropriate for moderate size curves in growing children to prevent further progression of the curve while growth of the spine remains. The goal of bracing is to prevent further progression since the brace cannot correct curves.²



3. Surgical Treatment

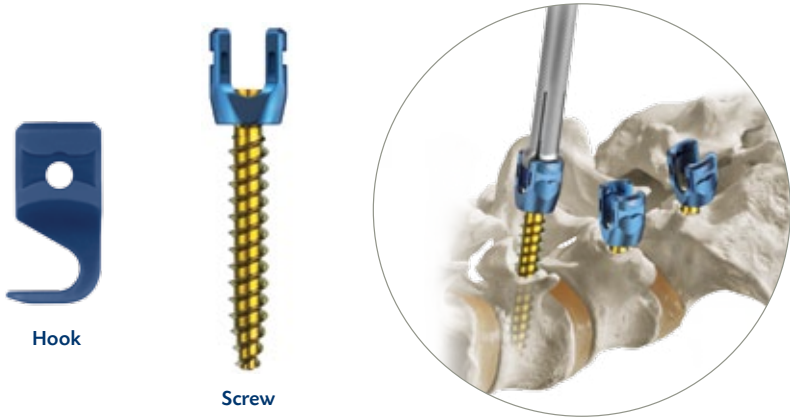
Surgical treatment is reserved for moderate to severe size curves. The goals of surgical treatment are to prevent curve progression and to obtain curve correction.²

² Scoliosis Research Society 2011. Available online at: <http://www.srs.org>.

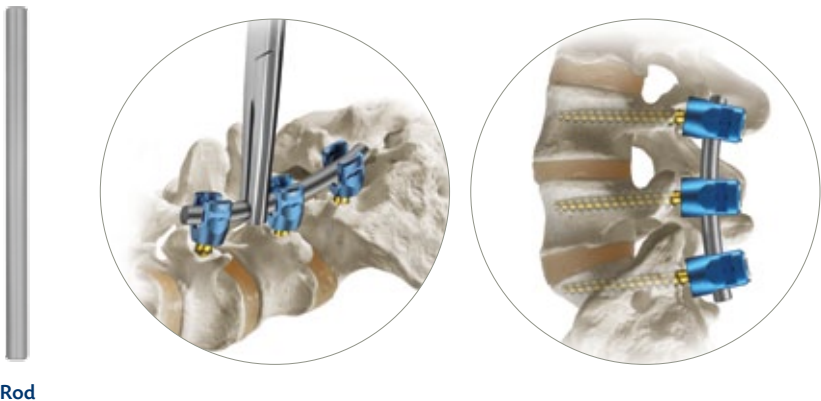
Surgical Treatment

How is the Procedure Performed?

To help stabilize the spine, screws are placed on each side of the vertebrae in the part of the bone called the pedicle. Hooks may also be used in conjunction with screws, and are placed around the pedicle or around the part of the bone called the lamina.



Rods are then secured in the screw heads, connecting adjacent vertebrae. The rods are shaped to match the desired corrected curvature of the spine, and are attached to the screws and/or hooks.

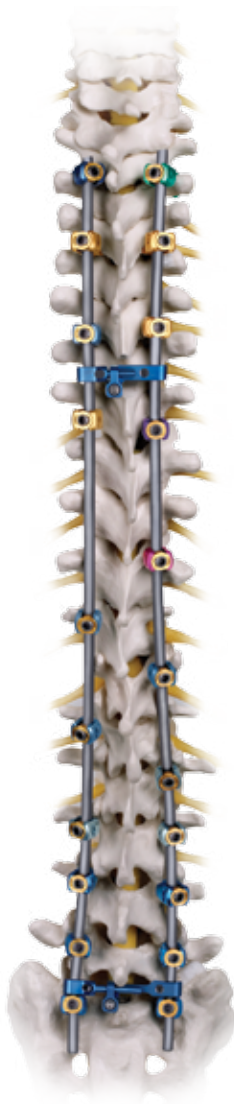


Surgical Treatment (cont'd)

How is the Procedure Performed? (cont'd)

Bone graft material is placed around the final assembly and as the spine heals, spinal fusion is accomplished by bone growth between the vertebrae. This bone growth permanently fixes the spine in the desired position.

The implants hold the spine in the corrected position while the spine fuses.





Surgical Treatment (cont'd)

What Should I Expect with my Recovery?

Surgical treatment for scoliosis may help you return to normal activities. Many patients are in the hospital for 1-2 weeks, out of school for 2-6 weeks, and may return to activities as soon as 2-6 months after surgery; or up to 9 months following the procedure. Recovery time varies between patients.

It is the surgeon's goal for the patient to eventually return to his/her preoperative activities. A positive attitude, reasonable expectations and compliance with your doctor's post-surgical instructions may all contribute to a satisfactory outcome.

Contraindications, Complications, Warnings, and Precautions

You may be contraindicated for a device if you have an infection, a congenital abnormality, are obese, pregnant, mentally ill, diabetic, suffer from rheumatoid arthritis, osteoporosis, or cancer.

As with any surgical procedure, complications may occur following the placement of a device. These can include but are not limited to early or late implant bending, breakage, failure, loosening, movement/migration, bone fracture, and allergic reaction to implant material.

Other general complications associated with any spinal surgical procedure include non-union or delayed union, pseudarthrosis, pain, second surgery, bleeding, early or late infection, spinal cord and/or nerve damage, incisional complication, scar formation, blood vessel damage, cardiovascular system compromise, respiratory problems, complications due to bone grafting, reactions to anesthesia, impotence, sexual dysfunction, paralysis, and death.

This list does not include all possible contraindications, complications, warnings, or precautions. Please consult with your surgeon for additional information on this topic and how it applies to your particular medical condition.

Scoliosis: Fast Facts

- Scoliosis is the most common deformity of the spine¹
- The condition causes the spine to abnormally curve sideways, into an “S” or “C” shape of more than 10 degrees¹
- Two to three percent of the population, or about six million people in the U.S., have scoliosis²
- The condition can affect people of any age, but the most common age of onset is between the ages of 10 and 15²
- Each year, an estimated 30,000 children are fitted for braces and more than 100,000 children and adults diagnosed with scoliosis undergo surgery²
- People who have a family member with scoliosis are more likely to develop the condition²
- Although girls and boys are diagnosed with scoliosis in equal numbers, girls are eight times more likely to have a curve that progresses and requires treatment²
- Common signs and symptoms include: uneven shoulders, ribs, hips or waist, back pain, one shoulder blade sticking out, a rib hump at the back of the waist or ribs, one arm hanging lower than the other, discoloration or change in texture in the skin that covers the spine¹
- In 85 percent of cases, the cause of scoliosis is unknown; this is called idiopathic scoliosis²
- One quarter of children with spinal curves require medical attention³
- Fewer than half of U.S. states currently legislate school screening; medical societies recommend that females are screened at least twice at age 10 and 12 and males once at age 13 or 14⁴

Sources

1. Scoliosis Research Society 2011. Available online at: <http://www.srs.org>
2. National Scoliosis Foundation. Information and Support. Cited 28 Dec 2011. Available online at: <http://www.scoliosis.org/info.php>.
3. American Academy of Orthopaedic Surgeons. Available online at: <http://orthoinfo.aaos.org/connect/psa.htm>.
4. Richards BS and Vitale MG. Screening for Idiopathic Scoliosis in Adolescents: An Information Statement. *J Bone Joint Surg Am.* 2008; 90:195-198.

Scoliosis Resources

AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS (AAOS)

Address: 6300 North River Road
Rosemont, IL 60018
Phone: (847) 823-7186
Website: www.aaos.org

AMERICAN ACADEMY OF PEDIATRICS (AAP)

Address: 141 Northwest Point Boulevard
Elk Grove Village, IL 60007
Phone: (847) 434-4000
Website: www.aap.org

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS (AANS)

Address: 5550 Meadowbrook Drive
Rolling Meadows, IL 60008
Phone: (847) 378-0500
Website: www.aans.org

AMERICAN PHYSICAL THERAPY ASSOCIATION (APTA)

Address: 1111 North Fairfax Street
Alexandria, VA 22314
Phone: (703) 684-2782
Website: www.apta.org

INTERNATIONAL RESEARCH SOCIETY FOR SPINAL DEFORMITIES (IRSSD)

Address: The University of Liverpool
Sherrington Building
Ashton Street
Liverpool L69 3GE UK
Phone: 44 151 794 5502
Website: www.liv.ac.uk/HumanAnatomy/phd/irssd

NATIONAL INSTITUTE OF ARTHRITIS AND MUSCULOSKELETAL AND SKIN DISEASES (NIAMS)

Address: 1 AMS Circle
Bethesda, MD 20892
Phone: (301) 495-4484
Website: www.niams.nih.gov

NATIONAL SCOLIOSIS FOUNDATION (NSF)

Address: 5 Cabot Place
Stoughton, MA 02072
Phone: (800) 673-6922
Website: www.scoliosis.org

NORTH AMERICAN SPINE SOCIETY (NASS)

Address: 22 Calendar Court, 2nd Floor
LaGrange, IL 60525
Phone: (877) 774-6337
Website: www.spine.org

PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICA (POSNA)

Address: 6300 North River Road, Suite 727
Rosemont, IL 60018
Phone: (847) 698-1692
Website: www.posna.org

SOCIETY ON SPINAL ORTHOPEDIC AND REHABILITATION TREATMENT (SOSORT)

E-mail: kotwicki@amp.edu.pl
Website: www.sosort.org

SCOLIOSIS RESEARCH SOCIETY (SRS)

Address: 555 East Wells Street, Suite 1100
Milwaukee, WI 53202
Phone: (414) 289-9107
Website: www.srs.org

THE SCOLIOSIS ASSOCIATION, INC.

Address: P.O. Box 811705
Boca Raton, FL 33481
Phone: (561) 994-4435
Website: www.scoliosis-assoc.org



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