Surgery
The surgical treatment of idiopathic scoliosis is usually reserved for curves that have progressed beyond 40 to 45 degrees. If left untreated, continued progression of these curves may lead to chronic severe pain, deformity, psychosocial disability and pulmonary dysfunction.

Pedicle Screws
- Pedicle screws are used to anchor the correcting rods to prevent further movement while the spine is being fused with bone grafts. The screws are used to correct rotation as well as to treat deformity in the coronal and sagittal planes. The pedicle screws can be placed at multiple levels throughout the spine depending on the severity of the curve. The rods are then connected to the pedicle screws.

Growing Rods
- The rods are placed through the muscles around spine spanning the curve and are attached with screws. Growing rods allow for continued controlled growth of the spine in juvenile patients with scoliosis. The rods are then lengthened on a regular basis, approximately every 6 months.

What To Expect

Pre-Operative Office Visit
- X-rays will be taken in the office to assist in planning your surgery and determine how much flexibility your spine has.
- Details of the surgery will be discussed so you know what to expect.
- The surgeon will obtain a comprehensive history and physical to include all other health conditions, any current medications (over the counter or prescribed) and allergies or bad reaction to medications, latex, etc.
- Consent is signed to perform the surgery.
- Blood may need to be donated for your surgery. This will be done approximately one month before surgery, along with a CT Scan. Our staff will give you a prescription and let you know where to get these done.

Pre-Operative Hospital Visit
- Blood and urine tests will be ordered to make sure you are healthy and have no infections.
- A tour of the hospital will be given.
- You will meet with pain management specialist to discuss how they will effectively keep you comfortable after surgery.
- You will be admitted the day of your surgery.

After Surgery
- After surgery, plan to be in the hospital for 4-5 days. Every case is different and your stay may be shorter or longer depending on the severity of your surgery.
- You will follow-up in the office about 3 weeks post-operatively unless your physician feels otherwise.
- CT-based, intra-operative image guidance allows the surgeon to navigate the spine with “smart tools” by merging the data from a preoperatively acquired CT scan of the spine with in vivo registration of anatomical reference points that have been determined from the 3D, axial and sagittal CT images.
- This has facilitated rapid and accurate placement of pedicle screws for which there is virtually no tolerance for inaccurate placement.
- This technology also enables more precise sizing of the screws within the pedicles and the vertebral body, lessening the chances of loosening.
- Dr. Neustadt and Dr. Hahn have high use of this technology in scoliosis surgery. Surgeons from around the world visit them at All Children’s Hospital to learn about these cutting-edge techniques.

Stryker Navigation System

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