

Adult Scoliosis

And how to treat it

WEBINAR FOR GPs – 22 March 2023
8am – 8.30am



Dr Ralph Stanford

ORTHOPAEDIC SPINE SURGEON



- Spinal surgeon with over 20 years' experience
- Conjoint Senior Lecturer at the University of New South Wales
- Supervisor of Training for Orthopaedic Trainees, Prince of Wales Hospital
- Education Secretary for the Spine Society of Australia
- Honorary Senior Scientist at Neuroscience Research Australia (NeuRA)

Dedicated to lifelong learning and sharing my expertise with others, I attend spinal conferences worldwide and regularly consult with colleagues about successful treatments.

If you have any questions about a patient, please feel free to call me on 02 9650 4893. I will return your call and discuss how we can help.

Introduction

- What is important
- When referral should be considered
- Two main types
 - Adult stage of adolescent idiopathic scoliosis
 - Degenerative scoliosis



Things to consider



Appearance



Spinal balance



Curve progression



Pain

Appearance

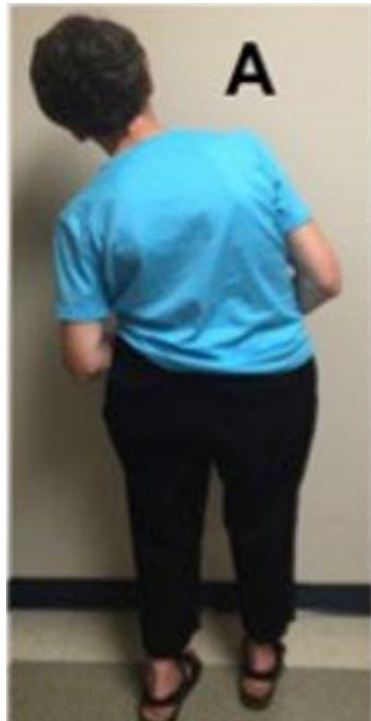
- Prominences
- Loin asymmetry



Spinal balance

Coronal plane

- Neck over gluteal cleft
- List to side
- Ribs may impact iliac crest



Sagittal plane

- Ear over hip
- Stooped
- Increases effort of walking



Curve progression



Expected rate of change of about 1 degree per year



WARNING: never accept curve degrees in a radiology report

Pain

Localised to spinal prominence

Ribs on iliac crest

Back pain brought on by walking

Sciatica

Non-specific



Natural history

Scoliosis per se is benign

Curves may get bigger

Function reasonable

Does not cause paralysis

People do not end up in wheelchairs

Respiratory function only affected in curves of >60deg

Advice



Reassurance



Exercise



Healthy body weight



Simple analgesia

Bracing??

DO NOT WORK
in adults

This practice is
to be
condemned



Surgery?

Big operation

Makes spine stiff

Judgement call



When to operate

Sciatica

Loss of mobility

- Out of balance
- Mechanical back pain

Significant progression of deformity

Appearance

Fit enough for large procedure

Complications

Total 241 cases

Wound infection	2.9%
Failed fusion	7.1%
CSF leak	0.4%
Proximal junctional kyphosis	7.1%
New neurological changes	2.1%
Deaths	0

Q & A

- A recording of the webinar will be available on my website
- See also my **article** online: Adult Scoliosis and how to treat it
- Further resources for GPs are available at <https://spinalsurgeonsydney.com.au/for-referrers>
- To receive future resources via email send your name and email address to info@powspine.com.au



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You can also reach me via ralphstanford@powspine.com.au.