

What are the Risks of Scoliosis Fusion Surgery?

Posted on November 30, 2015 by ScoliSMART Doctors (<http://www.treatingscoliosis.com/blog/author/ScoliSMART/>)

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As many as one in 10 scoliosis patients will ultimately get a referral for spinal fusion surgery. Each year, nearly 40,000 (<http://www.scoliosis.org/info.php>) choose to endure this invasive procedure.

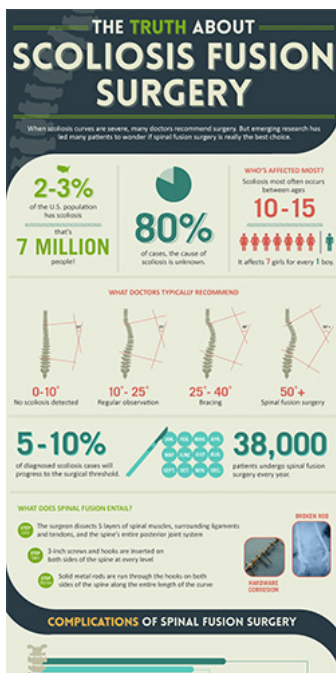
But just because a doctor recommends spinal fusion doesn't mean it's your only — or even best — option.

Before you commit to having your spine fused, it's important to fully consider the risks of scoliosis surgery. To reach the spine, a surgeon must cut through five layers of spinal muscles, including surrounding ligaments, tendons and the spine's entire posterior joint system. Stabilizing the curve involves running a solid metal rod through a column of 3-inch screws and hooks inserted into the bone along the entire length of the curve. It's a highly invasive surgery that requires months of recovery time.

At best, the procedure results in a 20 to 60 percent loss (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2525632/>) in side flexibility.

But is scoliosis surgery dangerous? Explore the facts and decide for yourself.

Risks of Scoliosis Fusion Surgery



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During a normal life span, more than 50 percent of spinal fusion patients will suffer from long-term scoliosis surgery complications. These can range from chronic lower back pain to permanent disability.

Scoliosis surgery risks include:

Implant failure. Spinal fusion implants fail in more than half of all patients who receive them. They can break, become dislodged, pierce the spinal canal and compress nerve roots, causing pain or disability. In one study, one in five patients with fused spines had to have their implants removed, and 22 percent of patients required a total of 28 additional operations (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2525632/>).

Nerve damage. Damage to the spinal nerves can leave patients with a variety of neurologic complications such as loss of skin sensation, weakness in the feet or legs, or loss of bowel and bladder control. One study found that 40 percent (<http://www.treatingscoliosis.com/scoliosis-treatment/>) of spinal fusion patients were considered severely disabled after surgery. In more serious cases, patients can develop paraplegia or quadriplegia, although the risk is less than 1 percent (<http://www.aboutkidshealth.ca/En/ResourceCentres/Scoliosis-Parents/Treatment/ImmediateRisksOfSurgery/Pages/Cons-of-Having-or-Not-Having-Surgery.aspx>).

Chronic pain. Even patients whose spinal fusion surgeries are considered successful can experience lower back pain down the road. Up to a third (<http://www.nytimes.com/health/guides/disease/scoliosis/surgery.html>) of patients suffer from back pain within 5 to 7 years of their surgery.

Infection. Every surgery carries the risk of infection. With a procedure as invasive as spinal fusion, the risk is elevated. Around 5 to 10 percent (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2525632/>) of surgical patients develop deep infections a year or more after surgery. The threat of infection doesn't disappear with time, either — some can develop as long as 8 years afterward.

Worth the Risk?

The goal of spinal fusion surgery is to stop the scoliosis from progressing while reducing the curves as much as possible. Given the heavy risks of scoliosis surgery, however, success rates remain low. In some cases, the spine fails to fuse or the curves continue to progress even after the surgery. In fact, “there is no evidence that health-related signs and symptoms of scoliosis can be altered by spinal fusion in the long-term,” one study concluded (<http://www.scoliosisjournal.com/content/3/1/9>).

In other words, even if the surgery does achieve some correction in patients, a full third will lose it all (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2525632/>) within 10 years. One in five will eventually need more surgery. Ask 100 spinal fusion patients if their surgery was a success, and nearly half will tell you they felt no reduction in pain, while more than a quarter will express unhappiness with the outcome.

Non-surgical Scoliosis Treatment Options

If you feel that the risks of scoliosis surgery aren't worth the poor odds of a successful outcome, you're not alone. You also have options.

ScoliSMART's non-surgical scoliosis treatment program (<http://www.treatingscoliosis.com/scoliosis-treatment/>) offers a much safer and more effective alternative to surgery. By using a Scoliosis Activity Suit (<http://www.treatingscoliosis.com/scoliosis-activity-suit/>) in conjunction with specific exercises, patients can address the underlying cause of scoliosis rather than merely treating the symptom (spinal curvature). Instead of attempting to physically force the spine into normal alignment, our program retrains the brain to correct the postural misalignment responsible for the scoliosis curve.

It works, especially in comparison to the high failure rates of spinal fusion surgery. A recent study of ScoliSMART clinical outcomes showed a 90 percent success rate at reducing or stabilizing scoliosis curves within one year.

Because retraining the brain demands time and consistency, our non-surgical scoliosis treatment requires a large commitment from the patient. Then again, so does recovering from surgery. In the end, patients who choose to heal their scoliosis naturally will emerge stronger because of it.

Treating scoliosis typically involves a lot of guesswork on the part of your doctor. Not every treatment option will be right for every patient, and just because you get a recommendation for spinal fusion surgery doesn't mean that's your only hope. A well-informed patient making well-informed decisions has the power to ensure the best possible outcome, even with advanced scoliosis curves.

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