

## Anterior Scoliosis Corrective Surgery **Spandana Vakapalli\***

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### Editorial

Anterior Scoliosis Corrective Surgery technique is a slightly invasive technique that uses certain implants such as screws positioned into the vertebral body. This technique is also known as vertebral body tethering (VBT). Since it is a newly developed technique, there is not a lot of proof or long term studies to remark on the safety and efficiency of this technique in the long run. Vertebral Body Tethering (VBT) uses an implant method that is in recent times agreed by the U.S. Food and Drug Administration (FDA) for marketing. Some difficulties related with this technique are an anaesthetic problem (such as allergic reaction or airway problem), heart, injury to the great vessels, lungs, uncontrolled bleeding, surgical site infection, postoperative pneumothorax, screw pullout or 'symptomatic migration' in the surgeon's language, chain breakage, failure of VBT to control growth and over-correction of spinal distortion. The other risks related with this technique can be an infection, neurological problems, loosening of the screw which will require a second surgery and the possible unwanted complications aren't well predictable. The incision for each one curve is made on the side and is kept as minor as possible. Generally, a scope is used to develop visualization and contact to the spine through a small incision called a portal. In certain cases, the surgeon might arrange two more portals in adding to the first one to gain more access to the spine. The implant screws, which are typically made of titanium, are then fixed on to the vertebrae by these incisions made. Behind this, a flexible cord rod which is like a rope is attached to the screws and fixed by a set screw at each level after first tensioning the cord rod in direction to get a correction of the curvature. Once the

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tensioning has been completed, a final x-ray is completed, a chest tube is located to drain fluid and air, and closing of the incision is done. An epidural catheter is positioned for postoperative (after surgery) pain control. The chest tubes frequently are removed within the first 2-3 days. The patient gets out of bed the day afterwards surgery and is able to go home after 3-5 days. After 6 weeks, patients are allowed to return to sports. The few weeks afterwards surgery before arrival to full activity allows for bone to develop into the screws and to stabilize them.

Above the last year, there have been reports of segmental failure of the tether (between two screws), so it may well be assumed that there are probabilities that the tether can break when used for an extended period of time. Though, the tether needs to be in position without damage only till the curve is corrected and is generally not kept for a long time in the body.