

## Jhantu Das (22 yrs, Male)

Date of Admission : 24-01-2010

Date of Surgery : 25-01-2010

Date of Discharge : 02-02-2010



### Medical Profile :

Progressive deformity of the back from childhood. Now having back pain for the last 5 months.

### Clinical Finding :

Lower limb jerks brisk. Plantars flexor. Left thoracic scoliosis with significant rib hump. Abdominal jerks diminished on the left side. ? diminished sensation to the right thoracic wall.

### Investigations :

X-ray : Suggestive of ? Idiopathic Scoliosis -- left sided T7 to L1 -- 70° curve (correcting to 52° on bending views) with slight thoracic kyphosis.

MRI : Small syrinx at C2.

### Management :

Posterior scoliosis correction done T5 to L3 - all pedicle screw construct (USS / Synthes / Titanium) with two cross-connectors. Procedure done u/GA at Park Clinic with intra-operative neural monitoring on 25.01.2010.

### Post Operative Protocol :

Uneventful postoperative recovery. Mobilised on the 2nd day discharged on the 8th day. At the time of discharge the patient was walking comfortably with significant relief of pain.

### Advice :

1. Do not bend forwards to pick up heavy objects / not permitted to sit on the floor or squat / must use western type toilet /not permitted to take long jerky journeys.
2. Encouraged to walk within residence and to perform regular daily exercises as shown.
3. Tab Voveran SR 100 mg SOS (on severe pain only).
4. Report after one month at clinic for follow up (please take prior appointment before 2 weeks).
5. X-ray whole spine standing AP lateral (digitally reconstructed into 2 plates).