Vertebral Body Tethering

- Application of metal staples to the front of the spine
- Staples are inserted between two vertebral bodies, which squeezes the growth plates and slows the growth of the vertebrae
- Allows the spine to grow and remain flexible
- One time surgery
- No lengthening required
- Can be used with lumbar staples (VBS)
- Can do later fusion if needed


Vertebral Body Tethering

- Titanium pedicle screws placed on the outside of the scoliotic vertebral bodies
- Polyethylene-terephthalate (PET)* flexible cable connects and compresses the adjacent screws to help straighten
- Allows the spine to grow and remain flexible
- One time surgery
- No lengthening required
- Can be used with lumbar staples (VBS)
- Can do later fusion if needed


Daniel G. Hoernschemeyer, MD is an assistant professor of orthopaedic surgery. He is a member of the Pediatric Orthopaedic Society of North America. Dr. Hoernschemeyer completed a fellowship in Pediatric Orthopaedic Surgery and Spinal Deformity at John Hopkins University. In addition to serving the general orthopaedic needs of young patients, Dr. Daniel Hoernschemeyer and his staff offer specialized care for a full range of pediatric spine problems.

We are committed to making your treatment as easy on you as possible. Most of the services you will need are handled on-site, with access to the most sophisticated technology to provide you with the best care available.

We will then develop an individualized treatment plan to relieve your discomfort and restore function while minimizing any possible risks.

Quality of care

At the Department of Orthopaedic Surgery, pediatric care is a priority. Our staff works with experts in a variety of medical disciplines, such as Child Health, Physical Medicine, and other specialties, to apply a team approach that addresses a patient’s medical, social, emotional, and physical problems. We offer specialized care in these areas:

- Pediatric Orthopaedics
- Blunts
- Cerebral Palsy
- Clubfoot
- Developmental Dysplasia of the Hips
- Scoliosis
- Leg Length Discrepancy
- Osteogenesis Imperfecta
- Skeletal Dysplasia
- Slipped Capital Femoral Epiphysis
- Spina Bifida
- Spondylolisthesis
- Spondylolysis
- Legg-Calve-Perthes Disease
- Fractures
- Kyphosis

Each patient is unique so our goal is to get to know you as a partner in your care.
Evening after surgery
The evening of surgery is spent in the Pediatric Intensive Care Unit. Here the nursing staff and attending physicians monitor the patient’s vital signs and post-operative pain. Pain medication is adjusted accordingly to ensure the patient’s needs are met. Each room is large enough to allow for families to stay with the patient throughout the night.

Pre-Operation
The morning of surgery, the patient and the family will report to the Children’s Hospital Pre-Op Holding Area. Here our nursing staff will get the patient ready for surgery. A Child Life Specialist is present to support the children teens by teaching coping strategies and offer support to the families. This helps each child feel better prepared for their surgery and hospitalization.

Pediatric Anesthesiologists
The Pediatric Anesthesia Team has a combined 50+ years of taking care of kids. Our doctors try to accommodate children with the least amount of pain possible. An IV can be started once the patient is asleep in the operating room. Our team does an excellent job monitoring vital signs and controlling blood pressure and body temp throughout the case. This helps to minimize blood loss during the surgery.

Operating room & Neuromonitoring
Once your child reaches the Operating Room, our nursing staff and team will keep the family updated throughout the procedure. A family member can request instant updates from the nursing staff at any time. Our Neuromonitoring Team allows our OR team to know exactly what is going on with your child’s spinal cord at all time during the surgery. Any changes are communicated directly to the surgeon. Each team member will be working hard to assure everything is running smoothly during their surgery. Each family is Discharged home with a set of instructions so that the family has a clear understanding of the restrictions that should be followed. Wounds care instructions, discharge medications, and follow up appointments are discussed with each individual family prior to leaving the hospital.

Physical Therapy and transfer
Once the scoliosis patients are stable, they are transferred to the peds or adolescent floors. Each of the 43 private rooms is spacious for families and includes all the accommodations the child will need. Here the child progresses with physical therapy to become more mobile. The rooms include TV, blue ray DVD’s and a Wii in every room. Each room has a private bathroom for the patient and their family.

Discharge
Physical Therapy begins the day after surgery. Our dedicated therapy team at Children’s Hospital works with each child to help them safely progress from sitting at the side of the bed to ambulating in the hallways.