Daniel G. Hoernschemeyer, MD, is an assistant professor of orthopaedic surgery and member of the Pediatric Orthopaedic Society of North America. He 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. Hoernschemeyer and his staff offer specialized care for a full range of pediatric spine problems.

Dr. Hoernschemeyer has a national reputation for treating children with scoliosis and is the only surgeon in Missouri who provides a fusionless treatment known as Vertebral Body Tethering (VBT). In addition to these medical specialties, Dr. Hoernschemeyer assisted in the development of a patented plate used in the treatment of pediatric femur fractures that is available in 29 countries. He serves as co-director of the pediatric intensive care unit at Children’s Hospital and is an active member of the Scoliosis Research Society.

VBT:
- 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

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† IMPORTANT: The device used for VBT is not yet approved by the Food and Drug Administration (FDA) for use in scoliosis (the device is approved for lumbar fusions in adults with degenerative disorders). Use of the device in the VBT is therefore considered an off-label use. Your physician should be aware that the FDA has not approved it as a device for the type of treatment described above. This means that the FDA has not concluded that the device is safe and effective for treatment of scoliosis. Your physician will explain to you how the unapproved device will be utilized and any risks involved in “off-label usage.”

Meet the Team

From pre-surgery to post-operative care, our team is here to support you and your child through every stage of scoliosis surgery.

The Path of Surgery:
1. Pre-Operation
2. Pediatric Anesthesiologists
3. Operating Room and Neuramonitoring
4. After Surgery
5. Therapy Sessions
6. Discharge
After Surgery
Once your child is ready to leave the recovery room, they are transferred directly to the pediatric floor until discharge. Pain medication regimen starts with your child using a pain button and progresses into them taking only oral medication. Each morning, daily goals from the Team Integrated Enhanced Recovery (TIGER) protocol are discussed, including catheter removal, mobilization therapy and dietary advancement. Each private room is large, allowing enough space for families to stay with the patient. Families are encouraged to participate in the patient’s daily care.

Operating Room and Neuromonitoring
Once your child reaches the operating room (OR), our nursing staff and team will keep you 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 times during the surgery. Any changes are communicated directly to the surgeon.

Therapy Sessions
Physical and occupational therapists will follow your child’s progress throughout their stay, starting the night of the surgery. Using the TIGER protocol, our therapists will safely advance your child to sitting in a chair on post-op day one, walking halls day two and climbing stairs day three. It’s important for parents to be involved during therapy sessions so they can learn how to safely transfer their child while maintaining the no bending, lifting or twisting (BLT) rule. Our therapists work with family members to ensure they feel comfortable with restrictions and mobilization prior to discharge. Most children don’t need any formal therapy visits once discharged, but BLT restrictions typically remain in effect for three to six months after surgery.

Discharge
Each family is sent home with a set of discharge instructions that clearly outline any restrictions that should be followed. Wound care instructions, discharge medications and follow-up appointments are discussed with each individual family prior to leaving the hospital. The first follow-up appointment after surgery will be six weeks from your surgery date. X-rays will be taken and we will discuss how great your child’s recovery is coming along!