

pedicle screws for this, due to the poly-axial adjustable heads (Figure 2).

9. A period of immobilization or traction can help to keep young children still and assist in management of urinary tubes. If used, the external fixator can be removed in clinic or bedside with oral analgesics and topical anesthetic.

10. Explain to parents that some diastasis will recur due to the innate lower growth potential of the anterior pelvic rami, but this does not compromise the result.

The clinical science of exstrophy reconstruction has advanced steadily since the first successful case in the early 1950s. The technique described by Cardin and Herrera-Soto provides additional options to improve clinical care.

References

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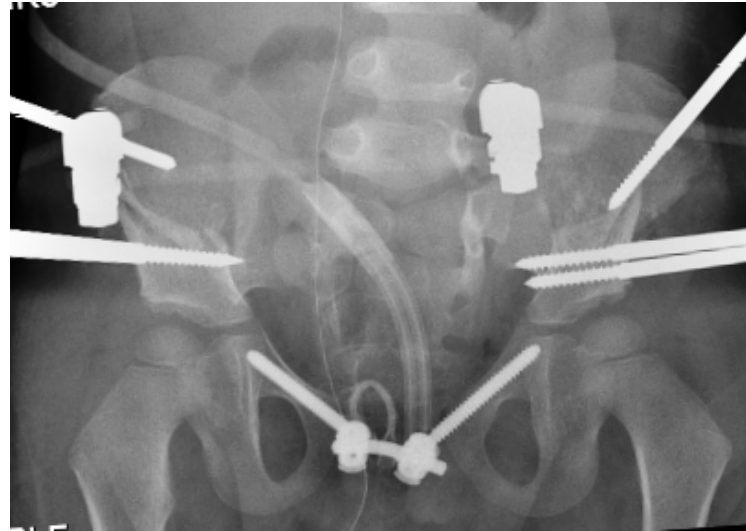


Figure 2B. Reconstruction with external fixation and inter-symphysial fixation with polyaxial pedicle screws and rod

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