



Kids Brain Doc

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Tethered Cord Syndrome: Fatty Filum

Patient Packet



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Diagnosis: Fatty Filum



What is it?

There is a fibrous band at the bottom of your spinal cord (*filum terminale*) that is anchored to your tailbone (*coccyx*). If it gets fat in it (*fatty filum*), it can cause spinal cord tethering and a low-lying conus.

Tethering is when your spinal cord (a normally free-moving structure in your spine) is abnormally attached to a fixed/immobile structure.

This traction leads to decreased blood flow to the spinal cord.

Who does it affect?

A fatty filum is seen in about 5% of the population, with approximately 25% of these individuals also having a low-lying spinal cord. It's more common in females.

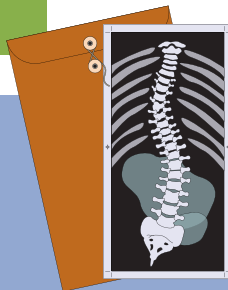


How did my child get it?

Typically *congenital* (present at birth) and *sporadic* (does not run in families).

Is it Harmful?

A fatty filum isn't always harmful. Many remain symptom-free, but if the cord is truly tethered, it can cause progressive issues like leg weakness, sensory changes, bladder or bowel incontinence, scoliosis, or foot deformities. Early recognition is key to preventing further problems.



What is the Treatment?

In order to prevent symptoms or keep symptoms from getting worse, I perform surgery known as a Tethered Cord Release.



Surgery: Tethered Cord Release

1 Goals of Surgery

- Untether the spinal cord
- The goal is to prevent symptoms OR keep your child as good as they are on the day of surgery. There is no guarantee they will get better, but in many cases, the symptoms improve.



4 Right after Surgery

- Lay flat to prevent CSF leak. Do your best. It's better to keep your child calm and minimize crying than to force them to remain flat.
- Pain medications: IV Tylenol, IV Toradol, +/- Muscle relaxant or Morphine.
- Antibiotics: 24 hours

2 Risks of Surgery

- Blood loss (minimal)
- Injury to the nerve roots (use neuromonitoring to prevent this). This can result in bladder and bowel incontinence or hemiparesis.
- CSF Leak (perform a good closure with the use of surgical glue)
- Future revision surgery

3 Alternatives

- Frequent observation, since we don't know when or if your child will get symptoms.
- Repeat studies every 4-6 months with urology to ensure they are not developing symptoms.

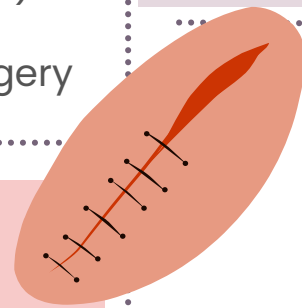
5 Hospital Recovery

- Day after surgery: sit up in bed. Check for headaches or fluid collection on the back.
- Once your child is taking all medicine by mouth, eating/drinking, peeing, and moving okay, they can go home.

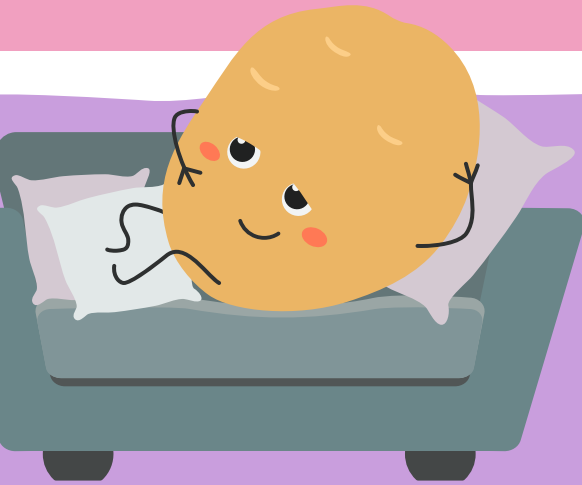
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Incision Care

- Ok to shower 2 days after surgery. Wash daily.
- No bathing or soaking incision in tub for 4 weeks after surgery.
- Surgical glue will fall off on its own in 2-4 weeks.
- No need to cover the incision.



Recovery & Follow-Up



ACTIVITY RESTRICTIONS

- Week 0-2: Couch potato
- Week 0-4: Light activity
- 1-3 months: Regular activity (keep two feet on the ground - avoid jumping)
- At 3-months: Clear for all activities

HOME CARE

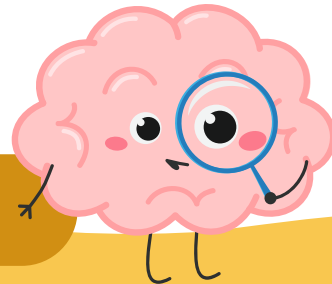
Will see in clinic for incision check at 2 weeks.
Can return to school or daycare after this appointment.

FOLLOW-UP

- 2-week: incision check
- 6 weeks
- 3 months
- Annual check-up



LONG-TERM CARE



Signs and symptoms of spinal cord tethering or retethering to look for in your child:

- Any change in bowel and/or bladder function, new UTIs
- New weakness in the legs or feet
- Back pain, leg pain
- Change in walking pattern, such as new walking on the toes or "turning in" of one or both feet
- New or increased stiffness in the legs
- New areas of numbness or tingling in the legs or feet (may manifest as new blistering on the bottoms or sides of feet)
- New or progressive curvature of the spine (scoliosis)