

Tethered spinal cord

What is the spinal cord?

The spinal cord is a long structure of nerve cells which starts at the bottom of the skull and ends in the lower back.

- The spinal cord is protected by vertebrae (back bones) which are stacked on top of one another.
- Each vertebrae has a hole in its center. The spinal cord fits in in these holes. This is called the spinal canal.
- The spinal cord normally hangs loose inside the spinal canal. The cord is able to move easily when a child bends, stretches or grows taller.

What is a tethered spinal cord?

A **tethered** spinal cord is attached or “tied” to tissue in the spinal canal.

- The spinal cord is **not** able to move easily. It gets pulled and stretched more than normal. This can get worse over time. This may cause permanent injury to the spinal cord.
- Most often, spinal cord tethering happens in the lower (lumbar) portion of the spinal cord.
- There are many causes of tethered cord. Most of them are there at birth.

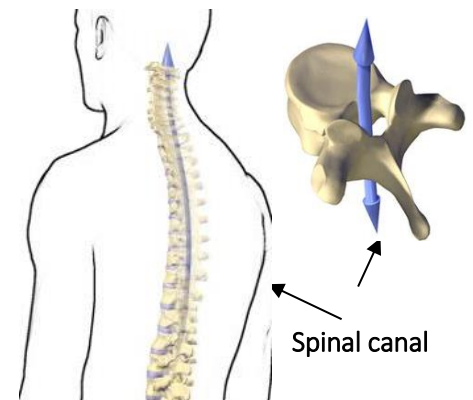
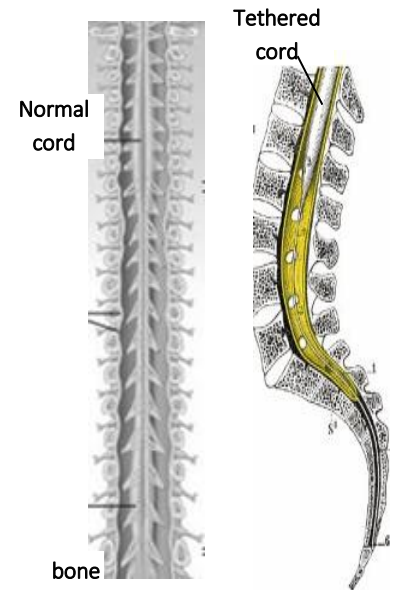
What are common signs and symptoms of tethered spinal cord?

- Pain in the back or legs.
- Weakness, numbness or tingling of the legs.
- A curve in the spine that gets worse. This is called scoliosis.
- Having a harder time than normal with toilet training.
- Changes in bowel or bladder function in children who were toilet trained in the past. This includes wetting or stooling accidents during the day or night.
- A dimple, birthmark or patch of hair on the lower back.

How is it treated?

A neurosurgeon may recommend surgery for tethered spinal cord:

- To **prevent** signs and symptoms from developing.
- If your child is **showing** signs and symptoms of tethered cord.



The goal of the surgery is to prevent signs and symptoms from getting worse. If left untreated, there can be permanent problems.

During surgery, a cut (incision) is made in the lower back. The neurosurgeon separates the spinal cord from the tissue around it.

What happens after surgery?

- Most children stay in the hospital after surgery for 2 to 5 days.
- Your child will need to lie flat, on their side or their belly, for 24 to 48 hours after surgery. This prevents leakage of spinal fluid from the incision. After this time, your child can get up and slowly start to move around.
- Pain medicine will be given to help with pain. By the time children leave the hospital they should only need acetaminophen (Tylenol) or ibuprofen (Advil/Motrin) for pain control.
- It is **very** important that the incision stays clean after surgery. A thin, plastic sheet will be taped below the incision. The sheet keeps urine and stool away to prevent infection in diapered babies and children. Your child's nurse will teach you how to care for the incision at home before you leave the hospital.
- Most children can return to normal activity 1 to 3 weeks after surgery.

Other teaching sheets that may be helpful:

#[1079](#) Mud flap

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child has special health care needs that were not covered by this information.

This sheet was created to help you care for your child or family member. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment and follow-up.