

## Patient Success Story: Mother & daughter scoliosis

**KATHRYN** remembers growing up being told that her great aunt had scoliosis. That was long before there were modern surgical methods of correcting such a spinal curve. In earlier generations, patients with spinal curves often had a shortened lifespan, ongoing back pain, complications on internal organs, and difficulty breathing as the curve progressed and pressed against the lungs.

“I guess the scoliosis skipped two generations and landed on me,” says Kathryn. “I wore a brace for over five years through middle school and high school which helped at the time. Later, I married and had three children when the curve finally progressed to 68 degrees — a point that I knew it was time to deal with it. We researched fellowship-trained scoliosis specialists, and talked with several people who had scoliosis surgery, and they all recommended Dr. Geck.”

“During my visit with Dr. Geck, he was pragmatic that corrective surgery was likely inevitable, not a matter of if, but when. The curve now was getting worse, at a rate of 3 to 5 degrees a year. I was in my early 30s. If I waited 10 years, the curve would likely get worse, and there would be increased potential for nerve damage with surgery as I aged.”

Kathryn and her husband still wanted to have more kids, and along with Dr. Geck, they concluded it was best to deal with surgical correction now while she was younger.

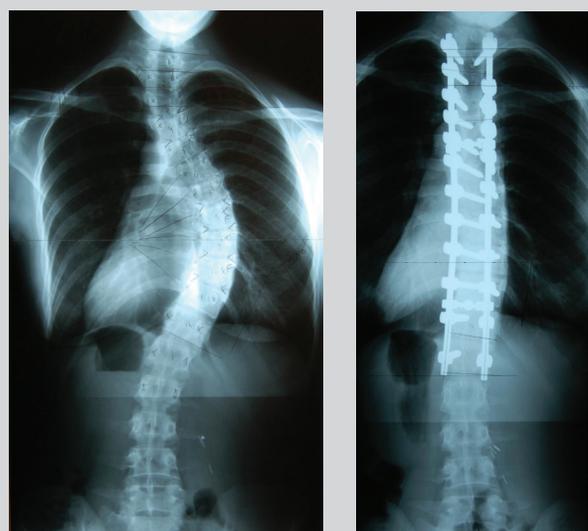
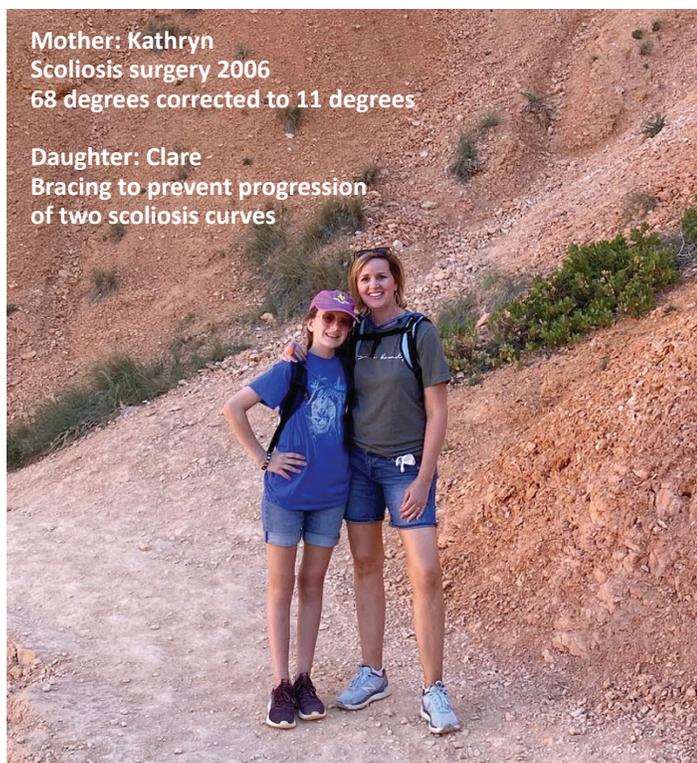
“My back pain was getting worse and I was having shortness of breath as the curve was now pressing on my lungs.” Kathryn remembers. “We wanted to have more children and the curve would prevent that. But any kind of spine surgery is a serious decision. I wondered if my quality of life would be better, because scoliosis can be challenging. So I had real concerns. The other issue was the length of recovery time. The curve required an incision that would go from T2 to L1. Our three children were toddlers at the time and required a lot from me.”

Surgery was done in 2006, before the latest advance in mini scoliosis surgery that enables correction through three smaller incisions. Thankfully the corrective surgery went well, the 68 degree spinal curve was corrected to only 11 degrees, and the Whitaker family grew by three more children in the years after the surgery.

“I picked up two inches in height after the surgery, which was fantastic,” Kathryn remembers. “I work out 5 days a week and stretch, which helps me manage occasional back pain. And with the curve corrected, I can breathe again.”

### Round 2: Empathy required

With her experience with scoliosis, and the potential for a heredity link, Kathryn kept a close eye on all six children as they grew through adolescence. “I watched them like a hawk,” she notes. “As they grew I always checked their shoulder blades. And sure enough, one of my children, Clare, started showing signs of it in the 4th grade — age 10, the



*Kathryn's scoliosis curve had progressed to 68° (left) making surgical correction necessary. The curve was starting to pressure her lungs, causing difficulty breathing. Through surgical correction, her curve was reduced to 11° (right).*

same age as when my curve appeared.”

Kathryn immediately took Clare to see Dr. Geck. “X-rays showed upper and lower curves of 21 and 24 degrees. Dr. Geck fitted her with a brace to help prevent the curve from worsening. With Clare’s diagnosis, Clare and I were both saddened but upbeat,” Kathryn notes. “We would deal with it together. I certainly had a personal perspective that I could lend. I think Clare did well with the diagnosis of a spinal curve and all her friends were very supportive. I was also sensitive to the issue of wearing a brace as I had gone through that myself. It helps that Dr. Geck is so good with her, and reminds her that it doesn’t have to be debilitating and that she will have a good quality of life.”

Dr. Geck notes that there are more advances today with mini scoliosis correction than was the case in 2006. “Usually, we can

accomplish surgical correction with vertebral tethering or mini scoliosis surgery. Both are far less invasive than a long incision.”

Kathryn adds, “Dr. Geck’s an excellent surgeon, and he can make complicated things not so complicated which puts the situation in perspective. I’m grateful that he’s here in

Austin.”

Meantime, Clare is able to continue with running cross country, and has an interest in theater at school. “So we are now in the watch-and-wait mode, and the brace is working. That’s good news, as it’s always a Mom’s goal to keep your child out of the operating room.”



## PHYSICIAN BIO

### MATTHEW GECK, MD

Board-certified Orthopedic Surgeon • Fellowship-Trained in Adult and Pediatric Spine Surgery  
Specializing in Scoliosis & Spinal Deformity

Co-Chief, Ascension Texas Spine and Scoliosis Center, Austin Texas • Chief, Scoliosis and Complex Spine Program

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Matthew J. Geck MD is a board-certified, fellowship-trained spine and scoliosis surgeon. Dr. Geck’s practice is exclusively focused on the niche of spine and scoliosis surgery. This includes patients with adult and pediatric scoliosis, kyphosis, failed surgeries, spinal cord compression, flatback syndrome from Harrington Rods and other complex spinal problems. His specialty spine practice has been based in Austin since 2002. Over the past 20 years, Dr. Geck has performed over 2,500 spine surgeries. His scoliosis practice receives patients from across Texas, surrounding patients and Mexico. He also performs surgeries in South America through his non-profit foundation SpineHope.

Dr. Geck’s focus is on pediatric and adult patients with scoliosis, kyphosis, spinal cord compression, failed previous surgeries, and other complex spinal problems. He is experienced in minimally invasive scoliosis surgery, spinal stapling and tethering (fusionless scoliosis surgery), complex spinal reconstruction, osteotomy surgery, and revision surgeries.

Dr. Geck was raised in Wisconsin. He performed his undergraduate work at the University of Wisconsin in the Medical Scholars program and graduated Phi Beta Kappa. He attended medical school at the University of Wisconsin School of Medicine and graduated Alpha Omega Alpha. Dr. Geck performed his orthopedic surgery residency at UCLA Medical Center. He then performed two spine fellowships in adult and pediatric spine surgery, the first at Jackson Memorial Hospital and a second in pediatric scoliosis and kyphosis surgery at Miami Children’s Hospital. He moved to Austin, Texas in 2002 where he started his spine deformity practice.

Dr. Geck has authored more than 80 scientific papers, book chapters, and abstracts for the journals Spine, The Journal of Spinal Disorders, Orthopedic Clinics in North America, The Spine Journal, and the Journal of the Scoliosis Research Society: Spinal Deformity, and presentations at the Scoliosis Research Society, International Meeting for Advanced Spinal Techniques, North American Spine Society, Cervical Spine Research Society, the Society for Minimally Invasive Surgery of the Spine, and the American Academy of Orthopaedic Surgeons.

Dr. Geck was certified by the American Board of Orthopaedic Surgery in 2004 and is a Fellow of the American Orthopedic Association, the Scoliosis Research Society, North American Spine Society, and the American Academy of Orthopedic Surgeons, the Society for Minimally Invasive Surgery of the Spine, and the Cervical Spine Research Society.

Dr. Geck also contributes his time as Medical Director for SpineHope which performs free spine surgery for children in poverty-stricken countries across South America and elsewhere. Dr. Geck has traveled to more than 20 international locations, performing spinal deformity surgeries at various hospitals across South America. He has supervised or performed over 200 spine surgeries in these locales, and has seen over 1,000 children with severe or neglected spinal deformities. Through SpineHope, Dr. Geck provides advanced training to local spine surgeons at these hospitals in the specialty of spinal deformity and scoliosis. To learn more about this foundation, visit SpineHope.org.