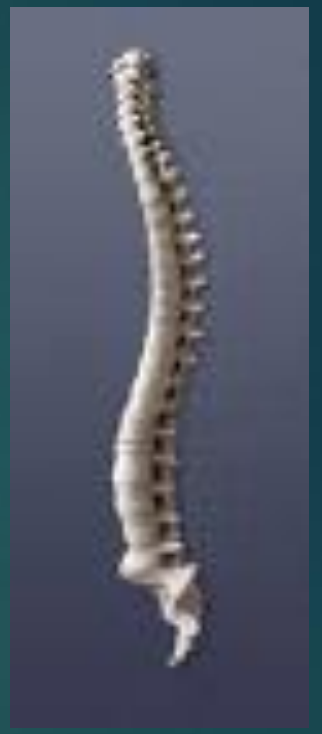
Whats New in my Specialty "Spine surgery"



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ORTHOPEDIC SPINE SURGERY

OGDEN UT

MAY 17,2024

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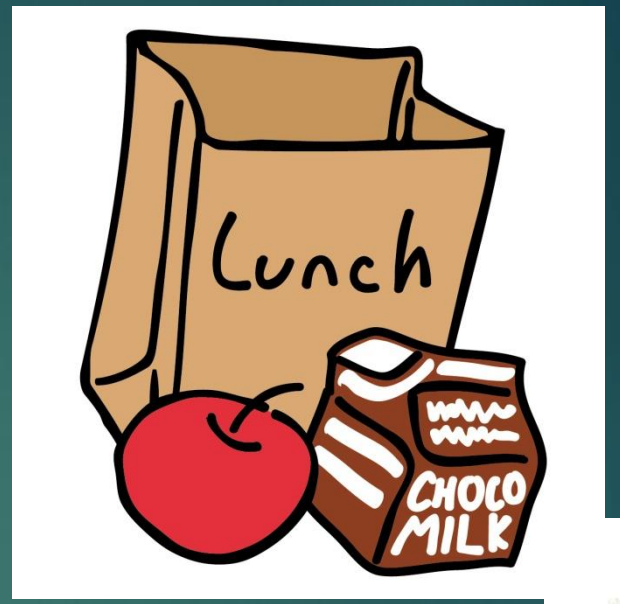

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- Neil Callister MD – Hand Surgery
- Nick Goucher – Foot and Anke Surgery
- Casey Bachison MD – Spine Surgery
- Todd Grunander MD – Joint Replacement
- Terry Finlayson MD – Orthopedic Trauma
- Sean Kuehn MD – Orthopedic Trauma
- Brady Mock MD – Joint Replacement
- Blake Sellars MD – Hand Surgery
- Outstanding PA/NP's

  Derek Smith, Austin Okelberry, Joe Bowcutt, Colton Peterson, Shannan Montague, Andew Nelson, Jairon Fessler, Sean Peterson

Objectives

- The Basics Remain the same
- Non operative options are expanding to include treatment for DDD
- Minimally invasive technique are becoming commonplace, including interbody fusions, Lateral fusions and SI joint arthrodesis

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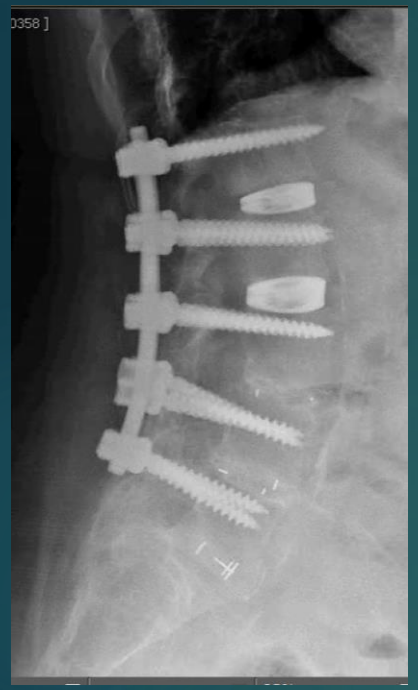
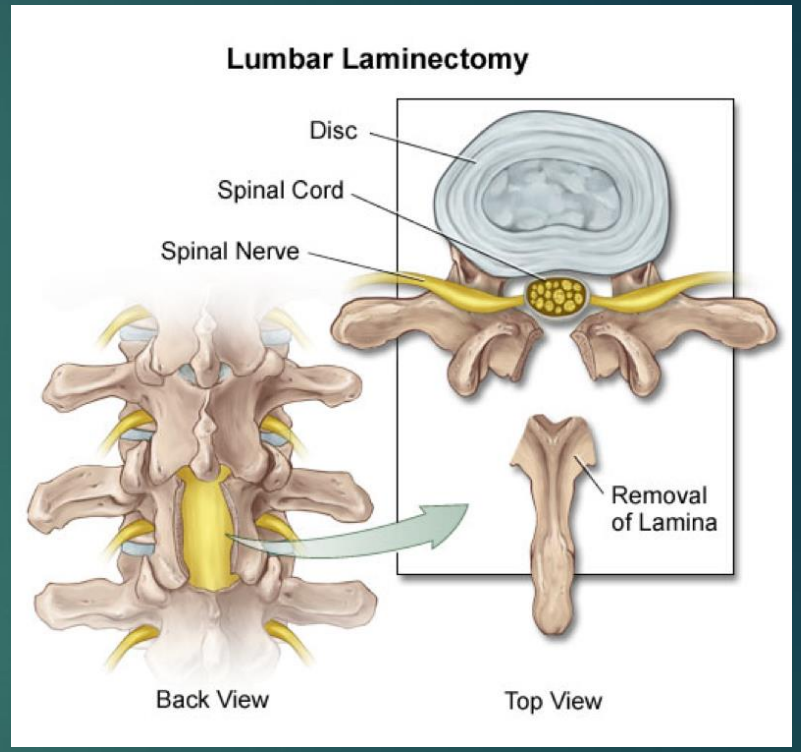
The Basics Remain Unchanged



- Two major roles of Spinal Surgeons
  - Decompression (Laminectomy)
    - Herniated discs
    - stenosis
  - Stabilization (Fusion with Hardware)
    - Instability due to deformity, trauma, infection, neoplasm, scoliosis, kyphosis
    - Spondylolisthesis (single most common diagnosis requiring fusion surgery)
    - Restoration of Neuro-foraminal height (NF)



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Non-Operative Options

- Medications – NSAIDS, muscle relaxer, Nerve modulators, Pain medication
- Physical therapy
- Injections
  - Epidural injections
  - Medial Branch block/Radiofrequency ablation
  - Basivertebral Nerve ablation – new and promising treatment for previously poorly treated Degenerative disc disease

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Degenerative Disc Disease

- Historically isoloated DDD is one of most complicated and poorly treated conditions of the spine.
  - Physical therapy
  - NSAIDS
  - Fusion (Trouble is there's no stenosis or instability)

- Typically patient presents with back pain. Seldom have sciatica

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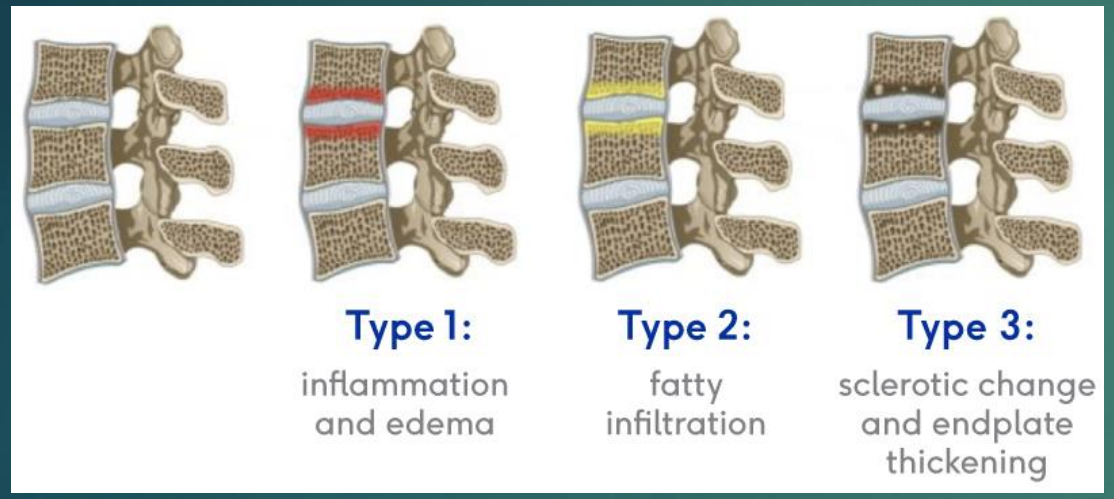
Degenerative Disc Disease

- Back pain
- Modic changes



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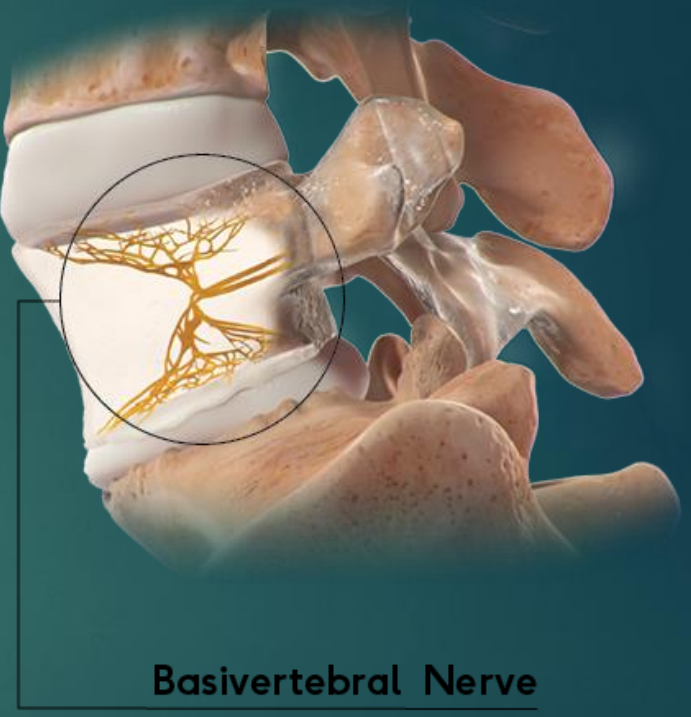
Basivertebral Nerve Ablation

- Basivertebral Nerve provides inervation to the Vertebral endplate at the superior and inferior aspects of a single vertebral body.
- An ablation to the BVN inhibits pain transmission from the Disc to the CNS



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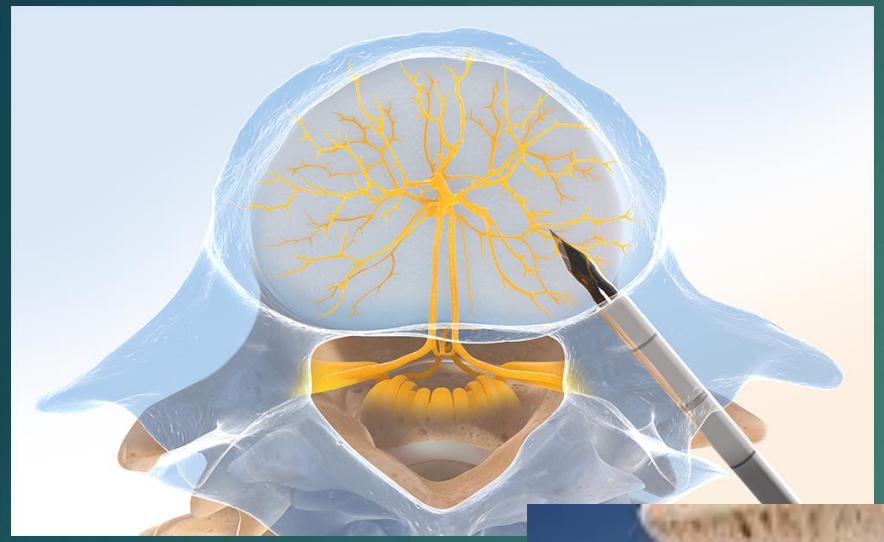
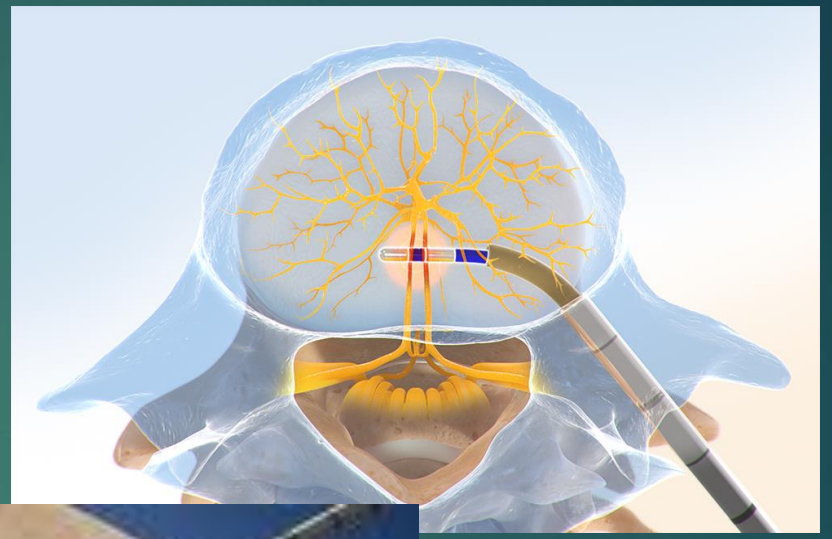
BVN Ablation





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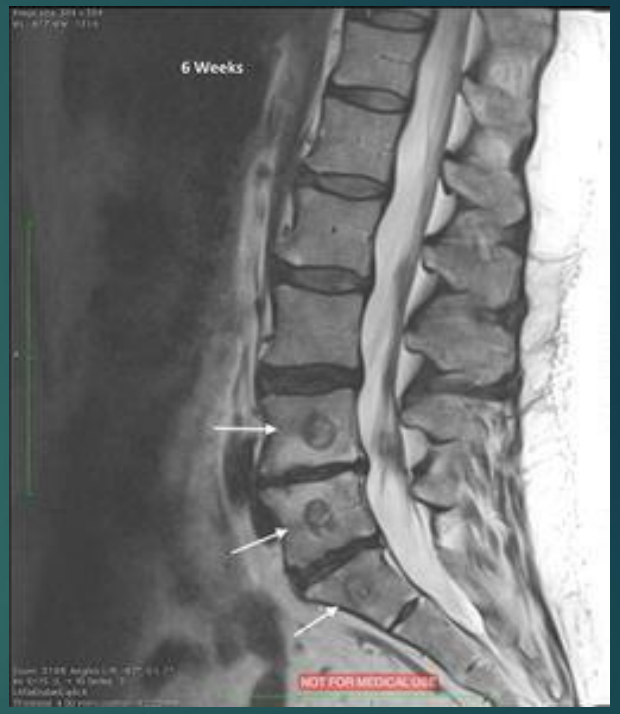
BVN Ablation

- Outcomes
  - RTC 140 patients 1:1 BVN ablation/standard conservative Treatment
  - At 3 months BVN groupl showed 20.3 point decrease in ODI
  - At 12 months BVN group showed 25 point decrease in ODI and VAS of 3.8
  - 64% had >50% improvement with 29% reporting complete relief
  - Cross over then reported 25.6 point decrease in ODI



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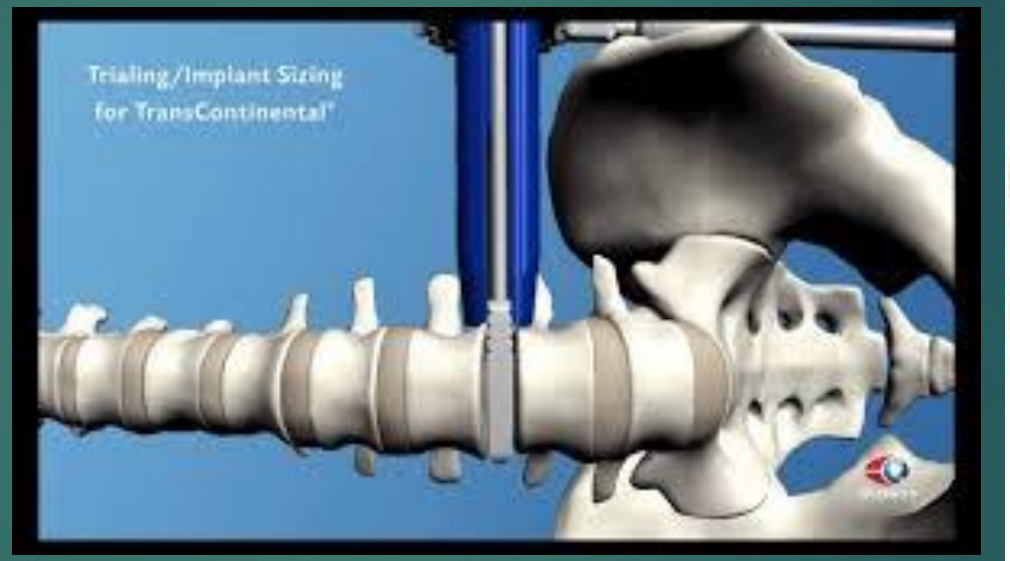
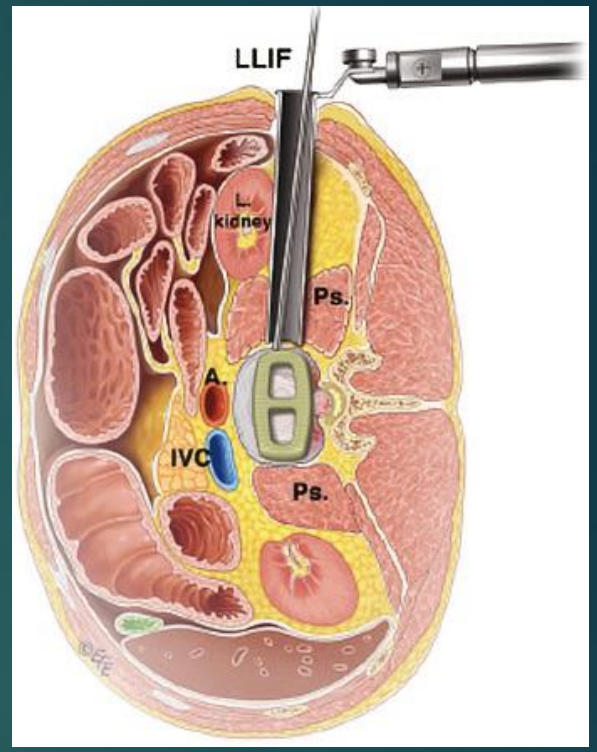
Lateral Lumbar Fusion

- Minimally Invasive Surgical Technique for fusion of the lumbar spine
- 4 cm flank incision, Approach through a lateral retroperitoneal plane
- Decreases amount of dissection to the posterior muscle groups





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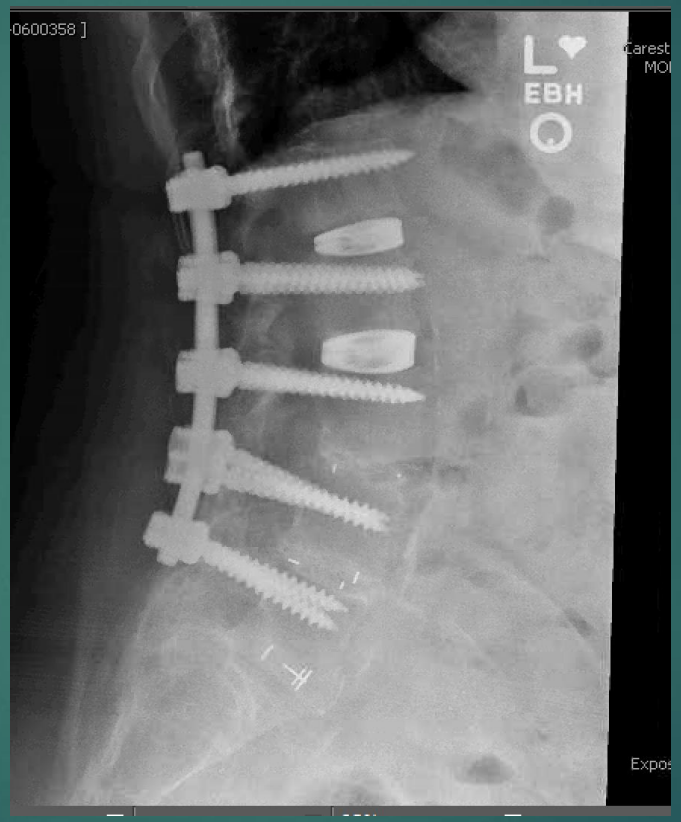
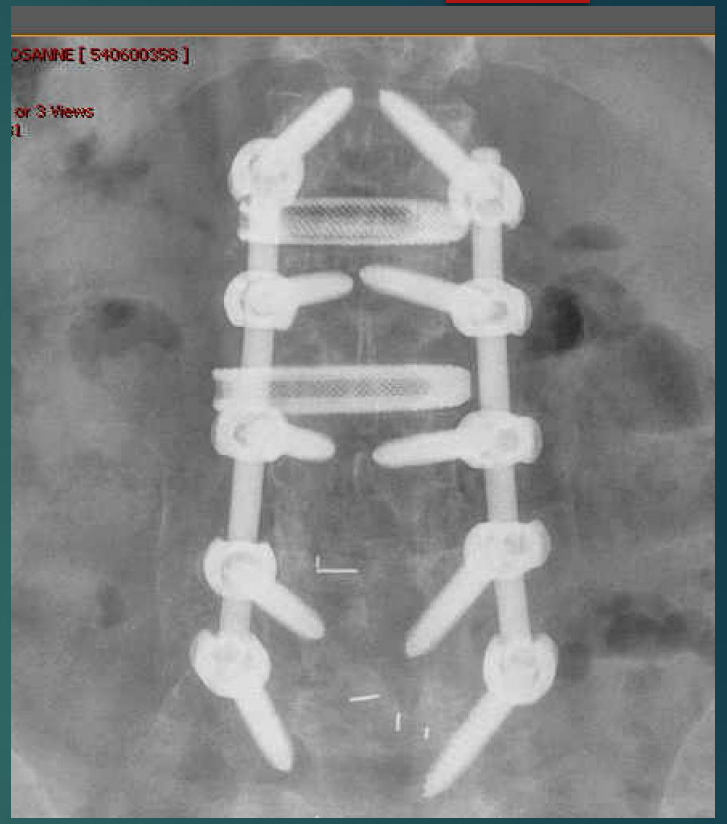
Lateral Lumbar Fusion

- Placement of Large Cages (Tall and Long)
- Better maintenance of interbody height
- Better restoration of foraminal height
- Can eliminate need for laminectomy
- Posterior screws are place percutaneously.





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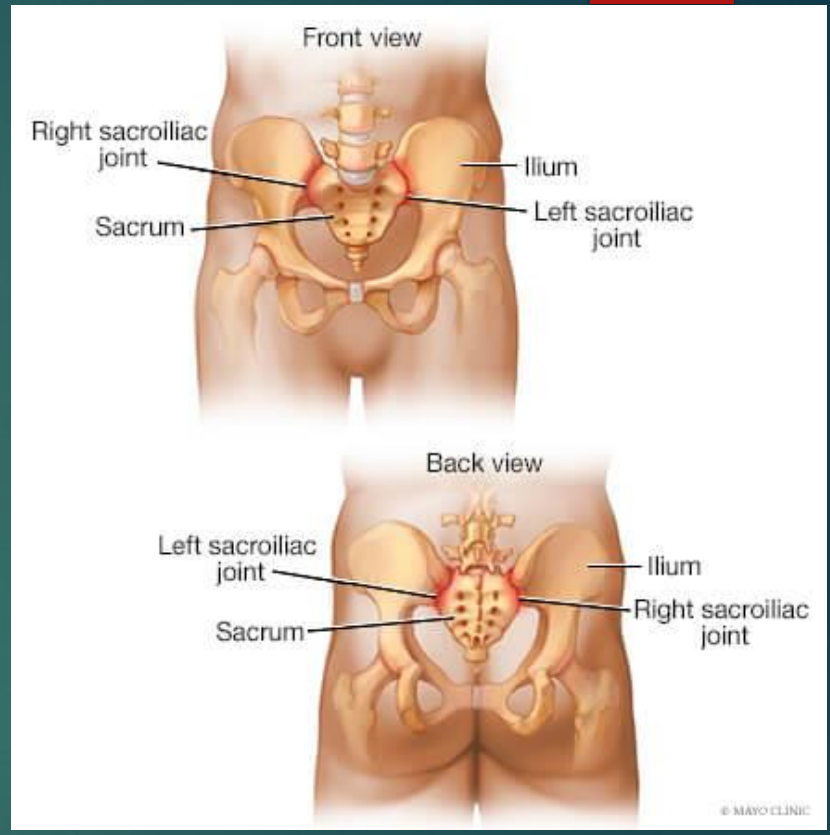
Sacroiliac Joint Arthrodesis

- SIJ dysfunction historically poorly treated
- Difficult to approach
- Difficult fusion
- Very morbid open procedure requiring extensive muscular stripping/trauma to expose joint for fusion
- Increased success of long spinal fusions leads to increased SIJ arthrosis/Pain



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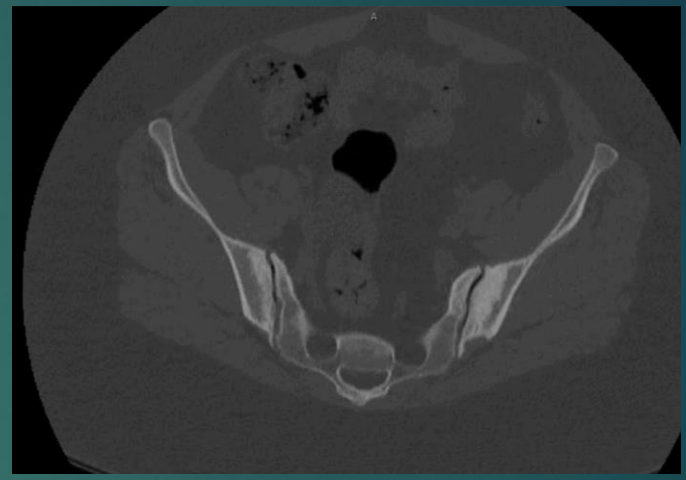

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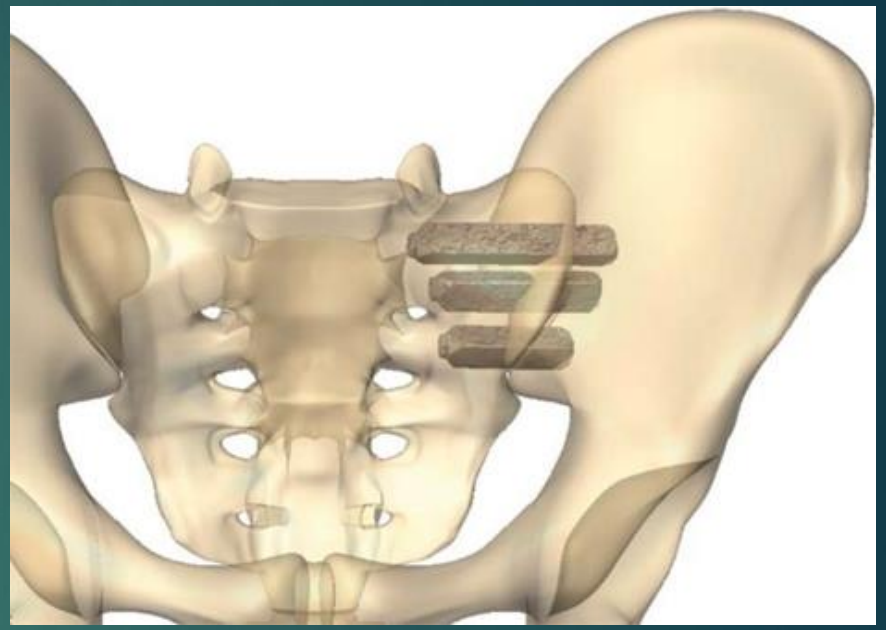
Sacroiliac Joint Arthrodesis

- MIS Techniques for SIJ fusion becoming available
- Porous titanium screws, wedges, triangles available for implantation
- Provide fusion of SIJ via ongrowth and Ingrowth through porous surface
- Implants placed through a single 2 cm incision.



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Sacroiliac Joint Arthrodesis

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Other New Technologies

- Spinal Robotics
- Endoscopic spinal surgery
- Motion preservation surgery

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Questions

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Thank You
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