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Novel Minimally Invasive Approaches to Lumbar Degenerative Disc Disease: Direct Lateral Approach to the Lumbar Spine

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Congress Abstract

Minimally invasive techniques continue to advance in the treatment of a wide-range of spinal diseases including lumbar degenerative disc disease (DDD). Though all levels of the lumbar spine can be affected by DDD, the L4-L5 and L5-S1 levels are the most commonly affected. There are a variety of surgical options to treat intervertebral DDD: Anterior Lumbar Interbody Fusion (ALIF), Posterior Lumbar Interbody Fusion (PLIF), and Transforaminal Lumbar Interbody Fusion (TLIF). Though each can be successfully utilized, they can be more invasive, and allow smaller cage placement with a diminished fusion surface area, therefore increasing the possibility of postoperative pain, length of stay, and potential non-union. A minimally invasive alternative is the Direct/Extreme Lateral Interbody Fusion

(DLIF/XLIF). XLIF can be used routinely from T6 to L4, but the controversy lies in its utilization at L4-L5. It is our belief, that with appropriate technique and knowledge of the anatomy, the XLIF offers a suitable alternative approach in treating DDD at L4-L5. Advantages of XLIF include: utilization of a larger cage, placement of cage across the apophyseal ring yielding direct/indirect decompression of the spinal canal and neural foramina, larger surface for fusion area, and obviating the need for an access surgeon. Currently, many believe there are numerous contraindications to XLIF at L4-L5 - i.e., the anatomical relationship between the lumbar disc and the lumbar plexus, and the iliac crest limiting the approach in some instances. Consequently, ALIF, PLIF, and TLIF appear to be the preferred approaches for some at this level. Herein, the authors will include their own clinical experience and the surgical keys to successfully treating consecutive patients at the L4/5 level with this minimally invasive yet controversial surgical approach.

Anzeige



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