

A Growing Body of Evidence: TLIF Fusion with Viable Allograft 75 Consecutive Cases at Twelve Month Follow-Up¹

Background

This study represents a retrospective review of a single-practice, single-surgeon evaluation of the product in 75 consecutive patients for fusion by computed tomography (CT) and radiographic evaluation at 12 months in conjunction with a MIS approach.

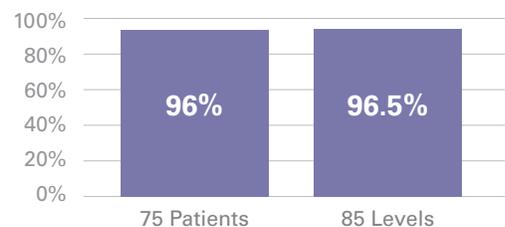
Methods

- The patient diagnoses included radiculopathy in all instances and varied collateral indications such as foraminal collapse, recurrent disc herniation, and spondylolisthesis to which pain and morbidity had been unresolved by conservative treatment.
- There were 75 consecutive adult patients with degenerative conditions of the lumbar spine who underwent MIS-TLIF surgery.
 - 40 (53%) were male and 35 (47%) were female.
 - Mean age, height, weight, and BMI were 58 years, 170.18 cm (67 in), 88.45 kg (195 lbs), and 30, respectively.
 - There were 16 patients (21%) who smoked and 12 (16%) with a history of diabetes.
- Patient fusion status was assessed using thin slice CT by 2 independent radiologists separate from the surgeon.
- Spinal segments were deemed fused if 12-month CT scans demonstrated evidence of bridging bone at the fusion site without observed motion on flexion-extension radiographs.

Results/Conclusions

- In total, 96% of the 75 patients with a total of 85 levels (96.5% of levels treated) achieved a fusion at 12 months.
- There were no perioperative or latent complications and no transfusions in all 75 patients.
- In this population, 96% of the patients treated achieved the surgical objective in 96.5% of the levels treated.

MIS-TLIF study demonstrated 96% fusion at 12 months.¹



1. Tally, William C, et al., Transforaminal Lumbar Interbody Fusion with Viable Allograft: 75 Consecutive Cases at 12-Month Follow-Up. International Journal of Spine Surgery, 2018. Vol. 12, No. 1 pp 76-84.