

Nonoperative Salvage of a Failed Spinal Fusion in a High Risk Patient

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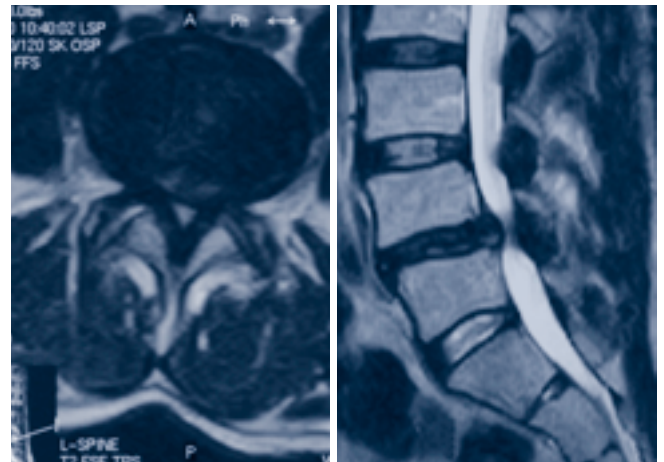
Nonoperative Salvage of Failed Spinal Fusion in a High Risk Patient

A 65-year-old man was seen for low back pain radiating down into his right leg that had been increasing in intensity for 2½ years. He described aching, burning and paresthesia in his legs, as well as numbness on the lateral aspect of his left leg. His pain increased with sitting, standing, walking, and bending forward. The patient had a history of Type 1 diabetes for 57 years, with secondary retinopathy and peripheral neuropathy, along with coronary artery disease and subsequent CABG (4 vessels) in 1997. The patient had received chiropractic treatment for his lower back pain which did not result in any significant improvement. The pain was somewhat controlled with long acting opioids but his ability to care for his granddaughter, who has cerebral palsy was becoming more limited because of the increasing pain. In addition, the patient was taking multiple medications for his diabetes and heart disease.



Joseph Grant M.D.

A partner at the Northern California Spine Institute is a member of the American Board of Orthopedic Surgeons and of the North American Spine Institute. Dr. Grant is not a paid consultant and has no financial interest in Orthofix Inc.



Pre-Op

MRI revealed severe lumbar spinal stenosis at L4-5 with a Grade 1 degenerative spondylolisthesis and moderately severe stenosis L3-4 with neurogenic claudication.



Immediate Post-Op

Having failed to obtain long-term relief from chiropractic treatment and long acting opioids, the patient underwent bilateral laminectomy L3-4 and L4-5, bilateral discectomy L4-5, pedicle screw fixation with reduction of spondylolisthesis at L5, and posterior intertransverse fusion and interbody fusion L4-5 with cortical cancellous bone dowel filled with DBM.



6 Months Post-Op

Patient was seen for a 6 month follow-up and stated that overall he was doing well. He had no real pain with regard to his back. His leg symptoms were improved but he was still experiencing some neuropathic pain for which he was taking Ultram® at night. The X-rays still showed some lucency of the superior aspect of his implant at the L4 vertebral body interface. This patient had risk for delayed union due to his history of diabetes.



9½ Months Post-Op

Introduction of Spinal-Stim

Nonunion identified. An external stimulator was prescribed to help bone graft incorporation. The patient began wearing an Orthofix Spinal-Stim® bone growth stimulator for non-operative salvage per the request of his doctor.



1 Year Post-Op

2½ Months of Spinal-Stim Use

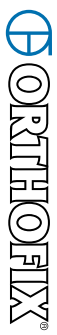
Patient was seen for a 1-year follow-up visit and stated that he had no complaints. He had decreased his pain medication from 2 pills per day to 1 every other day. His X-rays revealed that the interbody fusion was now showing signs of consolidation. There was no longer an obvious pseudoarthrosis noted. Patient was advised to continue wearing the Spinal-Stim for another 3 months.



15 Months Post-Op

5½ Months of Spinal-Stim Use

Patient was seen for a 15-month post-op visit and stated that he really had none of his preoperative pain and was now able to walk without difficulty. The X-rays showed solid fusion with the interbody bone appearing to be incorporated.



If you have a difficult or unique case that you would like to have considered for publication, contact your Orthofix representative, or call 1-800-535-4492.