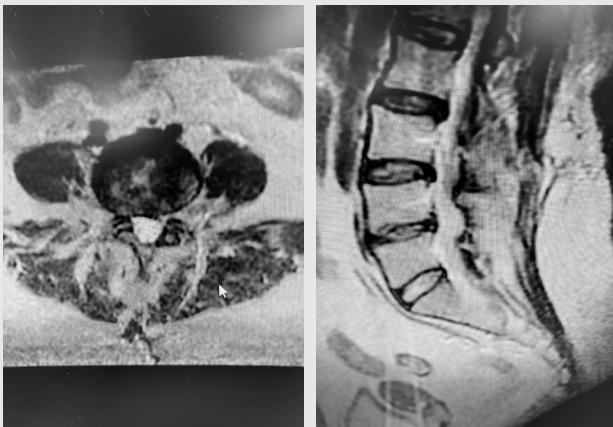
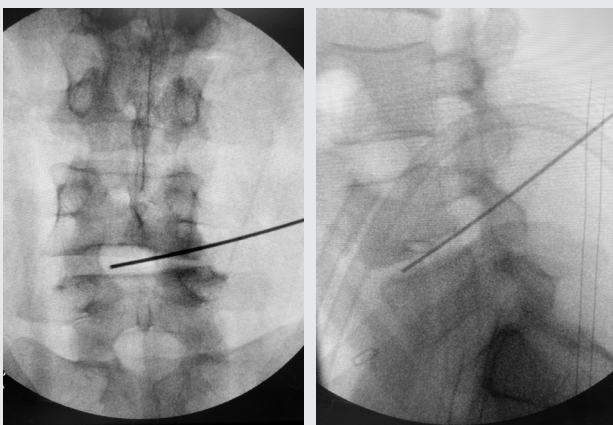


STANDING A/P AND LATERAL RADIOGRAPHS



AXIAL & SAGITTAL MRI: PRE-OP



A/P & LATERAL IMAGES: INTRA-OP

CLINICAL PRESENTATION

The patient is a 52-year-old female with a longstanding history of severe lower back and right leg pain. She had failed therapy, medication and injections, and had a prior right-sided laminectomy at L4-5. The patient presented to another surgeon who offered her open lumbar laminectomy and fusion. She then presented to Dr. Joseph's office for a second opinion for a less invasive approach.

EXAM

Severe lower back pain with palpation, spasm, pos SLR right side, decreased sensation L3, 4, 5, absent DTR right side.

IMAGING

X-RAY

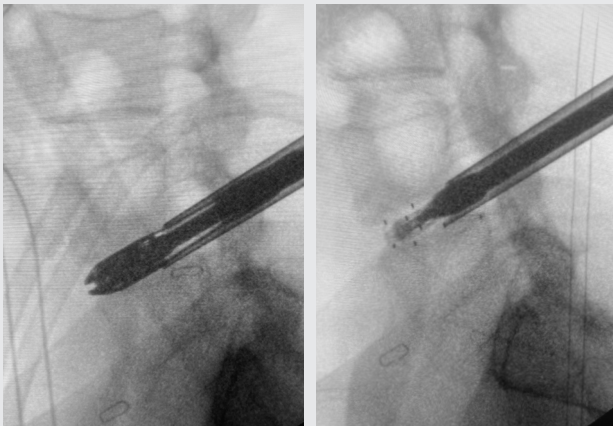
- Moderate spondylitic changes at L4-5
- Endplate degeneration identified
- Facet arthropathy identified
- Scoliosis curvature

MRI LUMBAR SPINE

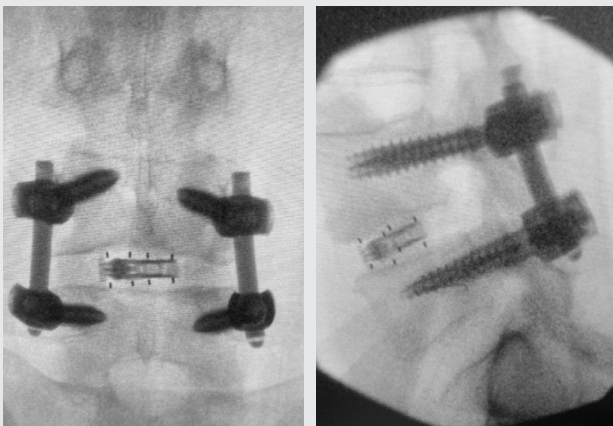
- L2-3:** 5 mm central disk protrusion is seen with bilateral facet arthropathy.
- L3-4:** Dehydrated, bulging disc is seen with a 4 mm broad-based disc protrusion and bilateral facet arthropathy.
- L4-5:** Dessicated, bulging disc and osteophyte and facet arthropathy are seen with a 7 mm right foraminal disc protrusion. Prior Laminectomy. Severe foraminal narrowing on the right side.



DISC SPACE DISTRACTION WITH DILATOR



LATERAL IMAGES: INTRA-OP



A/P & LATERAL IMAGES: POST-OP

PROCEDURE

OVERVIEW

Dr. Joseph performed a right sided foraminotomy, discectomy, and partial facetectomy of L2-3, L3-4 and L4-5. An endoscopically assisted TLIF was performed on the right side of L4-5 with bilateral posterior pedicle screw instrumentation at L4-5.

The FlareHawk7 endoscopically assisted system allowed Dr. Joseph to perform his discectomy and deploy an 11mm wide, 26mm long, 10mm tall Implant with 6° of lordosis through an 11mm Tubular Retractor.

BLOOD LOSS

50 cc

IMPLANT INSERTION PROFILE

7mm W x 7mm H x 26mm L

IMPLANT DEPLOYED PROFILE

11mm W x 10mm H x 26mm L with 6° Lordosis

PROCEDURAL RATIONALE

Endoscopic decompression with fusion was ideal for this patient due to her multilevel symptomatic foraminal stenosis as well as her scoliosis and prior Midline Laminectomy at L4-5. The Kambin's triangle approach avoids the scar tissue from prior surgery. The round dilator acts like a distractor elevating the right side and the FlareHawk7 allows expansion to maintain the correction through a very small working channel. This allows both direct and indirect decompression at the L4-5 level.

OUTCOME

The patient had no more leg pain and only mild back soreness. Discharged home in fewer than 24 hours post-op. The patient continues to do well.