

CLINICAL STUDY SUMMARY

Laterally Placed Expandable Interbody Spacers with Adjustable Lordosis Improve Radiographic and Clinical Outcomes

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OBJECTIVE: To evaluate clinical and radiographic outcomes in minimally invasive lateral lumbar interbody fusion (MIS LLIF) using RISE®-L Adjustable Lordosis (AL).

METHOD: Retrospective review of 57 consecutive patients who underwent MIS LLIF at one or two contiguous level(s) for degenerative disc disease with or without Grade I spondylolisthesis. Radiographic and clinical outcomes, including Visual Analog Scale (VAS) back pain and Oswestry Disability Index (ODI) scores, were collected and compared from preoperative baseline to postoperative time points up to 12 months.

RESULTS: RISE®-L AL demonstrated significant improvements in disc height, neuroforaminal height, and segmental and lumbar lordosis to correct sagittal alignment. No complications or subsidence were reported. There was a significant reduction in pain and disability with 0% pseudoarthrosis rate at 12 months follow-up.

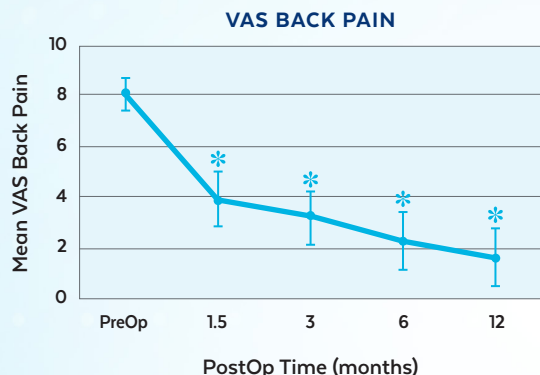


RISE®-L
Adjustable Lordosis

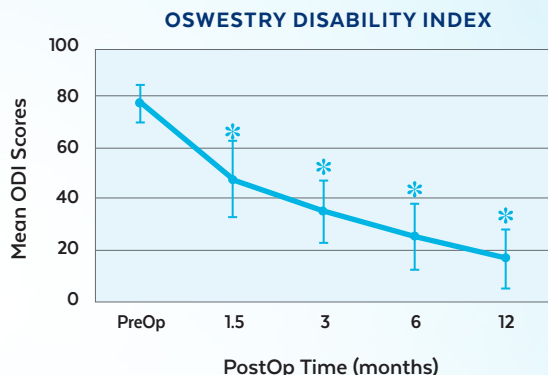
CONCLUSION: RISE®-L AL was shown to increase disc height and lordosis from baseline and maintained up to 12 months with no instances of subsidence.

At 12 months, patients treated with RISE®-L AL demonstrated the following changes from baseline:

**80% improvement in
VAS back pain scores**



**79% improvement in
ODI scores**



*P<0.001
compared to
baseline

**INCREASED
SEGMENTAL
LORDOSIS BY**

79%

**INCREASED
ANTERIOR DISC
HEIGHT BY**

4.5 mm

**INCREASED
NEUROFORAMINAL
HEIGHT BY**

3.7 mm



Preoperative AP (A) and lateral (B) radiographs



Postoperative AP (C) and lateral (D) radiographs of one-level MIS LLIF at L4-L5 using RISE®-L AL



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