

## CLINICAL STUDY SUMMARY

# Laterally Placed Expandable Interbody Spacers Improve Radiographic and Clinical Outcomes: A 1-Year Follow-Up Study

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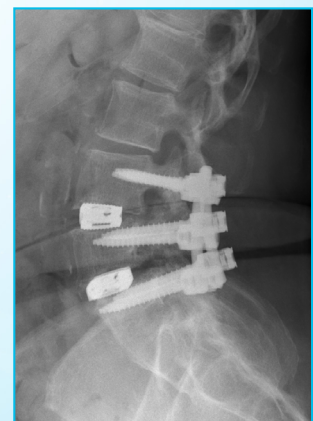
**OBJECTIVE:** The objective of this study was to quantify the clinical and radiographic outcomes of patients treated with RISE®-L expandable lateral interbody spacers for minimally invasive lateral lumbar interbody fusion (MIS LLIF).

**METHOD:** A retrospective single-site surgeon, clinical and study was performed on 37 consecutive patients who underwent MIS LLIF at 1-2 contiguous level(s) using RISE®-L expandable lateral interbody spacers. Radiographic and clinical functional outcomes were collected and compared at preoperative and postoperative time points up to 12 months.

Lateral Radiographs



Preoperative



Postoperative two-level MIS  
LLIF using RISE®-L

## Radiographic outcomes demonstrated the following improvements from preop to 12 months postop

**4.9mm**  
**INCREASE**

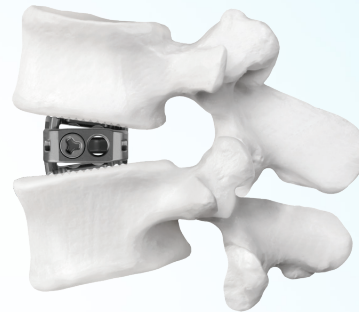
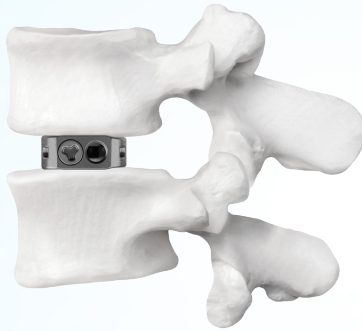
Mean Anterior Disc Height

**2.2mm**  
**INCREASE**

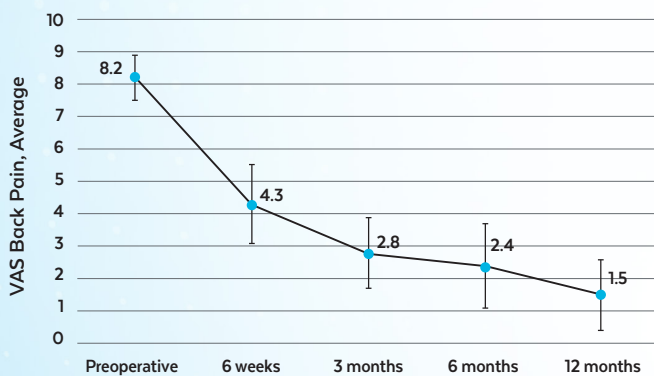
Mean Posterior Disc Height

**3.4mm**  
**INCREASE**

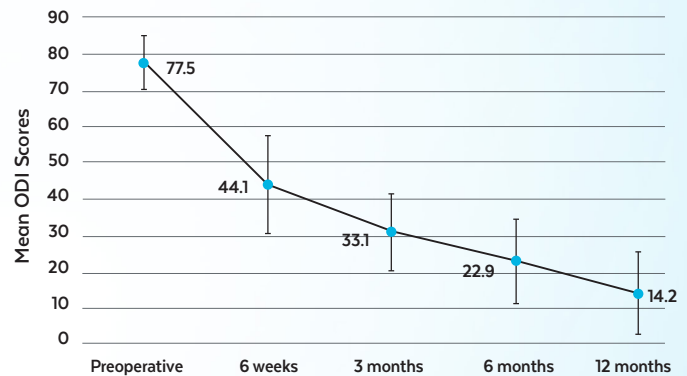
Mean Neuroforaminal Height



**VAS BACK AND PAIN SCORES**



**ODI SCORES**



- Mean Visual Analog Score (VAS) for back and leg pain scores significantly decreased (6.7 pts) from preop to 12 months
- Mean Oswestry Disability Index (ODI) scores significantly decreased (63.2 pts) from preop to 12 months
- 100% fusion was achieved at all levels by 12 months postoperative
- There were no reported implant-related complications or revisions at 12 months postoperative

**CONCLUSION:** This 37-patient study showed that MIS LLIF using RISE®-L expandable lateral interbody spacer led to significant increases in anterior and posterior disc height, and neuroforaminal height. Segmental and lumbar lordosis were maintained through 12 months.



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