

EXPANDABLE TECHNOLOGY

CLINICAL STUDY SUMMARY

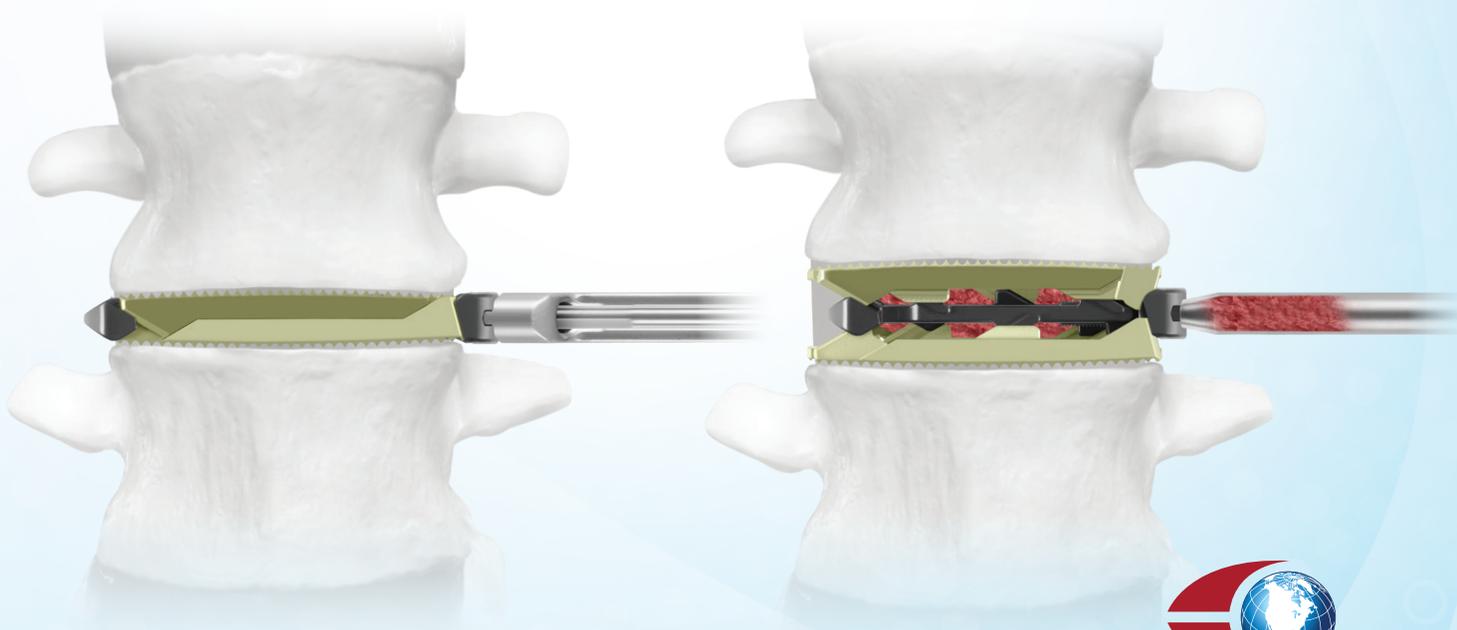
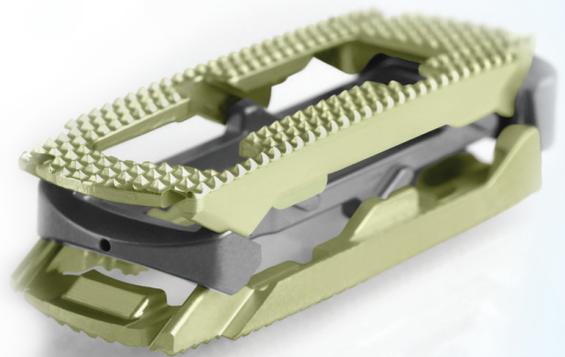
Static versus Expandable Interbody Spacers: Preliminary 1-Year Clinical and Radiographic Results

Frisch RF, Luna IY, Joshua G.

Journal of Clinical Neurology, Neurosurgery and Spine. 1 (1): 112, 2017.

Objective: To compare the clinical and radiographic outcomes of expandable versus static interbody spacers following minimally invasive lateral lumbar interbody fusion (LLIF).

Method: 64 patients underwent LLIF; 32 with static interbody spacers and 32 with expandable interbody spacers (RISE®-L). Subsidence and segmental lordosis were measured for each group. Clinical and radiographic outcomes were assessed at 12 months postoperative.



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Results: Patients treated with RISE[®]-L demonstrated a 17% increase in segmental lordosis from $14^{\circ} \pm 7.9^{\circ}$ preoperatively to $16.4^{\circ} \pm 8.8^{\circ}$ postoperatively at 12 months (Figure 1). There was no significant increase in segmental lordosis in the static group (Figure 2). Subsidence was significantly greater in the static group (32.4%) than the expandable group (9.8%).

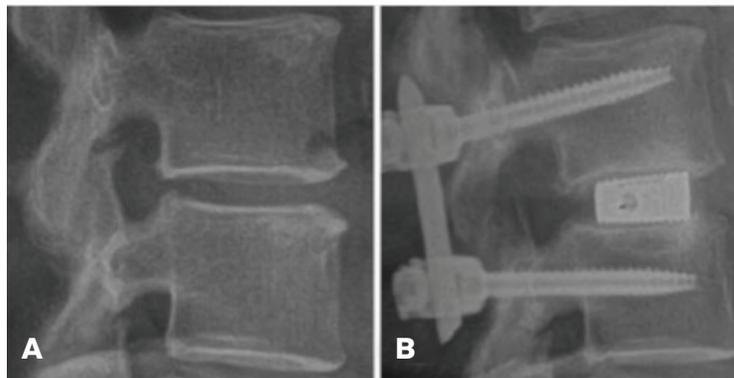


Figure 1. (A) Preoperative and (B) 12-month postoperative image of RISE[®]-L at L4-L5

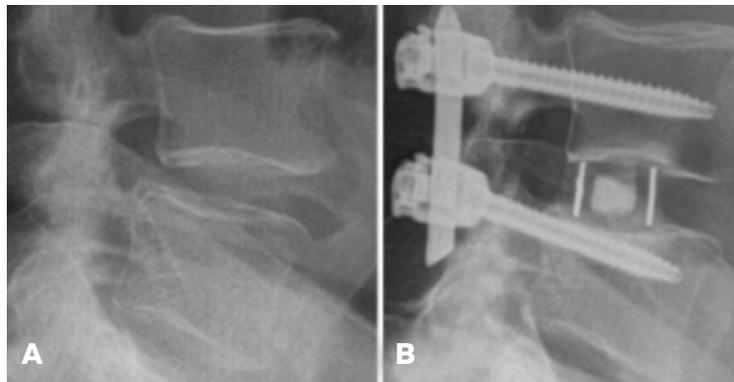


Figure 2. (A) Preoperative and (B) 12-month postoperative image of a static spacer at L3-L4

Conclusion: RISE[®]-L is shown to reduce subsidence and increase segmental lordosis compared to static spacers in this clinical study.

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A copy of the article can be downloaded at the address below.

scientificliterature.org/Neurology/Neurology-17-113.pdf



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