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.

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*

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

INCREASED SEGMENTAL LORDOSIS BY 79%

INCREASED ANTERIOR DISC HEIGHT BY 4.5 mm

INCREASED NEUROFORAMINAL HEIGHT BY 3.7 mm

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