EXPANDABLE TECHNOLOGY™

CLINICAL STUDY SUMMARY

Clinical and Radiographic Analysis of Expandable Versus Static Lateral Lumbar Interbody Fusion Devices with Two-Year Follow-Up

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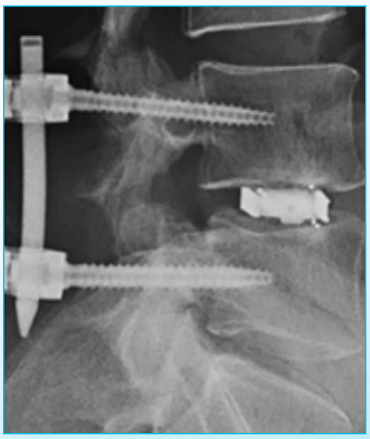
Journal of Spine Surgery 4(1):62-71, 2018.

OBJECTIVE: To compare clinical and radiographic outcomes of static and expandable spacers following LLIF and report device-related complications.

METHOD: Fifty-six patients underwent LLIF at one or two contiguous levels for a total of 63 levels operated. Twenty-nine patients underwent minimally invasive LLIF with static spacers and 27 with CALIBER®-L expandable spacers. Clinical and radiographic outcomes were assessed at up to 24 months postoperative. Clinical outcomes included Visual Analog Scale (VAS) back and leg pain scores and Oswestry Disability Index (ODI) scores.

24 month postoperative x-ray with two lateral static spacers



24 month postoperative x-ray with CALIBER®-L lateral expandable spacer

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RESULTS: At 24 months, patients treated with lateral interbody spacers experienced:

SUBSIDENCE RATE

0%

WITH EXPANDABLE LATERAL SPACERS

16.1%

WITH STATIC LATERAL SPACERS

FUSION RATE

100%

WITH EXPANDABLE LATERAL SPACERS

Expandable and static groups demonstrated comparable VAS back and leg pain scores and ODI scores.

CALIBER®-L Expandable LLIF Spacer

CONCLUSION: Patients with LLIF using expandable spacers resulted in similar clinical and radiographic outcomes as those treated with static spacers and demonstrated a significantly lower subsidence rate.

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