

## CLINICAL STUDY SUMMARY

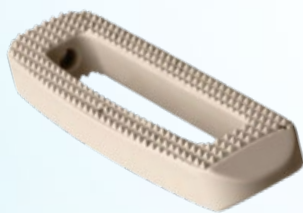
# Static versus Expandable Interbody Spacers: Final 2-Year Clinical and Radiographic Results

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**OBJECTIVE:** The objective of this study was to evaluate radiographic and clinical outcomes of static and expandable interbody spacers following Lateral Lumbar Interbody Fusion (LLIF).

**METHOD:** This is a non-randomized, prospective study of 64 patients previously described in a 12-month follow-up study who underwent LLIF for a diagnosis of Degenerative Disc Disease (DDD) with up to grade 1 spondylolisthesis at up to two consecutive levels between L2 and L5. Half (32) of the patients were treated with static spacers, and half (32) with expandable spacers.

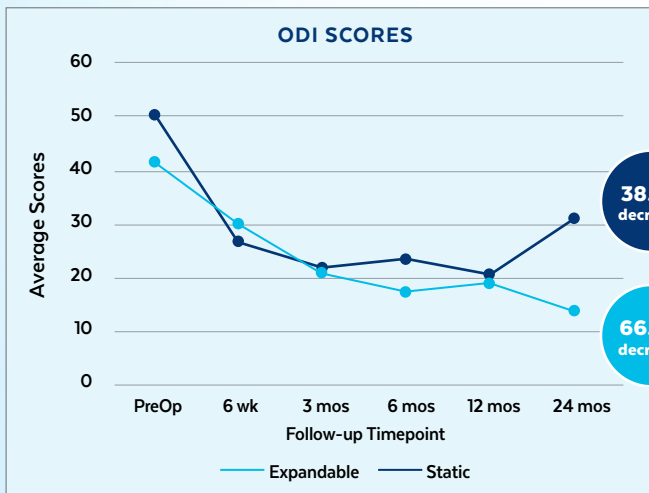
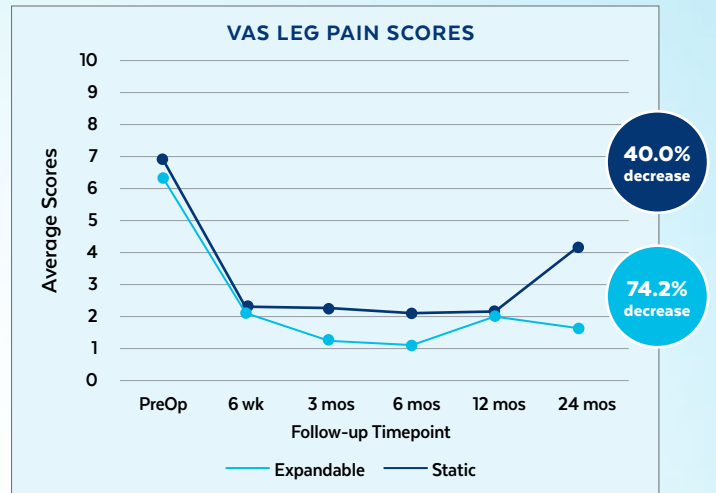
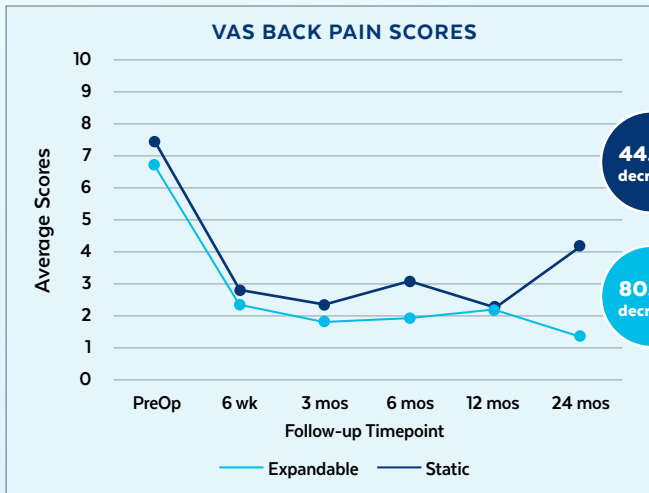


TransContinental® LLIF Spacer

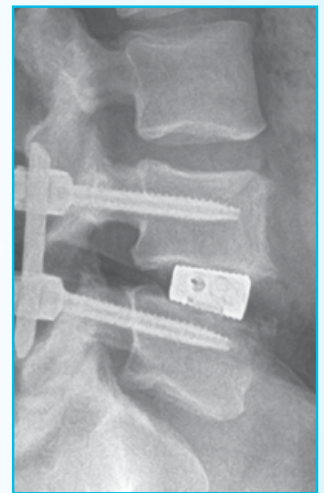


RISE®-L Expandable LLIF Spacer

**RESULTS:** Patients treated with expandable implants were found to have significantly lower ( $p < 0.05$ ) Visual Analog Scale (VAS) back and leg pain and Oswestry Disability Index (ODI) at 24-month follow-up compared to static implants. Intervertebral disc height increased significantly from baseline for expandable and static groups at each follow-up through 24 months. At 12-month follow-up the static group had significantly higher subsidence rates. No new subsidence cases developed between 12-month and 24-month follow-up.



Preoperative lateral x-ray



Postoperative lateral x-ray

**CONCLUSION:** In this cohort, clinical use of expandable interbody spacers resulted in better outcomes through 24-month follow-up compared to static interbody spacers, with the expandable group showing significantly greater improvements in pain and disability than the static group at 24 months.



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