CLINICAL STUDY SUMMARY

Minimally invasive sacroiliac joint fusion using a novel hydroxyapatite-coated screw system improves functional outcomes in patients with sacroiliitis at two year follow-up

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OBJECTIVE: The aim of the study was to understand the clinical outcomes of the SI-LOK® hydroxyapatite-coated (HA-coated) titanium screw for surgical treatment of SI joint dysfunction.

METHOD: A retrospective Institutional Review Board-exempt chart review of 45 consecutive patients who underwent minimally invasive SI joint fusion with the SI-LOK® Sacroiliac Joint Fusion System was performed. Patients were diagnosed based on North American Spine Society guidelines and evidence-based criteria. Clinical assessments were collected, evaluated, and compared preoperatively and 3, 6, 12, and 24 months postoperatively.

SI-LOK® Sacroiliac Joint Screws

SI-LOK® 10×60mm slotted HA-coated SI Joint Screw

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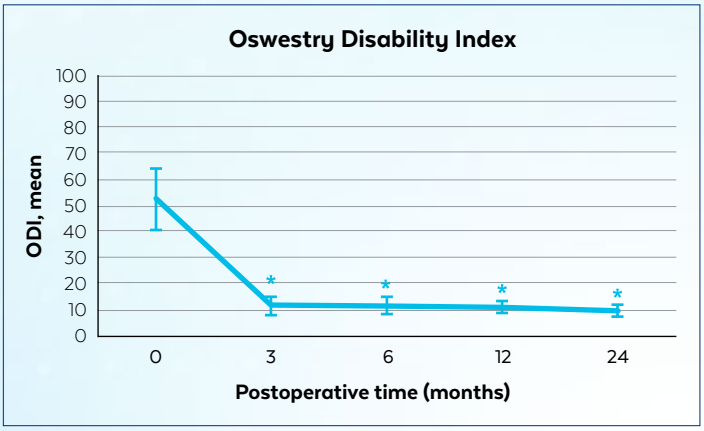
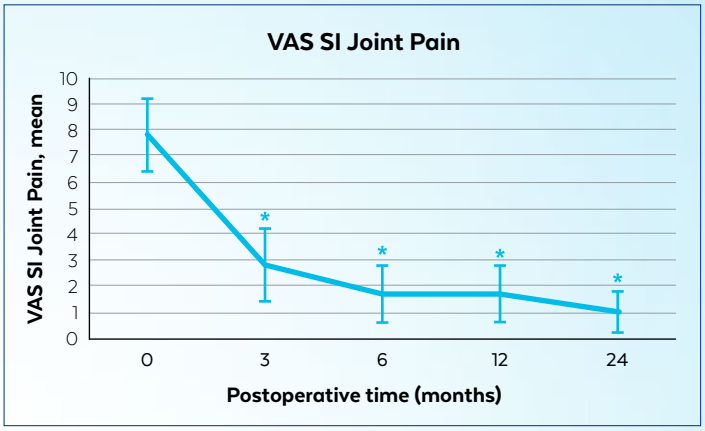


Results show a decrease in ODI scores from baseline that is sustained at 3, 6, 12, and 24 months.
*P < 0.001 compared to baseline.



Results show a decrease in VAS SI joint pain from baseline at 3, 6, 12, and 24 months.
*P < 0.001 compared to baseline.

RESULTS:

- Of the 44 patients, nine underwent bilateral SI joint fusion; the remaining 35 fusions were unilateral. Screw size ranged from 10×35 to 10×50mm.
- Mean preoperative visual analog scale (VAS) SI pain scores decreased significantly by a mean of 6.1 points 12 months postoperatively and 6.8 points 24 months postoperatively (P < 0.001).
- Mean Oswestry Disability Index (ODI) scores significantly improved from 52.3% at baseline to 11.3% at 3 months, 11.5% at 6 months, 10.9% at 12 months, and 9.5% at 24 months, leading to improvements of 41.0, 40.8, 41.4, and 42.8 points, respectively.

CONCLUSION:

In this study, clinical outcomes of SI joint fusion using the SI-LOK® Sacroiliac Joint Fusion System to treat sacroiliitis demonstrated significant decreases in VAS SI and ODI scores at 3, 6, 12, and 24 months postoperatively.

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