## Non fusion technologies



## Jwalant S. Mehta

MS (Orth); D (Orth); FRCS (Eng); MCh (Orth); FRCS (Tr & Orth)

## Clinical pathway

Invasiveness

Physiotherapy

Medications

Alternative therapies



Spine arthroplasty

**Soft stabilizations** 



Fusion

Injections:

- Facet blocks
- Root blocks
- Epidural steroids

Minimally Invasive Spinal Surgery (MISS)

#### **Time**

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## Minimally invasive alternatives

- **\$ IDET**
- Nucleoplasty
- Vertebroplasty (Kyphoplasty)
- Chemo-discolysis (Oxygen-ozone mixture)
- Laser disectomy

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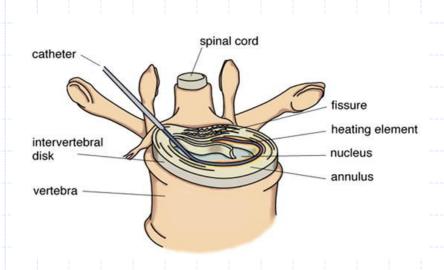


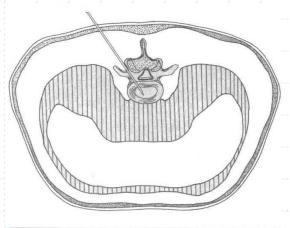


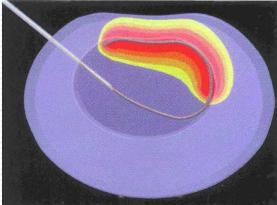
## Intra Discal Electrothermal Therapy

Minimally invasive option for fusion

Saal & Saal Spine 2000







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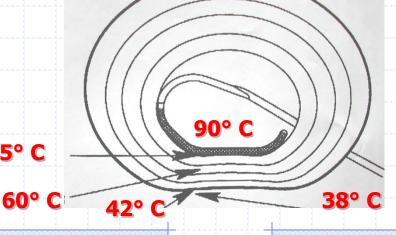
## **IDET: Principles**



- Annular collagen shrinkage
  - ❖ Bonds break at 60° C
  - Stabilise fissures

Thermocoagulation of nerve endings in the annulus

Thermal mapping



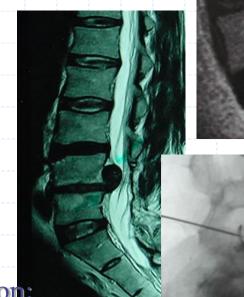
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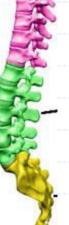
75° C

#### **IDET: Indications**

- Severe; persistent back pain (6mo)
- Failed non-op programme
- No root compression
- MRI: N disc height
- Discogram: Positive
- Contra-indications: Severe degeneration; stenois; large herniation



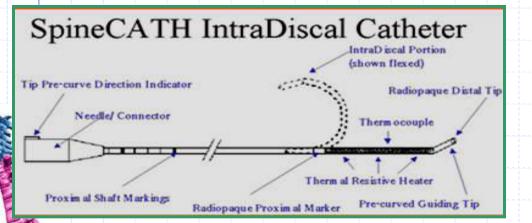


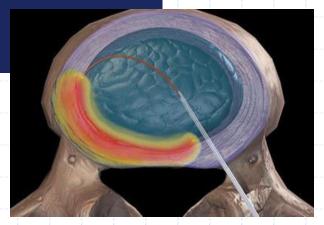




## **IDET: Technique**

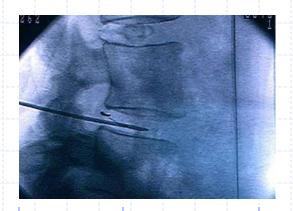
90° C for 5 min











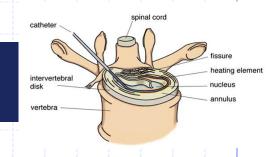


## **IDET:** results

- Saal & Saal Spine 2000
  - ❖ 81 % decrease in pain
  - 19 % no change
- ♦ Karasek; Bogduk Spine 2002 :
  - 54% pain 

     by ½
  - ❖ 1 in 5 have complete relief
  - 53 patients, 2y follow up

## **IDET:** recent reports



2 year FU in active soldiers: 47 % (6 mo); 16 % (2 y).
 Not an option for fusion
 Freeman BA et al Spine J Dec 2003

Pain and function after IDET: 20 patients; 6 mo FU.

Not effective

Spruit et al Eur Spine J Dec 2002

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## Coblation

Thermal coagulation

**Coblation** 

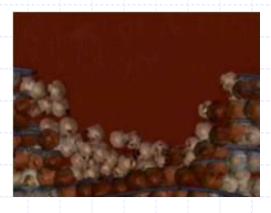








Molecular level







## Coblation – assisted Nucleoplasty







#### Spine Wand

- Controlled levels of heat (< 70°) to the herniated disc</p>
- FDA approved for contained herniated disc (2001)

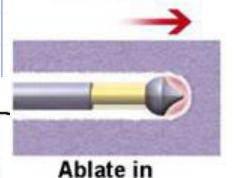


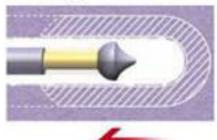
## **Coblation – assisted Nucleoplasty**

## **Nucleoplasty Channeling**

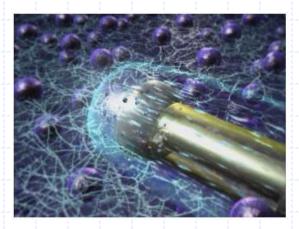
Ablation







Coagulate on withdrawal

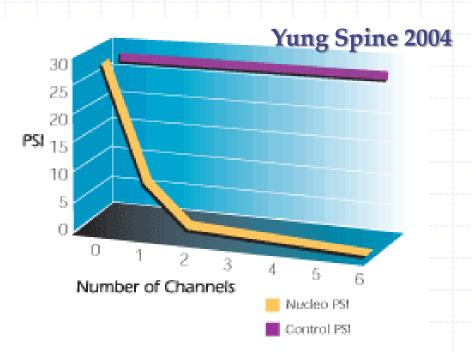


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## **Coblation – assisted Nucleoplasty**





- Channels created within the disc
- $\diamondsuit$   $\Downarrow$  intra-discal pressure  $\rightarrow$   $\Downarrow$  Pain

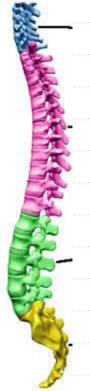
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## The beginnings of soft stabilization

Henri Graff, of Lyon, France:"a fused" spine is not physiological

 Gilles Dubois in France and Hans Müller in Germany deviced a new system that was:
 "a more gentle alternative to fusion"





#### **Fusion**

Invasiveness

♦ Fusion rates 100 % but ≠ clinical outcomes

**Boos ESJ 1997** 

Efficacy of fusion questioned

Gibson: Cochrane review Spine 1999

Problem areas:

- Adjacent level degeneration
- Young patients
- Multisegmetal disease



**Time** 

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#### Soft stabilizations

A system that favorably alters the movement and load transmission of the motion segment





#### Soft stabilizations

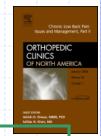
#### **Objectives:**

- 1. Motion segment remains mobile!
- 2. Alters load bearing pattern
- 3. Control abnormal motion
- 4. Physiologic load transmission





## Dynamic stabilization devices



Inter-spinous distraction:

- Wallis
- X Stop

Inter-spinous ligament:

- Elastic ligament
- Loop system

Ligaments across pedicle screws:

- Graf ligamentoplasty
- Dynesys
- **\$FASS**

Semi-rigid metallic devices:

- ❖ DSS I
- ❖ DSS II
- **EQUATION**

Sengupta OCNA 35 (2004) 43 - 56

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## Inter-spinous distraction devices

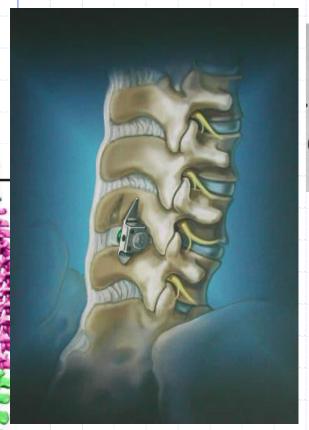
- Floating devices
- Silicone spacers Mims et al Spine 1991
- Ti + dacron tape / PEEKSenegas Clin Orth 1988
- Suggested indications:
  - Large disc; revision discectomy
  - Disc adjacent to fusion
  - Isolated Modic I with back pain

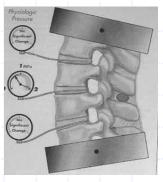


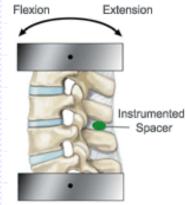
**Wallis** 

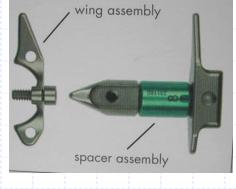


## Inter-spinous distraction devices: X stop









**↓** Pressure:

Post ann 63 %

Nucleus 41 %

Facets 58 %



St. Francis Medical Technologies Inc.

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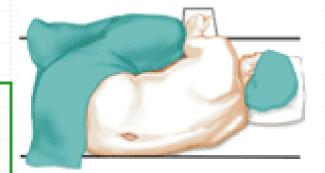
## Inter-spinous distraction devices: X Stop

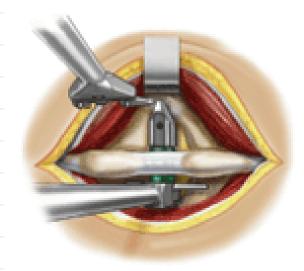
#### **Proposed indications:**





♦ Narrow at 1 – 2 levels



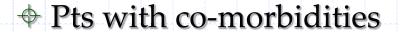


## Prospective randomized multicentre trial

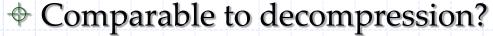
**Zuckerman ESJ 2004** 



Safe & effective

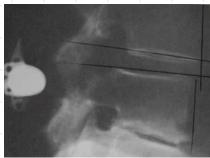


Better than non-op













# Inter-spinous ligament devices: Elastic ligament

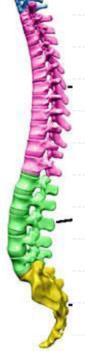


#### **Proposed indications:**

- 1) Early disc degeneration
- 2) Large primary disc
- 3) Recurrent disc
- 4) Level adjacent to fusion

#### **Purpose:**

- Stabilize post ligament complex
- ♦ ↓ stress on post annulus; facet



#### 

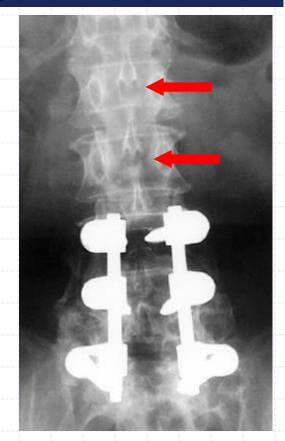
♦ Study period: 1991 – 2001

Procedures:

♦57 stand alone

25 combined

◆Best results in recurrent disc



'Topping off' fusion

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## Typical clinical scenario Caserta et al ESJ 2002





Pre-op: Fl; Ext



35 / F





Persistent back pain

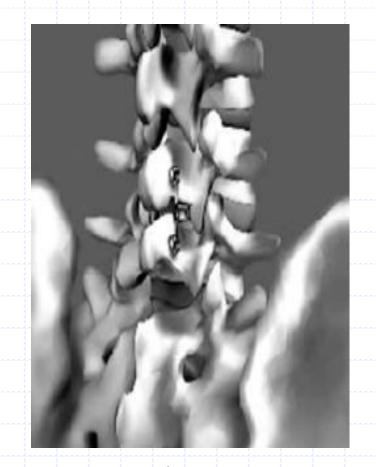
Painfree & mobile at 1 yr





## Inter-spinous ligament devices: Loop System Garner ESJ 2002

- Tension band device
- Braided polyethylene cable locking clip optional ferrule
- Tensioned with deviceClip locks construct



Spineology Inc.

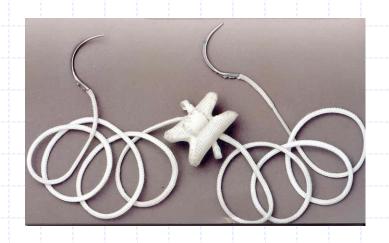


#### **Device for Intervertebral Assisted Motion**

- Mechanism:
  - ❖ ↓ loading on disc
  - Posterior tension band
  - Unload facets
- **Structure:** 
  - \* 2 laces
  - Silicone spacer
  - Tensioner
  - \* ± laces
- Limited use



Medtronic Sofamor Danek





## Ligaments across pedicle screws

Graf ligamentoplasty

Dynesys

Fulcrum Assisted Spinal System (FASS)

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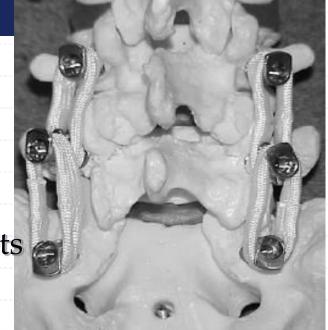


## Graf ligament

Henry GrafRachis 1992

Non elastic, braided polyester

Rotational control by locking facets



- Tense in flexion; lax in extension
- Load transferred to posterior annulus
- **♦** Accelerated disc degeneration



## **Graf ligament: results**

- Suitable for mild and early degeneration
   Hashimoto 59 pt; 3.5y Spine July 2001
- Graf v/s PL fusion
   Higher revisions in Graf group at 2 yrs
   Hadlow et al 83 pts; 2 y Spine May 1998



Beneficial results despite progressive degeneration Gardner, Pande 31 pt; 7.4 yr ESJ Oct 2002

Excellent / good in 72 %

Grevitt 50 pts; 2 y ESJ 1995





## **Dynamic Neutralisation System**

#### **DYNESYS**

- Investigational device
- CentrePulse AG, Switzerland
- Gilles Dubois in France and by Hans Müller in Germany
- First implated in 1994
- Several multi-centre trials underway in Europe & North America



## **Components of Dynesys**



#### **Pedicle screw**



**Polyurethane spacer:** Resists compression



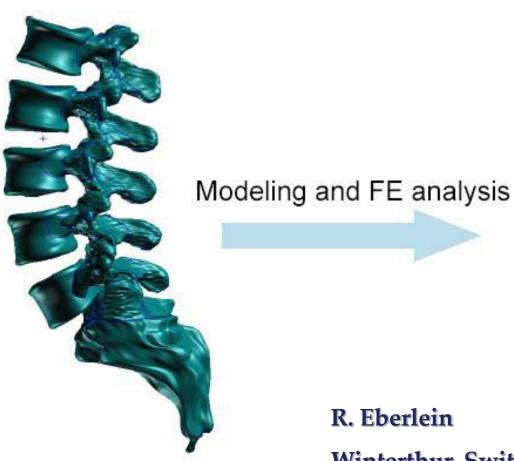
Polyethylene cord: Tensile forces

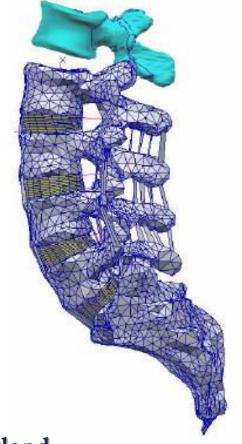
Pre-loaded system: uniform rigidity

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## Finite element analysis



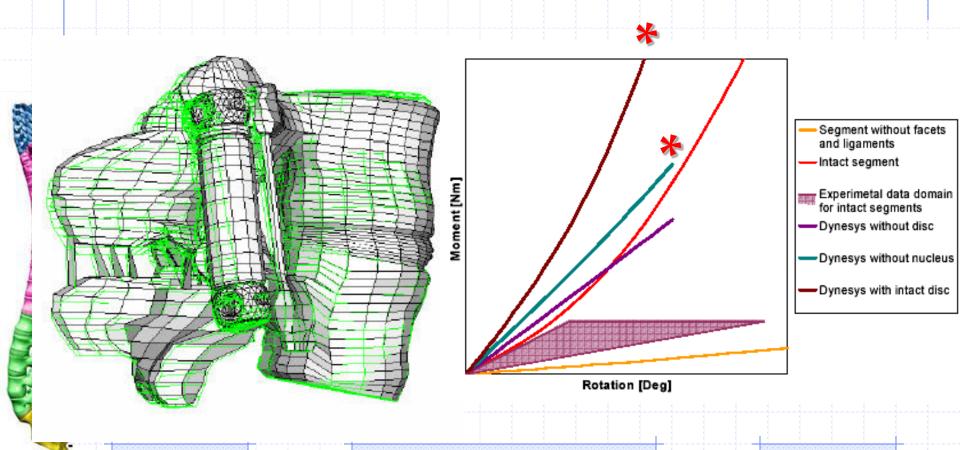


Winterthur, Switzerland

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## FEA validation testing: Flexion

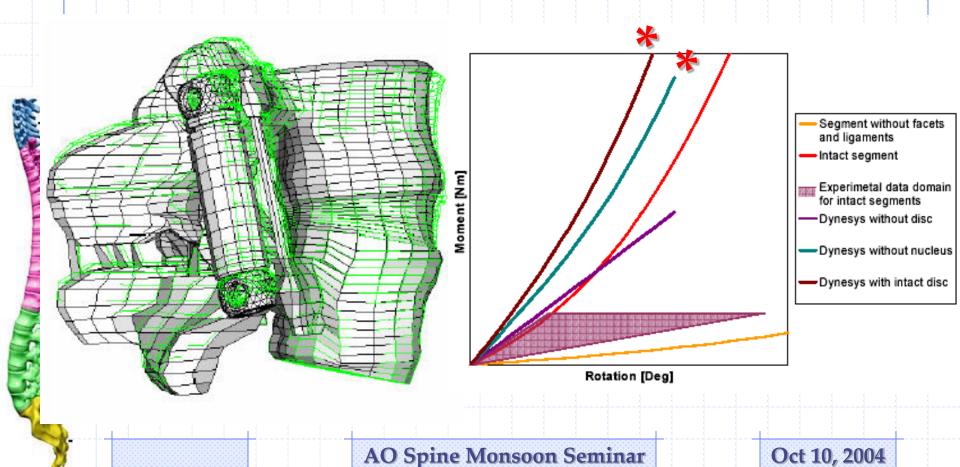


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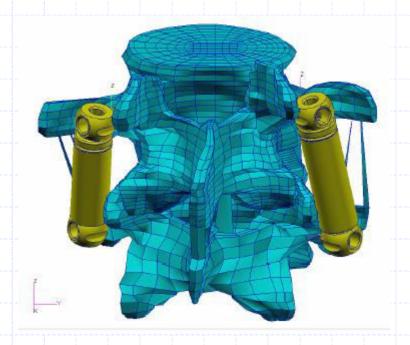
## FEA validation testing: Extension

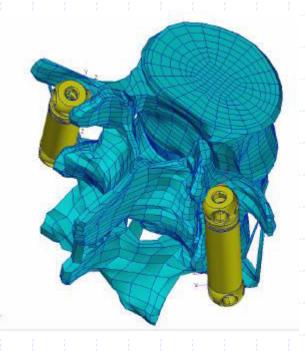
#### Unloads all of the disc





## Rotational 'cushion'



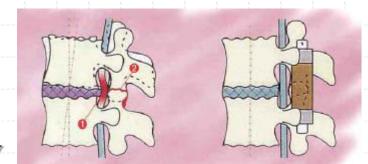


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## **Dynamic Neutralisation System**

- Flexible stabilisation
- Restore & maintains anatomy



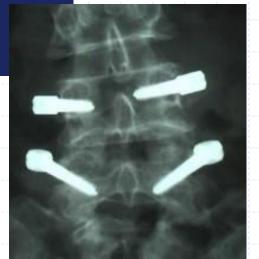
- Stenosis FDA approved
- Chronic back + leg pain





#### Clinical results: DYNESYS

Loss of lordosis is a potential cause of failure
 Rajaratnam Int Orthopaedics



Not indicated if marked deformity
 Putzier Z Orthop 70 pt; 33 mo





## Fulcrum Assisted Soft Stabilisation

- Load sharing device
- Offsets problems with Graf:
  - Narrow lateral recess
  - Load on posterior AF
- Re-creates lordosis independent of posture / muscle action
- No clinical data

Developed by D. K. Sengupta (AO, Davos)

Fulcrum: posterior compression ⇒ anterior distraction

unloading discs

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## Semi-rigid metallic: Dynamic Spinal Systems

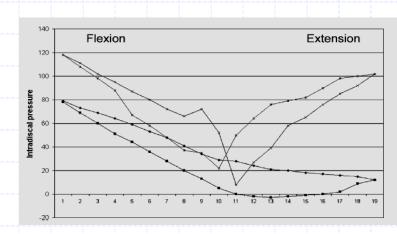
#### Pre-tensioned device ensures

- unloading disc
- optimum IAR of the springs









#### Early clinical results encoraging!

Developed by: D. K. Sengupta (Spinal Concepts Inc.)

DSS II: Ti coil (4mm)



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# **EQUATION**<sup>TM</sup> **Flexible Osteosynthesis Solution**

- Temporary implant system
- Non cervical, posterior spine in the mature spine
- Tumours; Deformities; Trauma
- Semi rigid stabilization







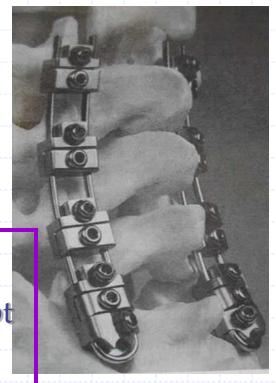
## Twinflex Dynamic System

- Steel rods 2.5 mm
- Flat connector
- Cannulated pedicle screws
- Top loading system



Flexibility allows the system to adapt

Dynamic loading of the grafts



Eurosurgical

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## M<sub>2</sub>H factor



Media and Marketing Hype

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