

UNLEASH™

Case Review: UNLEASH MIS TLIF Procedural Solution: L4-L5 Transforaminal Interbody Fusion with X-PAC Expandable Interbody Cage and VIPER PRIME™ SYSTEM

Dr. Byron Branch

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Patient History:

52yo female with over 2 year history of axial back pain refractory to multiple attempts at nonsurgical treatment. She reports that she has been attempting multiple nonsurgical treatments over the course of the last year or more which included physical therapy and several lumbar epidural steroid injections none of which has provided any significant or lasting relief. She reports that she has attempted chiropractor treatments as well as home physical therapy both of which have failed to provide any significant relief to her axial back pain. Lumbar flexion-extension radiographs performed in clinic and MRI of lumbar spine performed in April of 2022 reveal a grade 1 mobile spondylolisthesis at lumbar 4/5 with facet arthropathy and facet joint effusions bilaterally at lumbar 4/5. On exam patient has full strength and sensation no evidence of pathologic reflexes or root tension sign

Surgical Intervention:

Minimally invasive TLIF and posterolateral instrumented fusion lumbar 4/5, decompressive left foraminotomy lumbar 4/5, spinal navigation. (Viper Prime™ System and X-PAC). Surgery performed at ASC as an outpatient.

- X-PAC Expandable Cage Interbody System
- VIPER PRIME™ System

“Viper Prime™ System affords a reliable and easy cortical engagement, and provides excellent bone purchase. It is highly accurate in and adaptable to: both CT guided navigation and bi-planar fluoroscopy surgical techniques.”

“X-PAC Expandable Interbody Cage is arguably the most powerful expandable interbody TLIF cage currently on the market, and does a phenomenal job at achieving disk height restoration.”

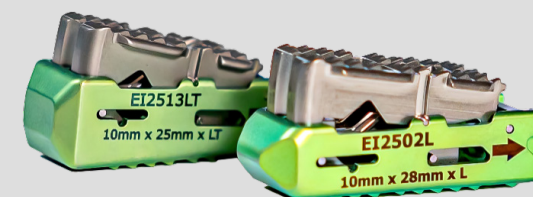


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Outcome Data:

Surgery was without complication and patient up and ambulating within 3 hours of surgery. Discharged to home same day as surgery.



The X-PAC Expandable Lumbar Interbody Cage System is a non-screw based expandable cage that enables up to 5mm of controlled expansion, up to 14.5 degrees of lordosis, and open internal architecture for robust autograft delivery post-expansion.¹



The VIPER PRIME™ System is a technique for percutaneous pedicle screw placement that enables surgeons to target pedicles and insert screws in one single instrument pass.²

Pre-Op Images:



Intra-Op & Post-Op Images::



Post-Op Images:



HCP Disclaimer

Dr. Branch is presenting on behalf of DePuy Synthes Spine. The presentation reflects the opinions of the individual presenter, and the steps described may not encompass the complete steps of the procedure. Additionally, other surgeons may prefer different techniques, approaches, etc., as individual surgeon experience in his/her clinical practice, as well as patient needs, may dictate variation in procedure steps. Accordingly, results from any case studies reported in this presentation may not be predictive of results in other cases.

Before using any medical device, review all labeling, including without limitation; the Instructions For Use (IFU), and relevant package inserts with particular attention to the indications, contraindications, warnings and precautions, and steps for use of the device(s). This presentation is not accredited for CE/CME.

Please refer to the instructions for use for a complete list of indications, contraindications, warnings, and precautions.

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REFERENCES:

1. DePuy Synthes Spine. X-PAC DHF. 2020. Adaptiv. #103762947
2. DePuy Synthes. VIPER PRIME. Cadaver Time Study. 2017. ADAPTIV #103327910