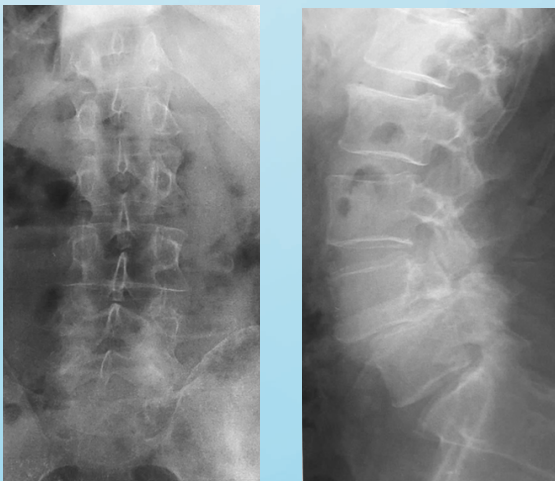


# Anterior-to-Psoas Lumbar Interbody Fusion with RISE<sup>®</sup>-L Lateral Lumbar Interbody Fusion Spacer

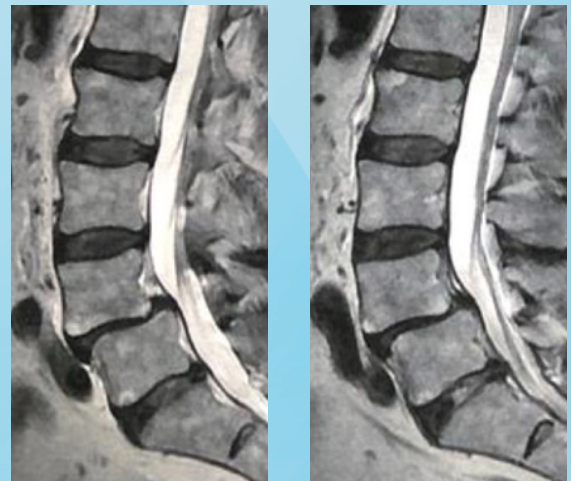
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## PRE-OP RADIOGRAPHS



## PRE-OP T2 SAGITTAL MRI



*Images show disc degeneration, spondylolisthesis, and foraminal stenosis at L4-L5.*

## Patient History

A 66-year-old man presented with lumbar pain that he had suffered with since his forties. In the 2 previous years, he had experienced worsening intensity of pain (9/10) with progressive neurogenic claudication. As a surgeon, he was unable to operate anymore due to his inability to stand for more than 40 minutes. Medical treatment with pregabalin and narcotics, physical therapy, and facet blocks and injections over the previous 6 months failed to alleviate the pain.



**GLOBUS**  
MEDICAL

## Surgical Treatment

To reduce the spondylolisthesis and achieve indirect decompression, a lateral lumbar interbody fusion was performed using the RISE®-L Expandable Lumbar Interbody Spacer through an anterior-to-psoas approach. The expansion of the RISE®-L spacer offered a progressive increase in disc and foraminal height. After expansion of the spacer resulted in satisfactory reduction, posterior percutaneous stabilization was achieved using the REVOLVE® stabilization system.

**POST-OP AP**



**POST-OP LATERAL**



*Postoperative radiographs at 3 months show increased disc height and segmental lordosis.*

## Results

The patient was able to walk 12 hours after the surgery, and no neurological symptoms were reported. He was discharged from the hospital one day after the surgery and returned to his professional activities after 2 weeks. Postoperative X-ray images at 3 months showed increased disc space, foraminal height, and segmental lordosis. The patient was also able to walk 2 to 3 miles with no complaints of claudication.

### SUMMARY

| Parameters                 | Pre-Op | Post-Op |
|----------------------------|--------|---------|
| Anterior disc height       | 2mm    | 13mm    |
| Posterior disc height      | 1mm    | 8mm     |
| Segmental lordosis (L4-L5) | 15°    | 23°     |

*"The anterior-to-psoas approach allowed minimal psoas manipulation while still allowing direct lateral placement of the RISE®-L spacer. The use of RISE®-L minimized impaction and offered continuous expansion to aid in restoring disc height and segmental lordosis."*

**- Jerônimo Milano, MD, PhD**