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Case Discussions

Mr M J H McCarthy
Consultant Spinal Surgeon

Fusion Portfolio Minimally Invasive Surgery Biomaterials Motion Preservation

Life moves us

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Complications

How deep is the mud?
Depends on who you ask.

We all go through the same stuff differently.

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Pay Attention To The Detail...



Yesterday afternoon I was walking and holding hands with my wife. I suddenly dropped her hand and grabbed my cell phone to take this picture. She hit me in my chest and wouldn't talk to me the rest of the day. Last night, she asked me "How could you?" I said "How could I not? It's not every day you see a dog driving a car."

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NOT ALL DISABILITIES ARE VISIBLE

I HAVE FIBROMYALGIA

Fibromyalgia Warrior

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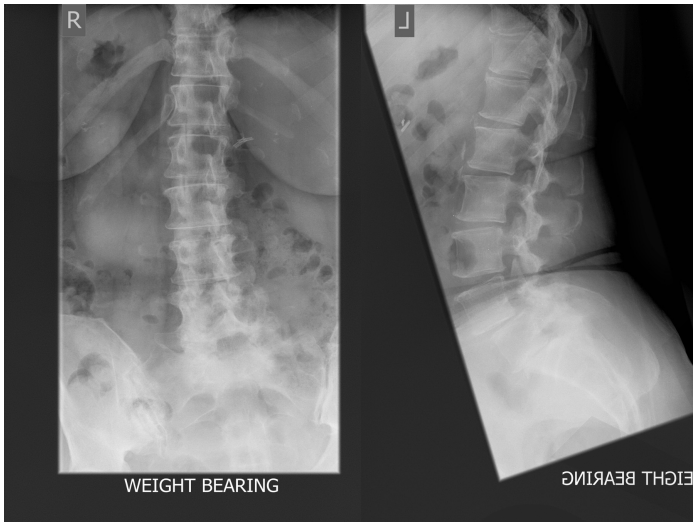
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Case 1

- 58 year old female
- Stenotic symptoms

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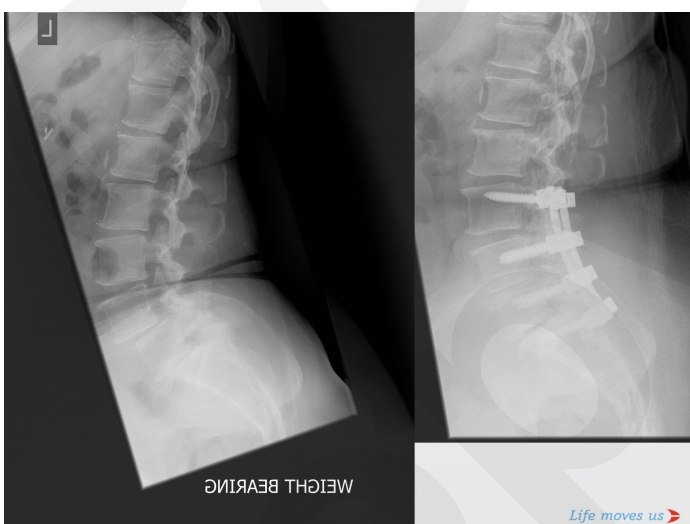
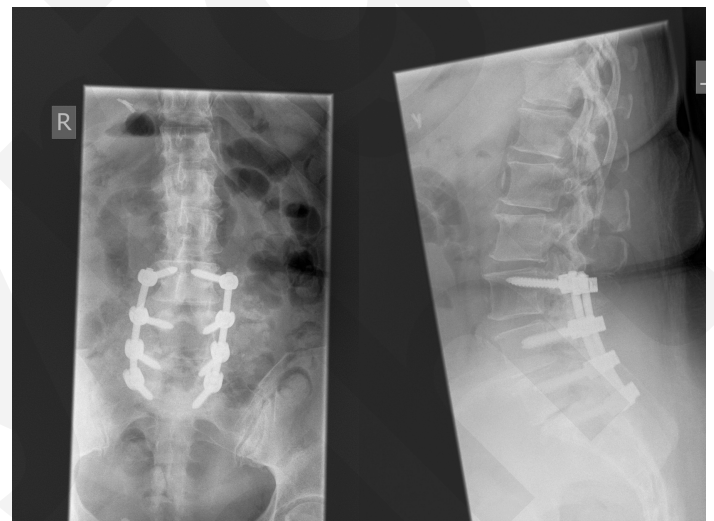




Mistake 1

- Taking on a revision case in my first year as a Consultant
- ...and doing the wrong operation...

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Mistakes 2 and 3

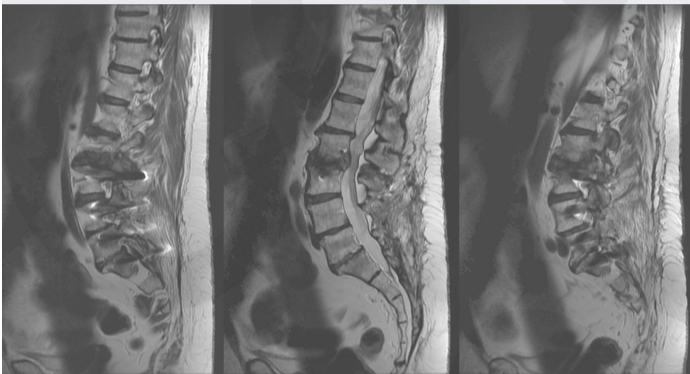
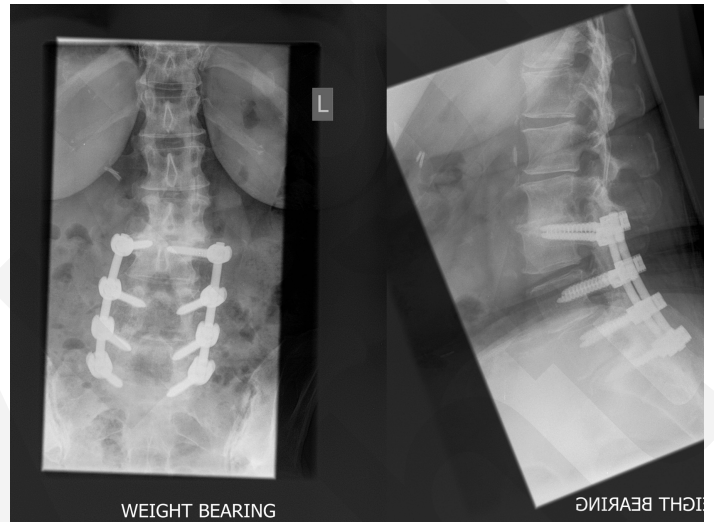
- Thinking that L5 only innervates EHL
- Not paying attention to the LL, PI, Sag balance etc etc and fusing L3 to S1

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The Interim

- Hysterectomy – massive fibroids ? Malignant
- Craniotomy – large meningioma
- Then the problem...

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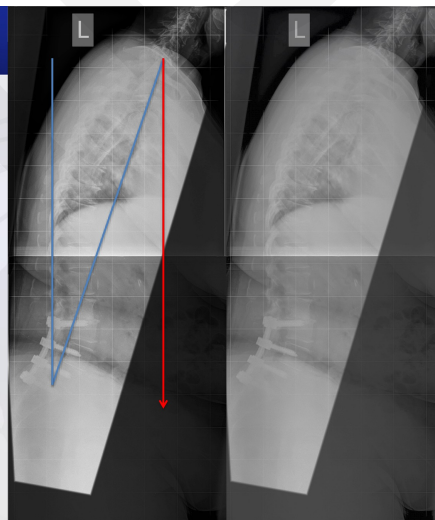
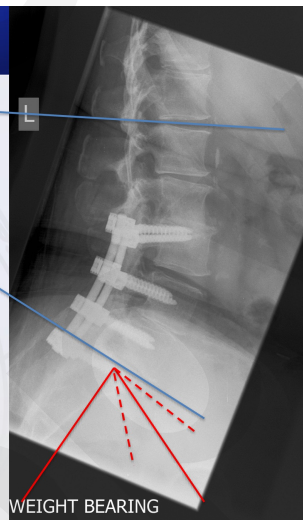


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- LL 30
- PI 60



- Need
Approx 30

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Plan?

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Symptoms

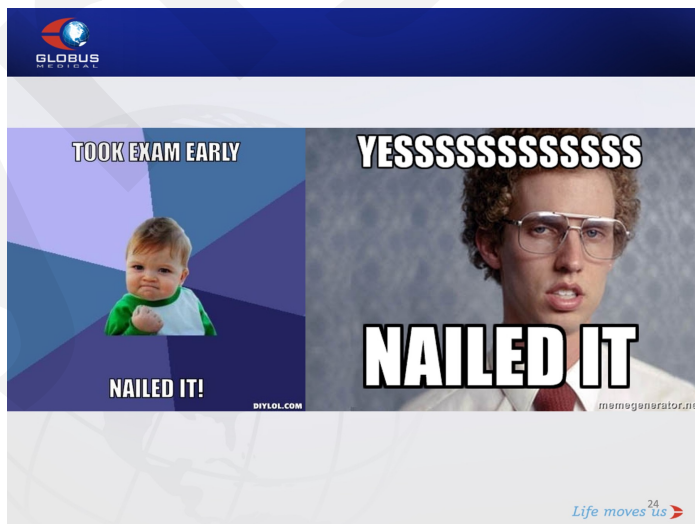
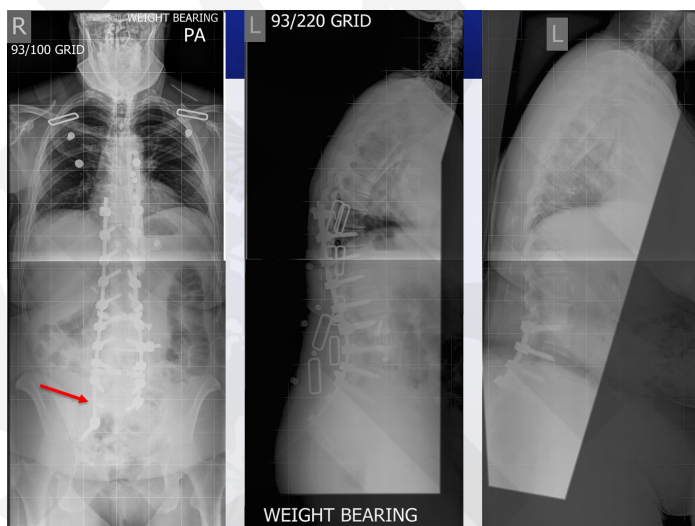
- Clear and severe foraminal and lateral recess stenosis L2/3
- Back pain and fatigue standing
 - Loss sagittal balance
- Persisting Trendelenberg gait
- SIJ pain – responded to injection

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The Plan

- Get 30 more degrees LL to equal PI
- Use precontoured rods
- ALL release with hyperlordotic cages to avoid PSO in fusion mass and to permit restoration of foraminal stenosis
- Ignore the SIJ pain for now (non believer)

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Or not quite...



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L 93/220 GRID

L WEIGHT BEARING
99/140 GRID

WEIGHT BEARING

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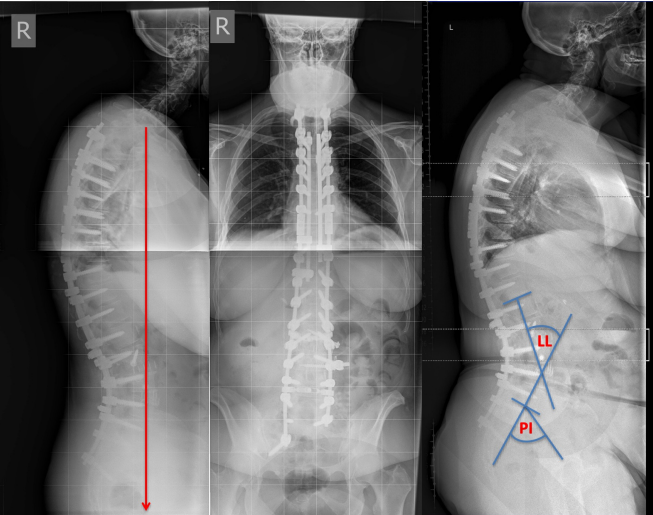
Mistake 4

- Going short?...but used transition (hooks)...
- ...managed to stop at apex of her kyphosis

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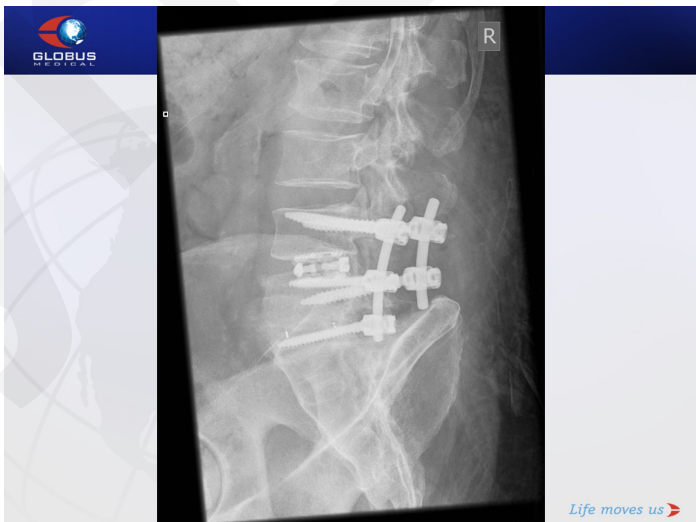
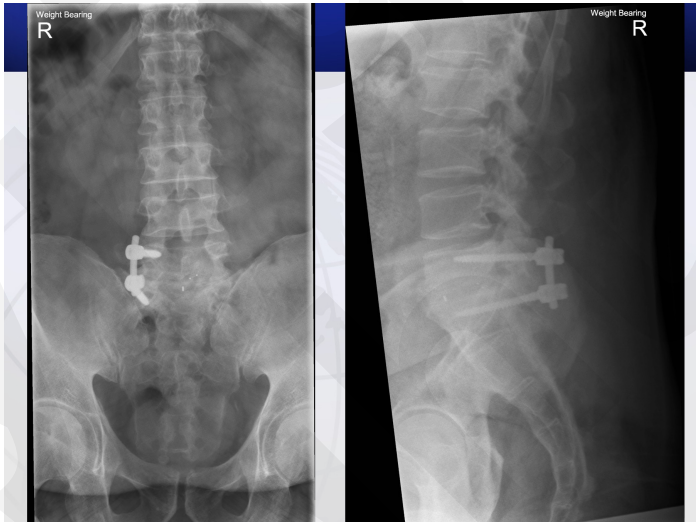
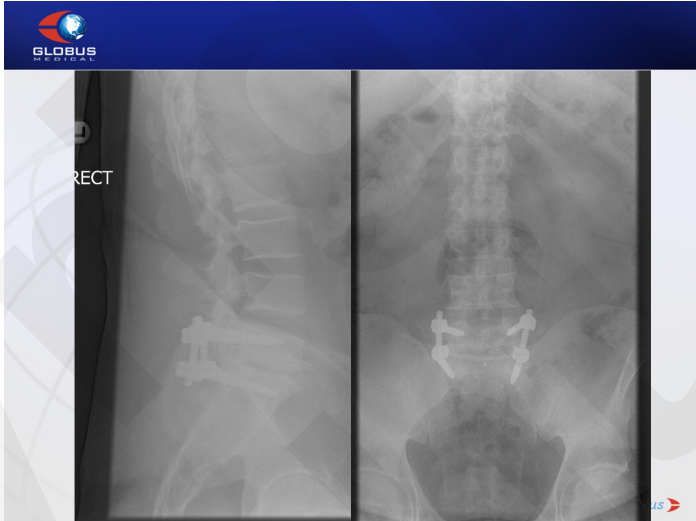
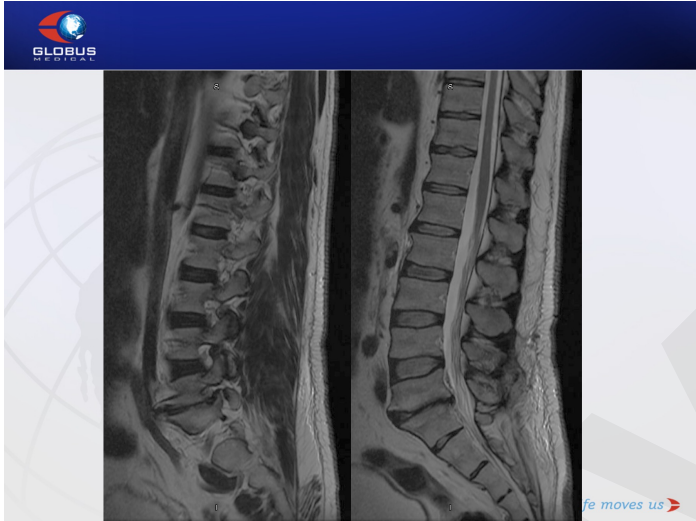
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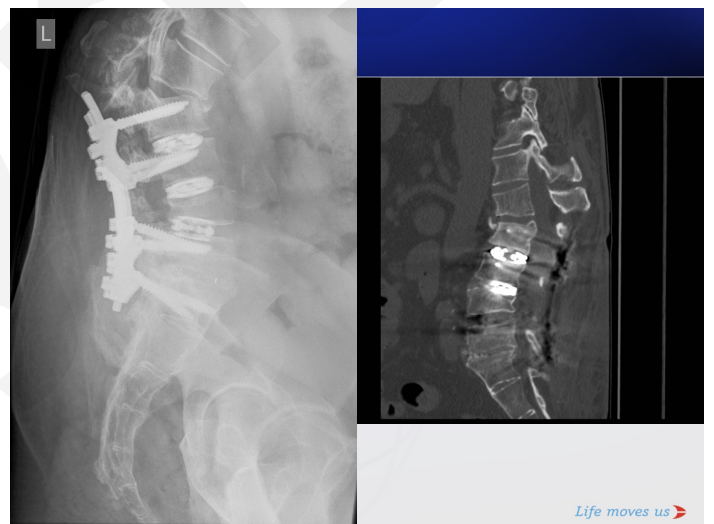
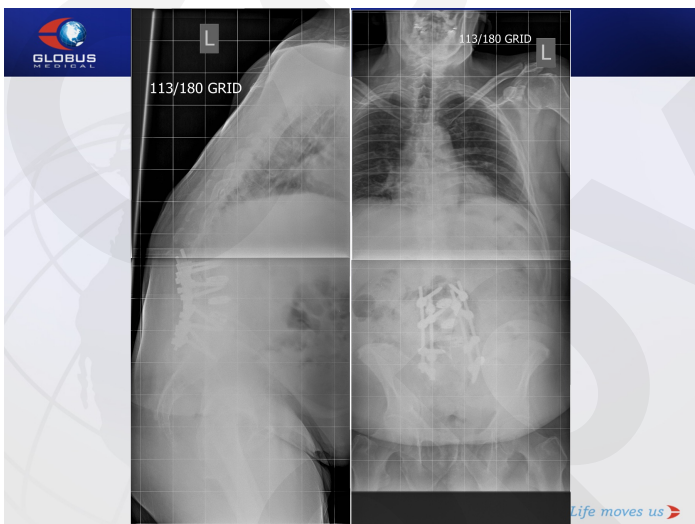
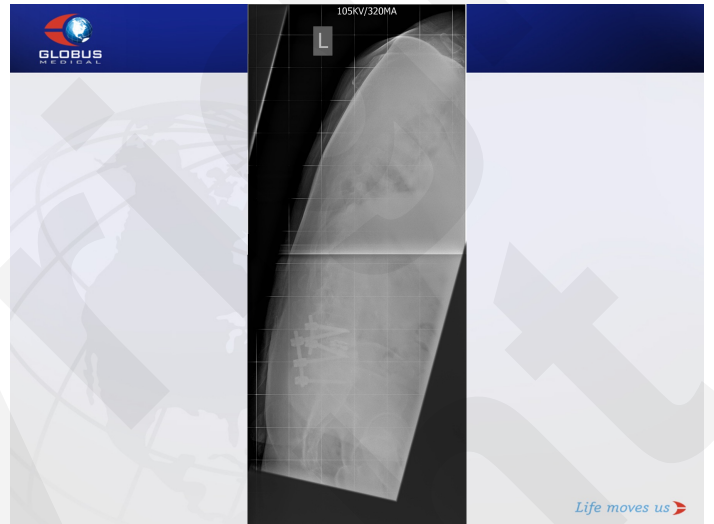


Case 2

- 55 year old man
- LBP leg pain to start with...

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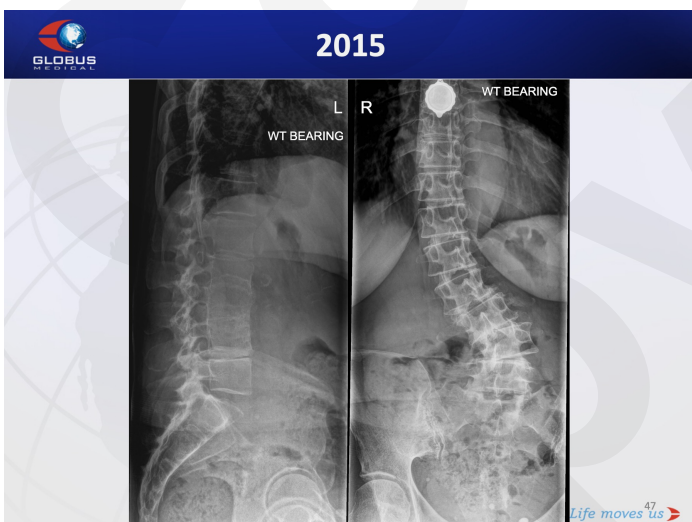
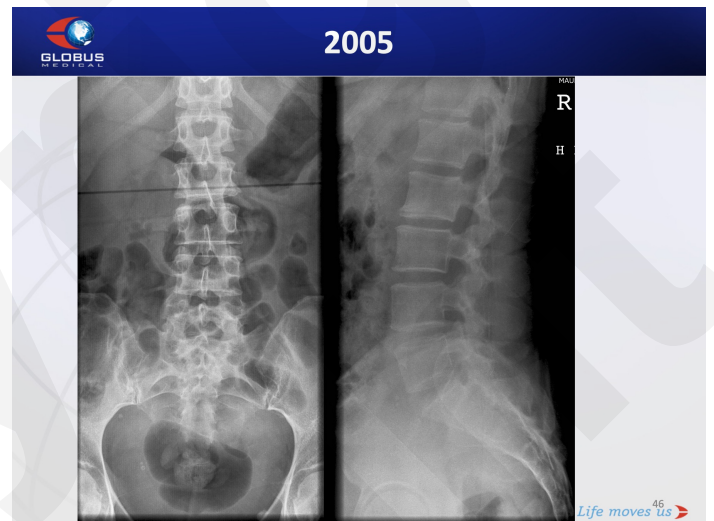


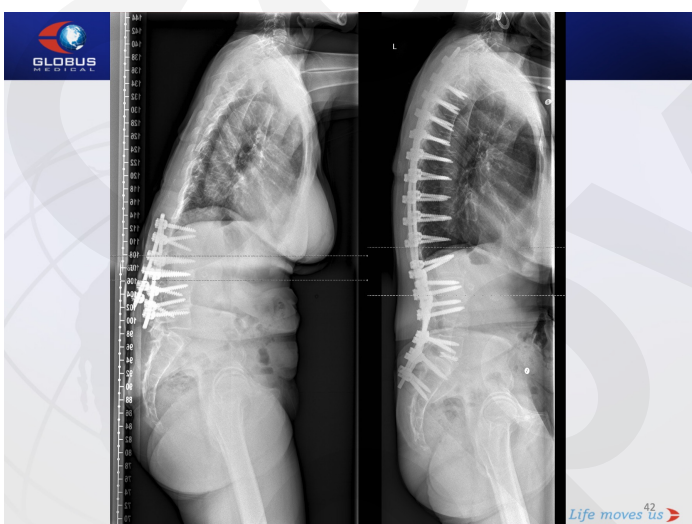
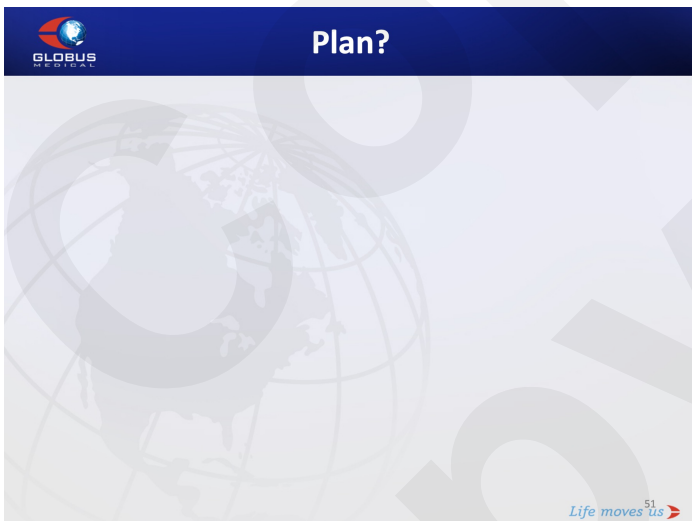
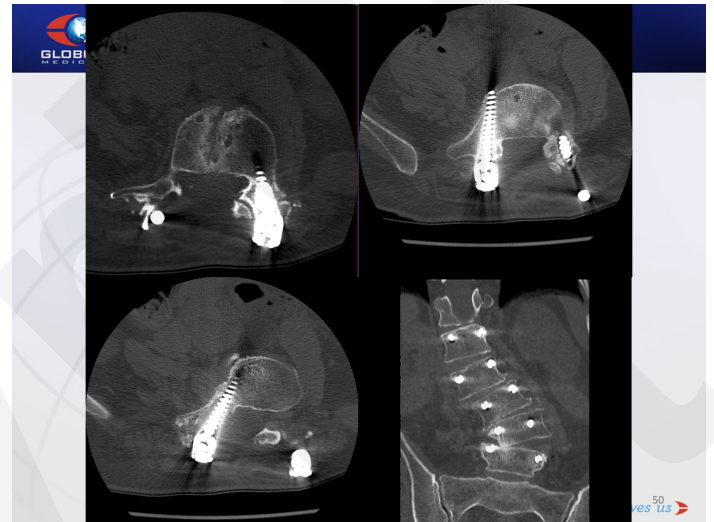




Case 3

- 70 year old female
- Progressive deformity
- Progressive stenosis
- “Can’t live like this you have to do something”
- Warfarin AF
- Hartmanns for perforated diverticulum
- Stoma LIF with large parastomal hernia
- Very thin, osteoporosis



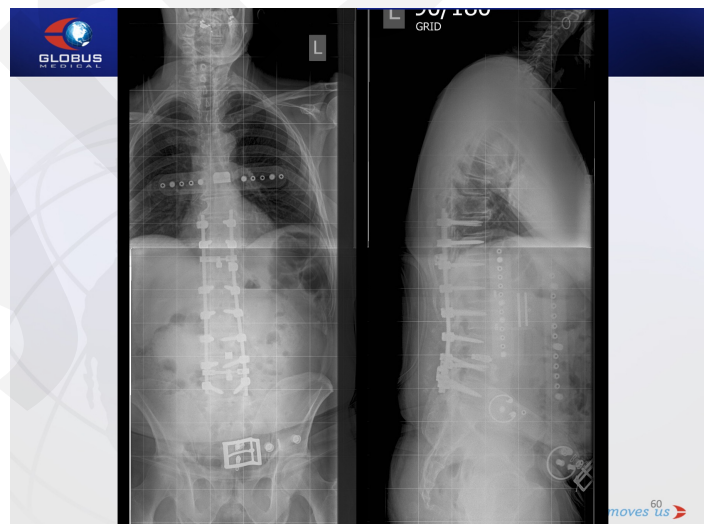
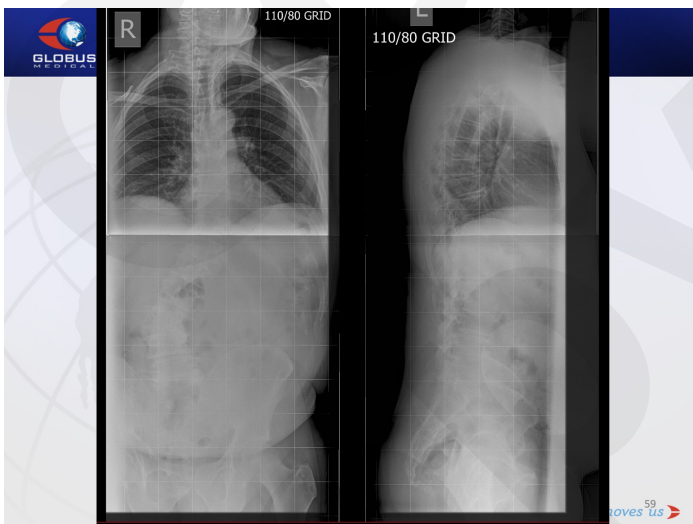
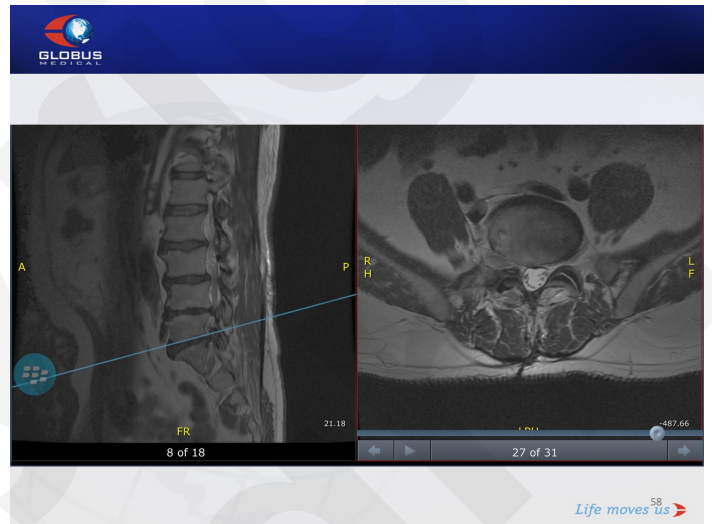
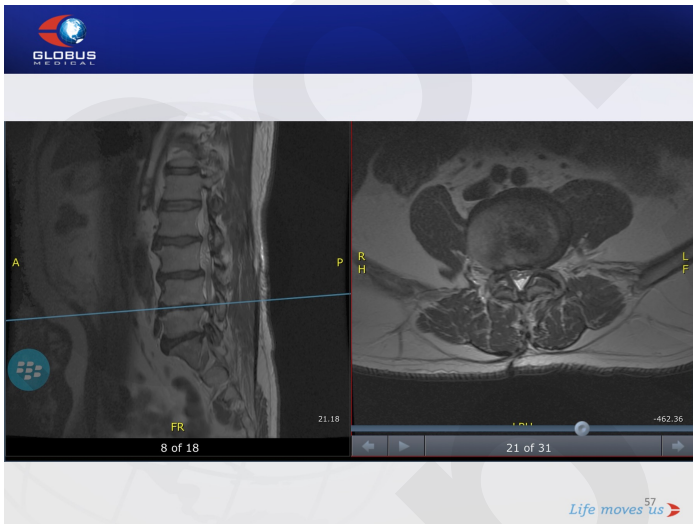
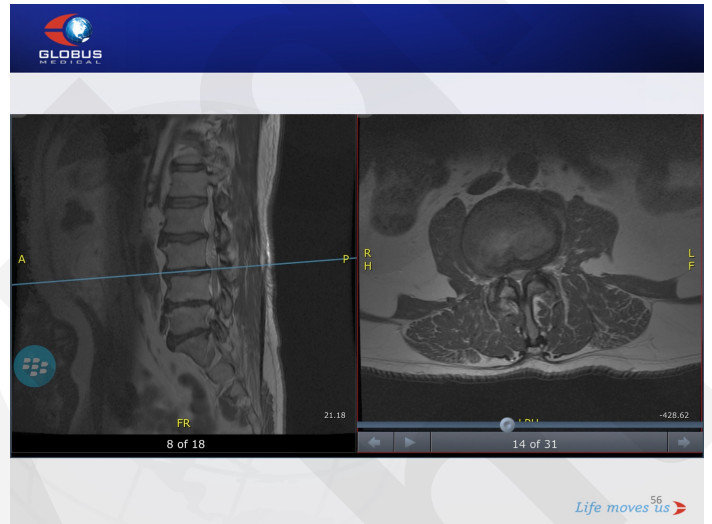
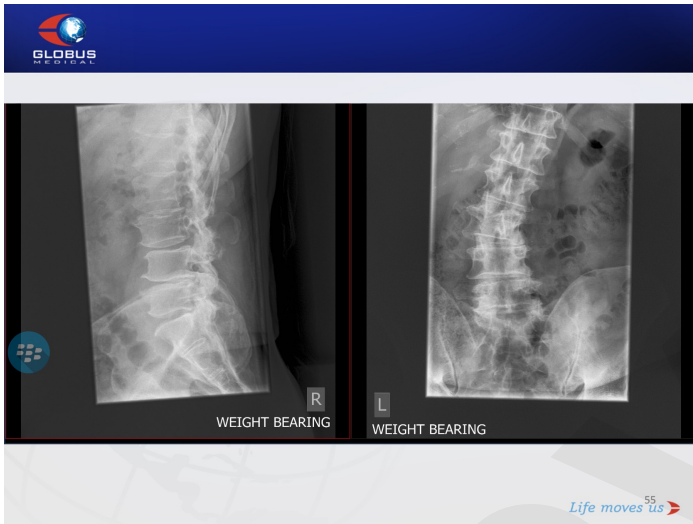


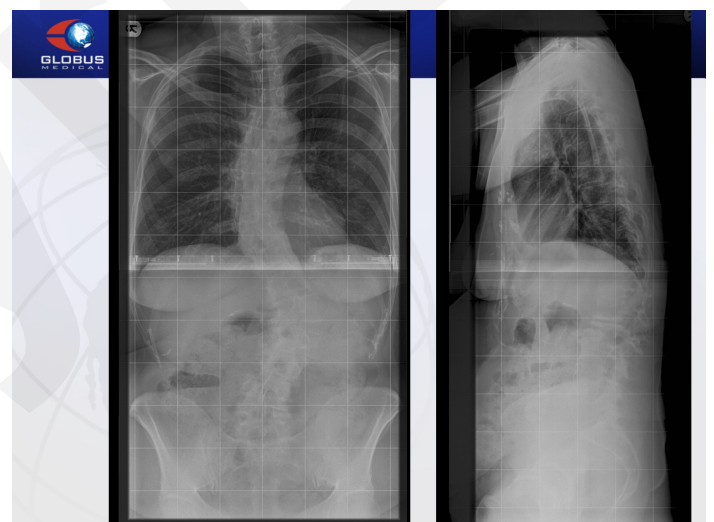
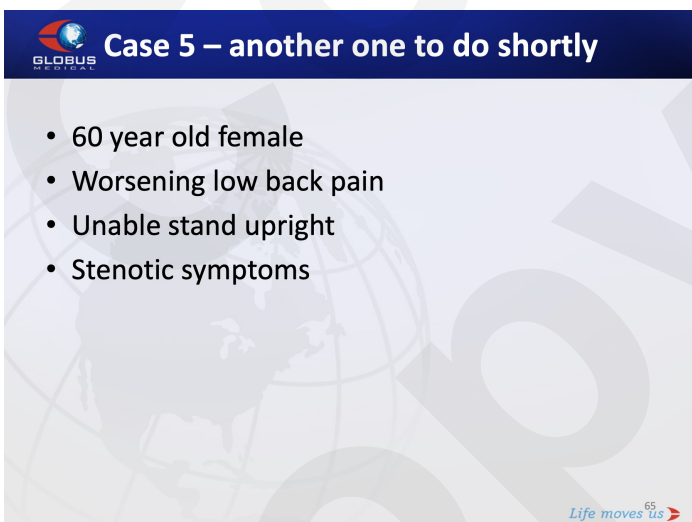
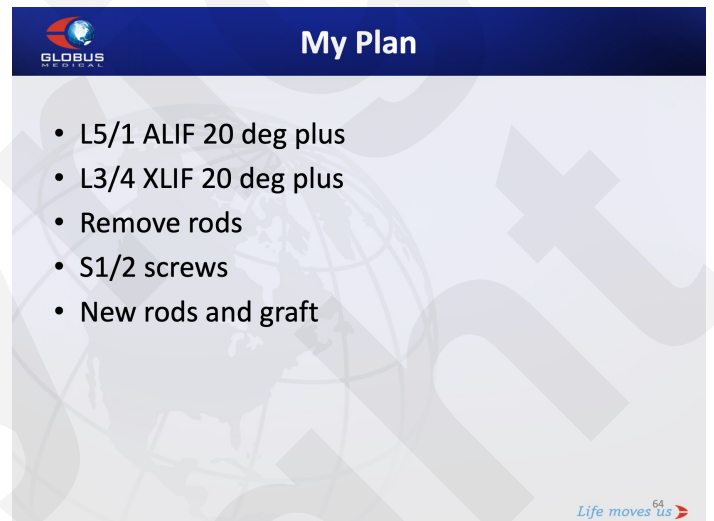
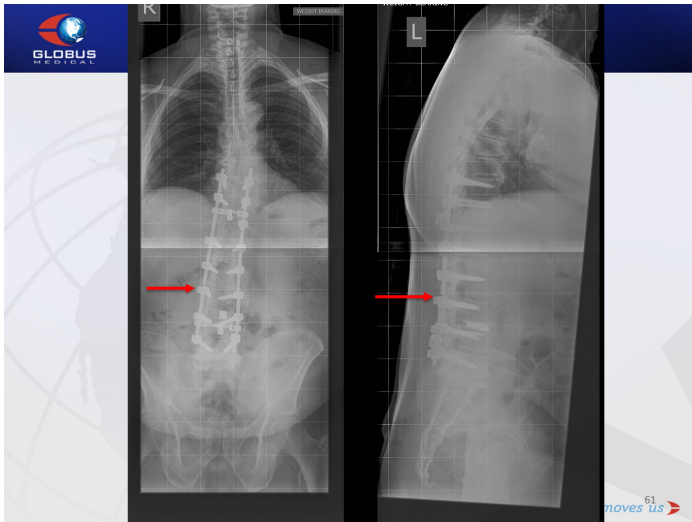
Case 4 – one to do shortly

- 68 year old male
- Worsening low back pain and stenotic symptoms
- Unable stand upright
- Multiple previous decompressions

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Plan?

- CT – all fused except L5/1

My Plan

- Get some BMP
- Remove all rods
- Try L5 screws
- Replace iliac screws
- Insert S2 iliac screws
- Cement?
- L3 PSO
- Contoured rods
- Leave L4/5 TLIF well alone

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Thank you

