

Almost
My Worst Case: Lessons Learned

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 Life moves us

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What is Spinal Surgery

It's like removing your bendy spine..
and replacing it with a metal pole!

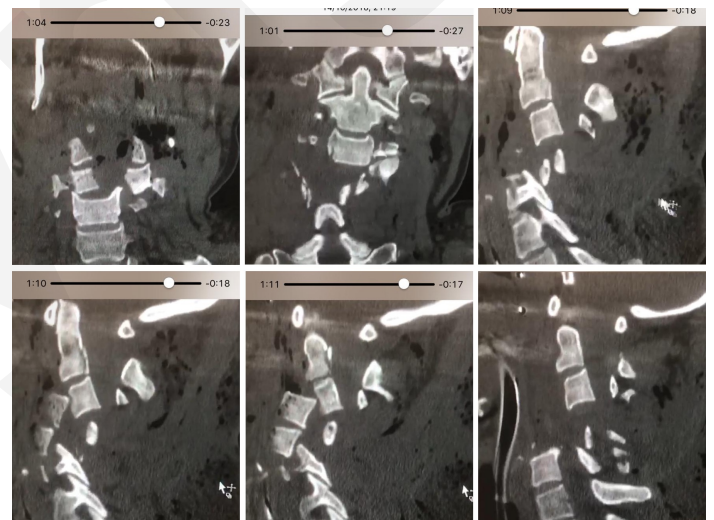
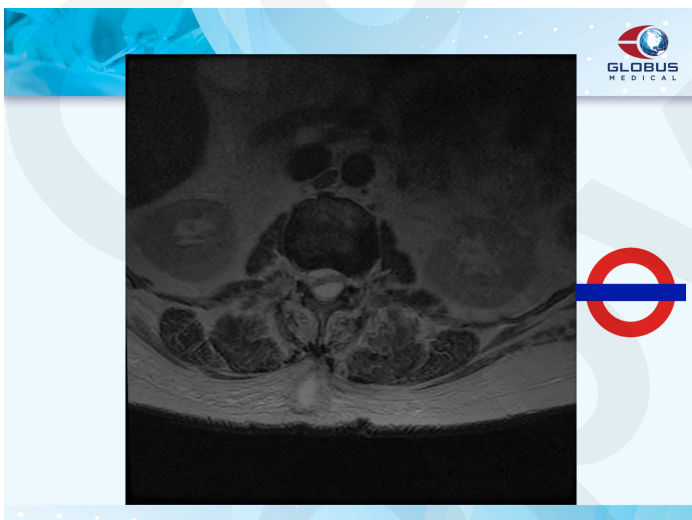
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Complications

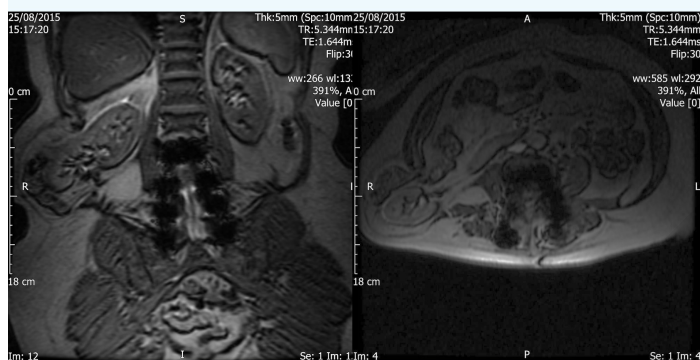
How deep is the mud?
 Depends on who you ask.

We all go through the same stuff differently.

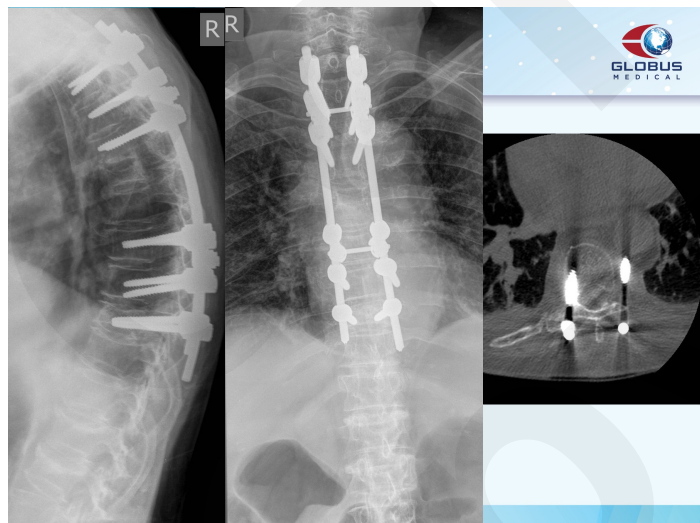
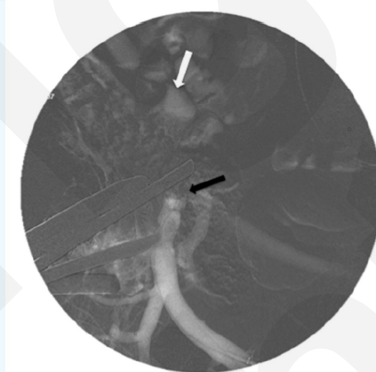
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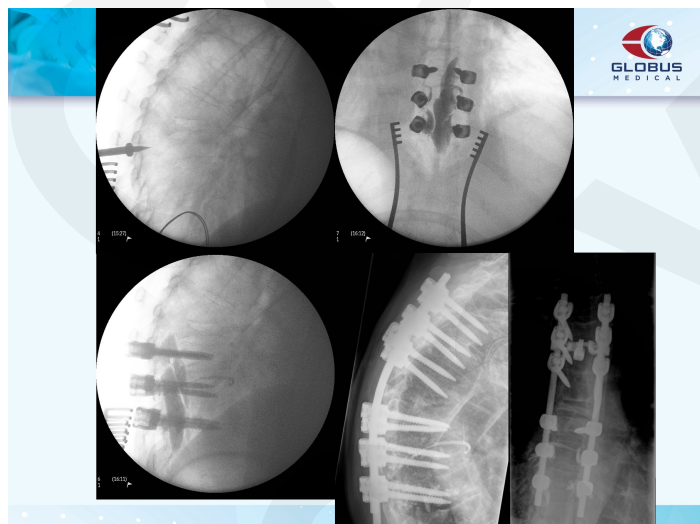
From Another Centre

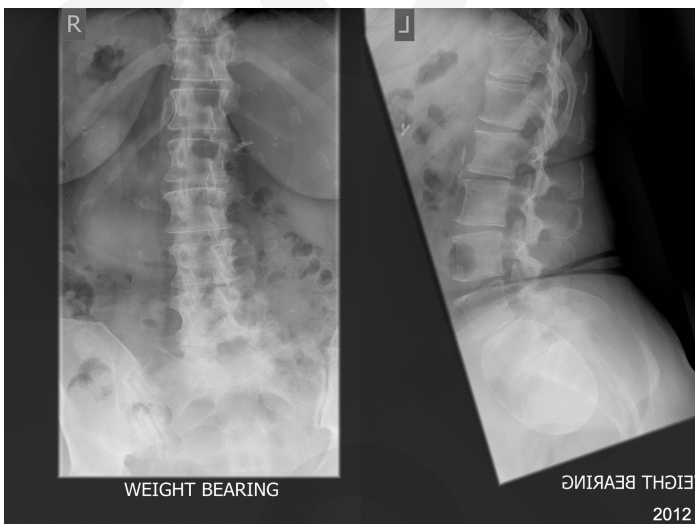
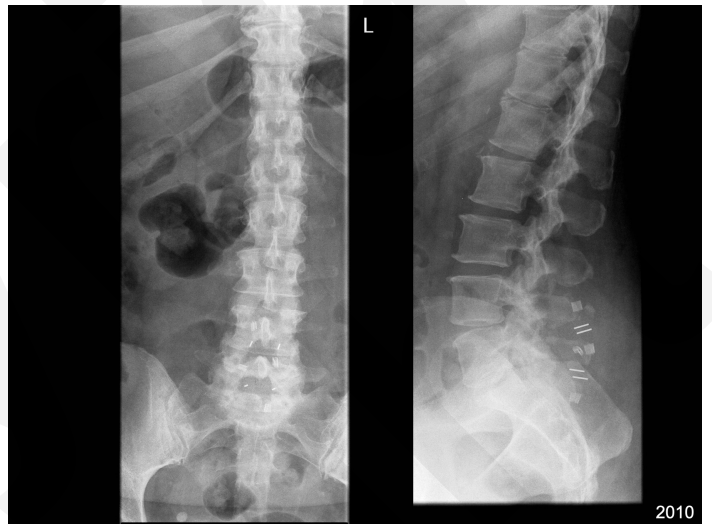


From A Case Report



From Google

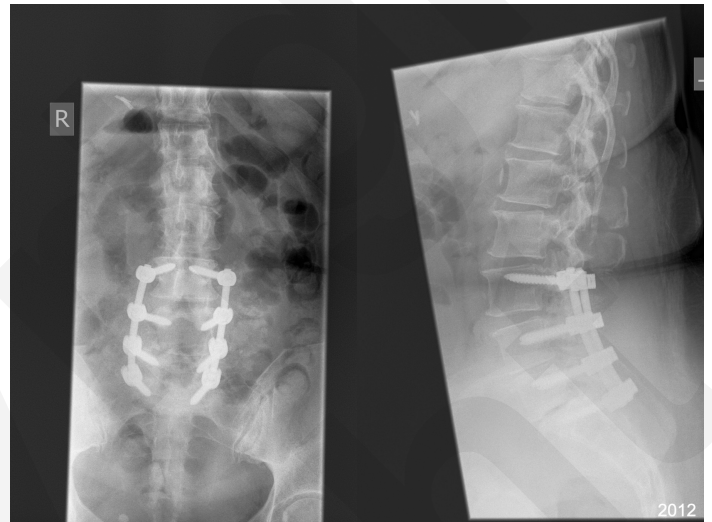




Mistake 1



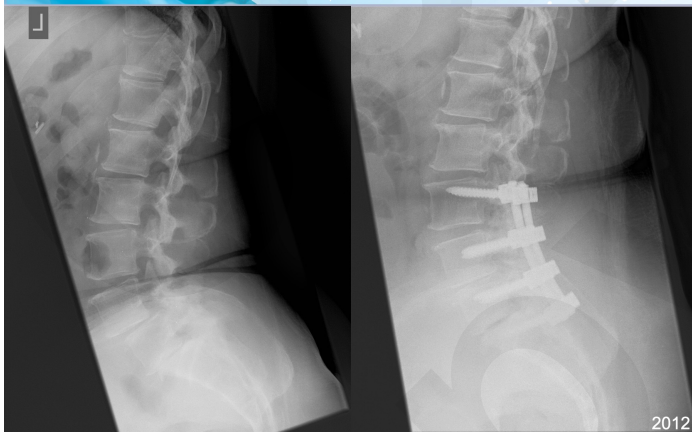
- Taking on a revision case in my first few years as a Consultant
- ...and doing the wrong operation...



Mistakes 2 and 3



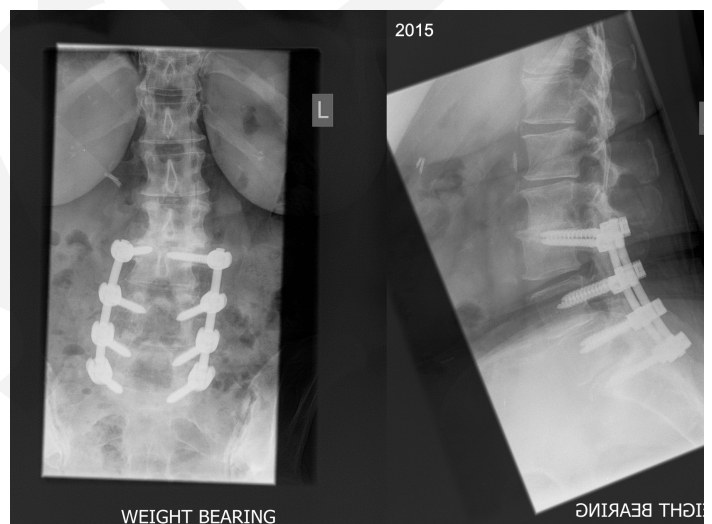
- Thinking that L5 only innervates EHL
- Not paying attention to the LL, PI, Sag balance etc etc and fusing L3 to S1

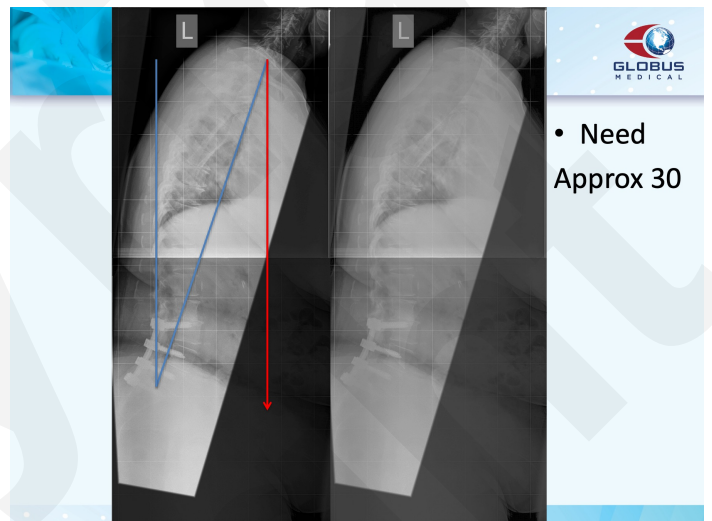
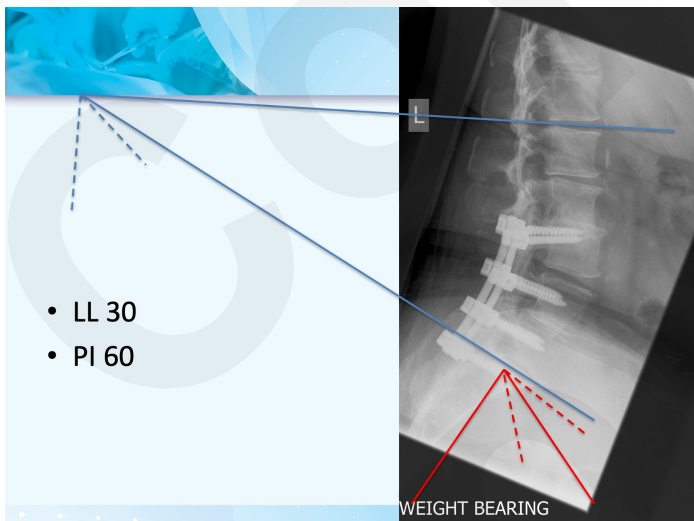
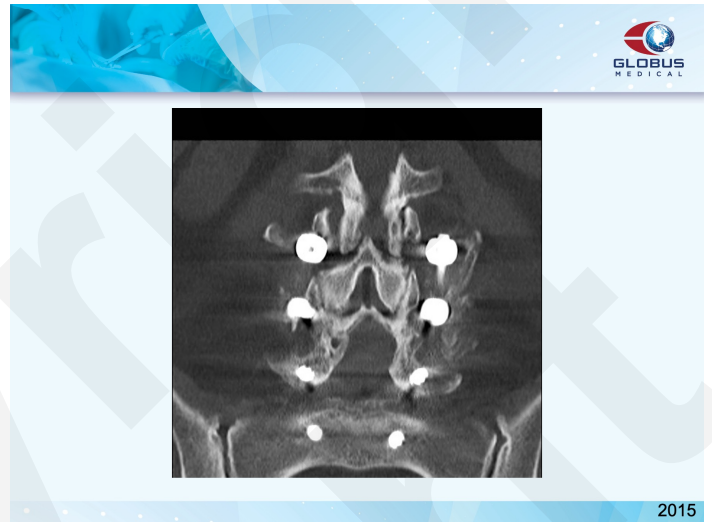
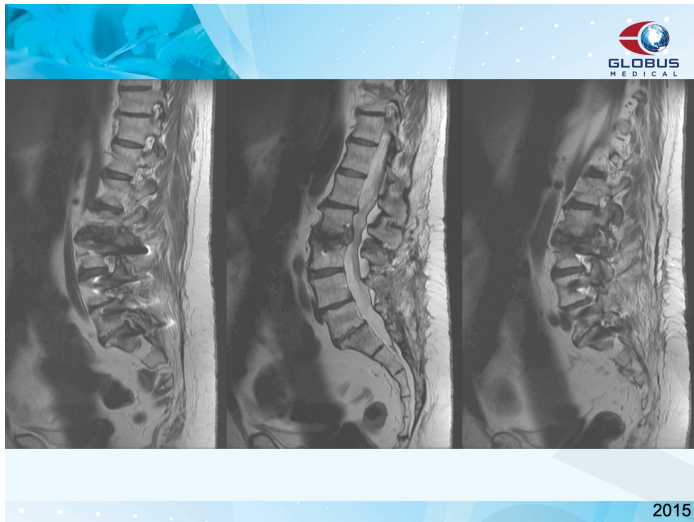


The Interim



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



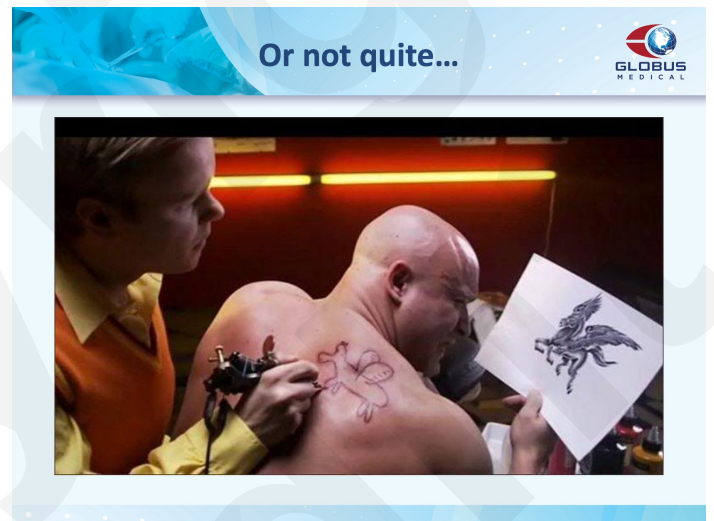
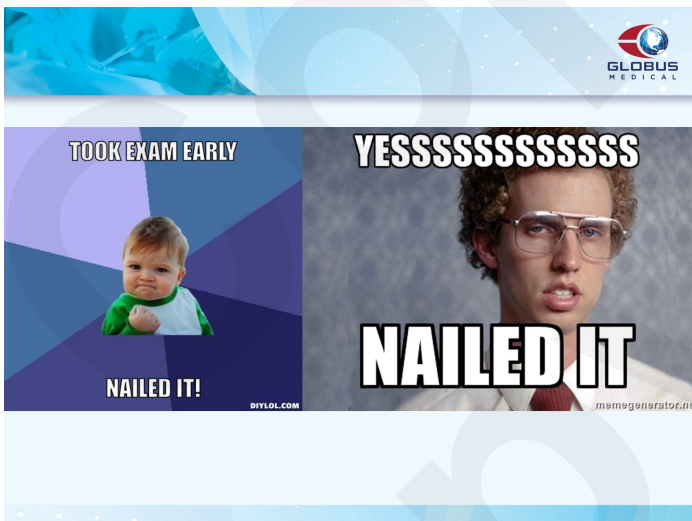
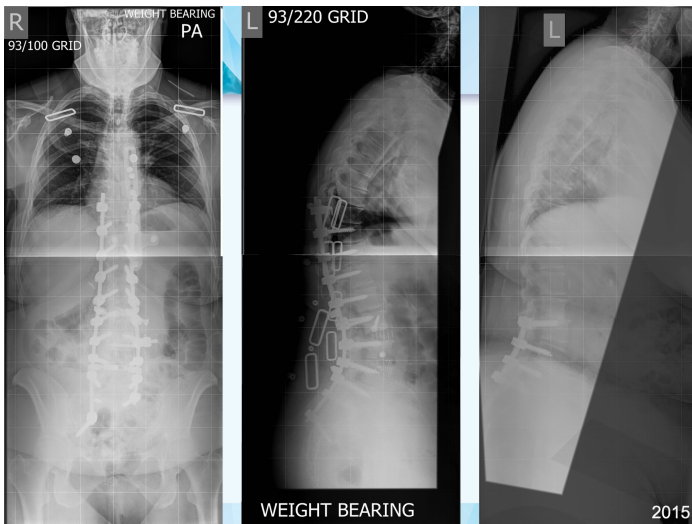


Symptoms

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

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 at L2/3
- Ignore the SIJ pain for now (non believer)



Mistake 4

- Not paying attention to the high PI / LL
 - Probably Type 3 Spine
- Shifting the apex of the LL to L2/3
 - I didn't want to do osteotomy through fusion mass, multiple decompression area
- Going too short?...but used transition...
- Stopped at an apex
 - Note the sacrum becomes vertical again

