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Avoid lumbar instability with coflex device

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Introduction: The author wanted to evaluate the mechanisms of action and effectiveness of interspinous distraction in managing symptomatic degenerative lumbar disc herniation to determine the safety and efficacy of the new device implant and to avoid the last step of disc degeneration as described by White & Panjabi and Kirkaldy-Willis (1): Lumbar Instability.

Materials and methods: A prospective control trial (2002-2010) Historic group+A new device (2011-12). In a cohort of 850 patients with degenerative lumbar disc degeneration 425 underwent surgical treatment in which the U device was placed (375 HG+50 ND) and 425 control individuals were treated with discectomy alone. Patients underwent serial follow-up evaluations (clinical test) and radiographic assessment were used to determine outcome Up to ten years follow-up data were obtained in all patients.

Aim: Use the device in order to prevent or delay the clinical symptoms after discectomy: LAST step lumbar Instability.

Results: A minimum Follow-up of 10 years: Statistically significant improvement was seen in U device-treated patients.

A. For lumbar pain in kissing spine is an excellent idea to use.
B. With a follow-up of ten years 85% vs. 70% without evidence of any clinical or radiological instability. We have two years follow-up for the new device at L5 s1 with good results so far.

Conclusion: The study shows that the U device was more effective than discectomy group in the management of degenerative lumbar disc herniation regarding lumbar instability. Easy learning curve; the best to use was at l4/ L5 , at L5/S1, depends on the Spinous Process of S1 Now with our device 90% of the patients have implant the device Vs Historic device; you can perform up to 3 levels. Improvement with Coflex was statistically significant $p<0.01$. In order to better understand the long-term development after disc surgery and to prevent further degeneration namely lumbar instability a 10 years follow-up was performed, with excellent results.

Biography

I Arrotegui received his MD from Saragossa University (Spain) and his PhD (Scoliosis) at Karolinska University (Sweden) and Postdoctoral training (Neurosurgery) from University of Saragossa, Karolonska; Wales, Newcastle General Hospital. He is currently a faculty at the Division of spine at Valencia General Hospital. (Spain). He focuses on developing novel therapies for Spine Surgery and his major research interests include Develop a new device to avoid Lumbar Instability after lumbar surgery (U-Force) and a Physical Barrier to avoid scar tissue after disc surgery (Aura).

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