

The logo for Hospital for Special Surgery (HSS) is a blue square with the letters "HSS" in white, bold, sans-serif font.

# **Predictors, Rates of Subsidence, and Clinical Outcomes Following Expandable Cage Insertion for MI-TLIF**

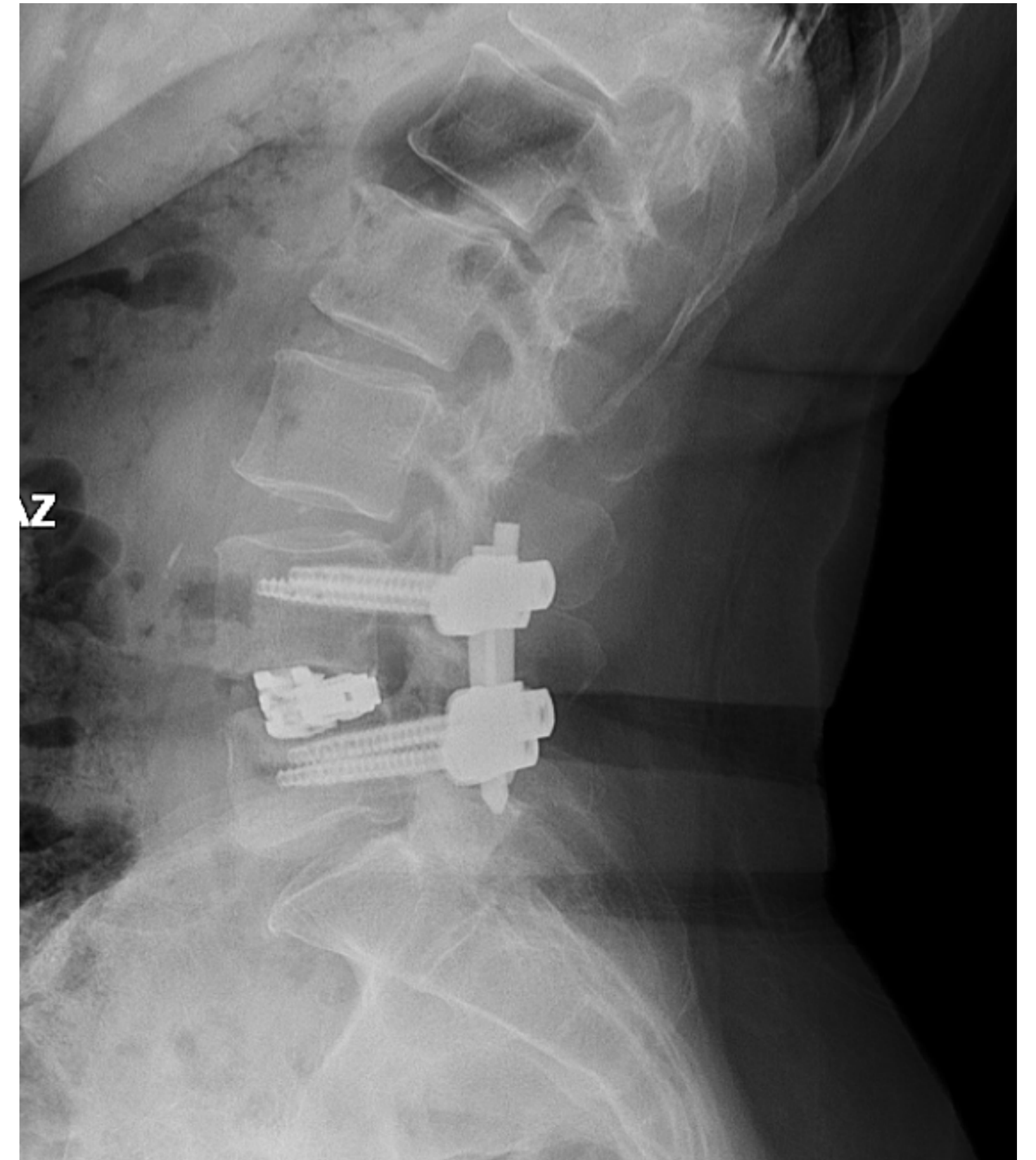
[Tejas Subramanian, BE, Hospital For Special Surgery]

[Praytush Shahi, Rob Kamil, Dan Shinn, Ashley Kim, Eric Zhao, Shane Pathania, Michael E. Steinhaus, Avani S. Vaishnav, Sachin Shah, Yahya A. Othman, Andre M. Samuel, Francis C. Lovecchio, Evan Sheha, Sravisht Iyer, Sheeraz A Qureshi]

# Disclosures

- Tejas Subramanian: none
- Praytush Shahi: none
- Rob Kamil: none
- Dan Shinn: none
- Ashley Kim: none
- Eric Zhao: none
- Shane Pathania: none
- Michael E. Steinhaus: none
- Avani S. Vaishnav: none
- Sachin Shah: none
- Yahya A. Othman: none
- Andre M. Samuel: none
- Francis C. Lovecchio: none
- Evan Sheha: none
- Sravisht Iyer: Research Support: Innovasis; Speaker's Bureau: Globus Medical, Stryker; Advisory Board Member: Healthgrades
- Sheeraz A Qureshi: Royalties: Stryker K2M, Globus Medical, Inc.; Globus Medical, Inc.: HS2, LLC; Private Investments: Tissue Differentiation Intelligence; Consulting: Stryker K2M, Globus Medical, Inc.; Speaking and/or Teaching Arrangements: AMOpportunities, Globus Medical, Inc.; Board of Directors: Society of Minimally Invasive Spine Surgery; Scientific Advisory Board/Other Office: International Society for the Advancement of Spine Surgery, Cervical Spine Research Society, Lumbar Spine Research Society, North American Spine Society, Association of Bone and Joint Surgeons, Simplify Medical, Inc., LifeLink.comInc., Society of Minimally Invasive Spine Surgery, Minimally Invasive Spine Study Group, Spinal Simplicity, LLC, Contemporary Spine Surgery, Annals of Translational Medicine.

- **Minimally invasive transforaminal lumbar interbody fusion (MI-TLIF)** remains the workhorse fusion approach in the treatment of degenerative lumbar pathology.
  - More recently expandable cage technology has been adopted to reduce the risk of neurologic injury and optimize indirect decompression, sagittal alignment, and fusion.
- Endplate violation and postoperative cage **subsidence** can be seen
  - This complication is therefore of particular concern when using expandable technology, as the force required to expand the cage can theoretically weaken the adjacent endplates and cause violation.
- While this complication can be quite common for TLIF broadly, the rates of subsidence for MI-TLIF using expandable cage technology remain unknown. Additionally, there is minimal research for the clinical outcomes and predictors of subsidence.





**Study Design:** Retrospective Review

**Inclusion Criteria:** Primary MI TLIF 1 or 2 levels for degenerative disc disease

**Imaging requirements:** Lumbar XR imaging >6 months post op & immediate post op XR imaging <1 month post op

**Exclusion Criteria:** Trauma, Prior spine surgery

**Radiographic Measurements:** Anterior and Posterior Disc Height, Pelvic Incidence, Pelvic Tilt, Segmental Lordosis, Lumbar Lordosis

**Primary Outcome:** *Rates of subsidence following MI TLIF with expandable cages*

**Secondary Outcome:**

- *Demographic and radiological predictors of subsidence*
- *Subsidence impact on patient reported outcomes (PROMs)*

# Patient Demographics & Subsidence Rates

- 148 total patients

- 121 1-level surgeries, 27 2-level surgeries

- 42 subsided (39%)

- No difference in demographic factories between subsided patients

	n	Not Subsided 106	Subsided 42	p
Subsided. = 1 (%)		0 ( 0.0)	42 (100.0)	<0.001
Gender = 1 (%)		53 (50.0)	16 ( 38.1)	0.26
Race (%)				0.81
African American		5 ( 4.7)	3 ( 7.1)	
Asian		5 ( 4.7)	1 ( 2.4)	
Caucasian		88 (83.0)	36 ( 85.7)	
Hispanic		2 ( 1.9)	0 ( 0.0)	
Other/Unknown		6 ( 5.7)	2 ( 4.8)	
ASA (%)				0.329
1		11 (10.4)	2 ( 4.8)	
2		90 (84.9)	36 ( 85.7)	
3		5 ( 4.7)	4 ( 9.5)	

# Demographic Factors Predicting Cage Subsidence

- **Average L1 L2 BMD was significantly less for patients that subsided compared to those that did not**
- **Operative time and EBL were also significant between the 2 groups**
- **Higher percent of 2 level patients subsided compared to 1 level patients (not statistically significant)**
- **Subsided patients were on average older (not statistically significant)**

	Not Subsided	Subsided	p
n	106	42	
Smoker = 1 (%)	38 (35.8)	16 ( 38.1)	0.947
Osteoarthritis = 1 (%)	28 (26.4)	11 ( 26.2)	1
Osteoporosis = 1 (%)	2 ( 1.9)	3 ( 7.1)	0.275
Number.of.Levels = 2 (%)	11 (10.4)	10 ( 23.8)	0.064
Operative.Level (%)			0.119
L3L4	2 ( 1.9)	0 ( 0.0)	
L3L5	1 ( 0.9)	0 ( 0.0)	
L4L5	57 (53.8)	23 ( 54.8)	
L4S1	10 ( 9.4)	10 ( 23.8)	
L5S1	36 (34.0)	9 ( 21.4)	
Fusion = 1 (%)	54 (90.0)	19 ( 90.5)	1
HospitalComplications = 1 (%)	13 (12.3)	5 ( 11.9)	1
Reoperation = 1 (%)	2 ( 1.9)	0 ( 0.0)	0.915
Age (median [IQR])	61.50 [51.50, 69.00]	66.50 [58.25, 70.00]	0.079
BMI (median [IQR])	26.69 [24.22, 29.79]	27.38 [24.54, 30.43]	0.629
CCI.w..Age (median [IQR])	2.00 [1.00, 3.00]	2.50 [1.25, 3.00]	0.1
Average.L1.L2.BMD (median [IQR])	131.50 [102.62, 170.00]	117.50 [76.57, 146.50]	<b>0.036</b>
Operative.Time (median [IQR])	98.00 [82.25, 128.75]	114.50 [95.75, 159.50]	<b>0.043</b>
EBL (median [IQR])	50.00 [25.00, 50.00]	50.00 [35.00, 100.00]	<b>0.005</b>
LOS (median [IQR])	32.54 [29.00, 52.85]	32.47 [29.58, 52.21]	0.634

# Subsidence Impact on Post-Operative Outcomes

- Patient reported outcomes did not change between the 2 groups at any of the time points collected

	Not Subsided	Subsidied	p
n	106	42	
d6.week.Oswestry.Disability.Index (median [IQR])	-6.00 [-18.00, 6.00]	-12.00 [-34.50, 4.47]	0.23
d6.month.Oswestry.Disability.Index (median [IQR])	-16.00 [-28.00, -5.55]	-17.80 [-34.00, -11.00]	0.315
d1.year.Oswestry.Disability.Index (median [IQR])	-18.00 [-26.00, -6.70]	-18.00 [-34.00, -14.00]	0.679
d6.week.Leg.VAS (mean (SD))	-2.23 (3.49)	-4.16 (3.70)	<b>0.012</b>
d6.month.Leg.VAS (median [IQR])	-3.25 [-6.50, -1.00]	-6.00 [-8.00, -2.50]	<b>0.046</b>
d1.year.Leg.VAS (median [IQR])	-2.00 [-6.00, 0.00]	-6.00 [-8.00, -1.00]	0.053
d6.week.Back.VAS (mean (SD))	-2.27 (3.07)	-3.17 (3.84)	0.199
d6.month.Back.VAS (mean (SD))	-2.99 (2.82)	-3.74 (3.72)	0.304
d1.year.Back.VAS (mean (SD))	-2.33 (3.24)	-2.88 (3.36)	0.485
d6.week.SF.12.Physical.Component.Score (median [IQR])	2.32 [-3.86, 8.24]	-2.08 [-6.27, 7.08]	0.219
d6.month.SF.12.Physical.Component.Score (median [IQR])	9.02 [2.18, 14.30]	10.60 [2.53, 13.40]	0.778
d1.year.SF.12.Physical.Component.Score (median [IQR])	9.68 [3.24, 16.05]	9.43 [-2.51, 16.66]	0.615

- 39% of patients subsided following expandable cage insertion in MI-TLIF procedures
- Bone Mineral Density was significantly lower in patients who subsided compared to those that did not
- EBL and Operative time were both significantly higher in patients who subsided compared to those that did not
- Older patients and those with two level surgeries subsided at higher rates
- Subsidence does not seem to affect patient reported outcomes