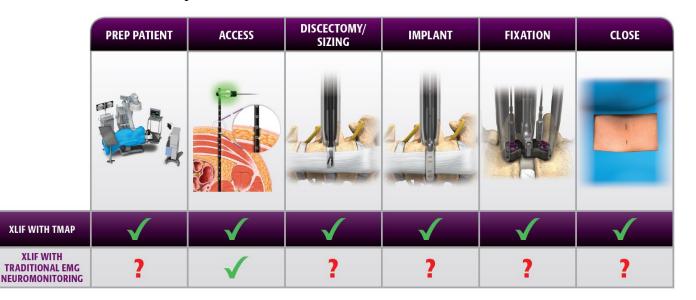
The Utility of Intraoperative Transabdominal Muscle Action Potentials (TMAP) During Lateral Lumbar Interbody Fusion: Can We Predict Postoperative Neuropraxia?

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# Background

- There are substantial limitations in current neuromonitoring modalities for predicting postoperative neuropraxia during lateral lumbar interbody fusion (LLIF).
- While t-EMGs are great for initial docking, there is a deficiency understanding nerve integrity post retractor docking.
- The most common method used to prevent postoperative neuropraxia is time in psoas, which is scientifically flawed.



## Aims/Objectives

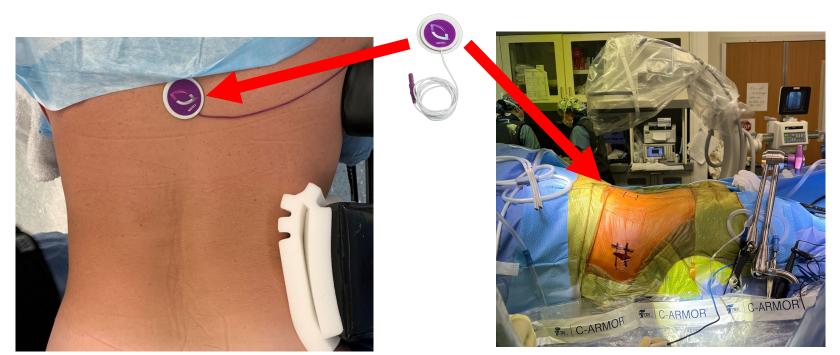
- TMAP has potential superiority over other modalities due to its ability to monitor the function of individual myotomes, specifically, quadriceps function during LLIF.
- Our study seeks to investigate the strengths and weaknesses of utilizing TMAP as a neuromonitoring modality.





### Methods

 This is a retrospective study of 41 patients who underwent a pLLIF from August 2020 to June 2022. All patients underwent intraoperative TMAP neuromonitoring. All increases in stimulation needed to obtain a similar compound muscle action potential compared to a baseline stimulation were analyzed and compared to postoperative quadriceps strength.



### Results

- Forty-one (41) patients underwent p-LLIF.
- There were no false negatives recorded.
- Reliable TMAP recordings were obtained in all patients, regardless of body habitus, blood pressure, body temperature or anesthetic.

| Threshold (mA) | Sensitivity | Specificity | False<br>Positive |
|----------------|-------------|-------------|-------------------|
| 150            | 100%        | 37.9%       | 62.1%             |
| 400            | 100%        | 83.3%       | 16.7%             |

#### Conclusions



 Reliably assesses lower extremity motor function during pLLIF.



• Extremely encouraging 0% false negative rate.



 Not influenced by blood pressure, body temperature, anesthetic or body habitus.

• Further work is underway to delineate the appropriate threshold to optimize specificity and decrease the false positive rate while maintaining high sensitivity.