

Safety and Reproducibility of SI fusion in an Ambulatory Surgery Center

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History of Spine Surgery

- ? Long procedures with high complication rate-
“Don’t let anyone operate on your spine”
- ? Advanced technology and goal to improve outcomes with shorter recovery periods – key US surgeons leading minimally invasive spine surgery.

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EDITORIAL

Breaking Through the “Glass Ceiling” of Minimally Invasive Spine Surgery

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Why do patients still have pain after spine fusion?

- ? Patient selection?
- ? What is the pain generator?
- ? Setting expectations?
- ? Well performed surgery?
- ? Why does the patient still have pain...Could it be the SI joint?



The SI joint

- ? If the clinician is not looking for a diagnosis – it will not be found
- ? There is no imaging that will make the diagnosis for the physician – It is only made with history and physical exam
- ? The diagnosis is confirmed with a diagnostic SI joint block
- ? Could the SI joint be a major explanation for the term Failed Back Surgery?

SI joint injury and clinical findings

- ? Patient will complain of pain directly over the SI joint
- ? Positive physical exam findings such as FABER testing may provoke symptoms
- ? Clinical presentation is variable and high index of suspicion is need to make the diagnosis
- ? Diagnostic Block – under flouro



Symptoms and complaints

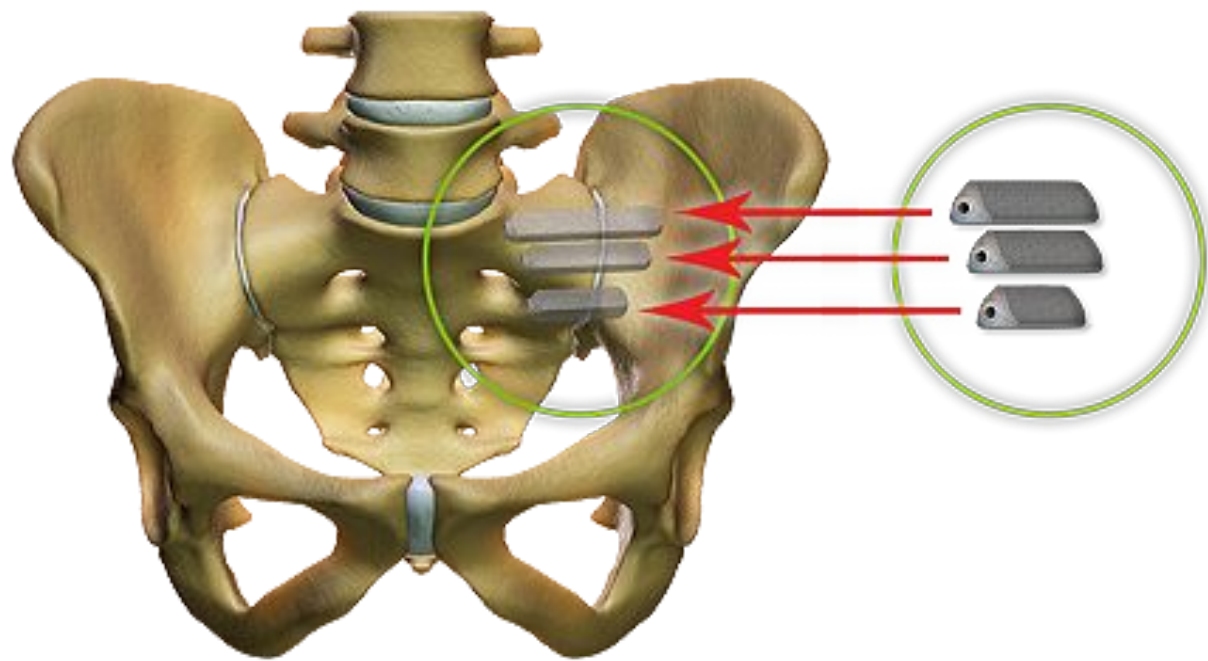
Exacerbates Symptoms

- ? Ascending/Descending Stairs
- ? Transitional movements
(e.g., sit to stand, supine to sit)
- ? Rolling over in bed
- ? Getting in /out of bed
- ? Sitting on affected side
- ? Prolonged standing/sitting

Improves symptoms

- Bearing weight on unaffected side
- Lying on unaffected side
- Manual or belt stabilization

Minimally Invasive SI joint fusion



Methods and Results

- ? Retrospective chart review:
 - ? 9 consecutive patients – Single Surgeon, single center
 - ? Demographics
 - ? Age
 - ? Sex
 - ? BMI
 - ? Comorbidities
 - ? Third party payer
 - ? PACU time
 - ? Infection, blood transfusion, 30-day readmit status

Experience with Outpatient SI fusion

? Demographics:

? Average age 49.1 (39-57)

? 4 male, 5 female

? Average BMI 29.3 (21.1-32.4)

? Comorbidities: HTN, current/former smoker (7), hypothyroidism (2), GERD (2), anemia (2), h/o breast cancer (1), HL (1), sleep apnea (1), depression (1)

? 2 commercial insurance, 6 worker's compensation claims

? **Average Length of Stay 107.6 (44-190) minutes**

? **No blood transfusions, readmissions, or infections**

Takeaways

- ? Based on our small data set –SI joint fusion is safe and reliable procedure in the ambulatory surgery center setting
- ? Further multicenter studies need to be performed to confirm that this a generalizable findings as all the cases were performed by the senior author
- ? Patient selection and excellent workflow across disciplines in the Ambulatory surgery center are key to reproducible and safe results.

*Work Comp results – not included in the abstract

- ? 6 consecutive patients
- ? Average time to return to work 48 days

Thank you

Questions?

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