



Safety and Reproducibility of Sacroiliac Joint Fusion in an Ambulatory Surgery Center

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Spine Surgery

- Historically - long procedures with high complication rate-
“Don’t let anyone operate on your spine”
- Minimally invasive spine surgery:
 - Shorter recovery time
 - Decreased infection rates
 - Cost savings

Spine

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EDITORIAL

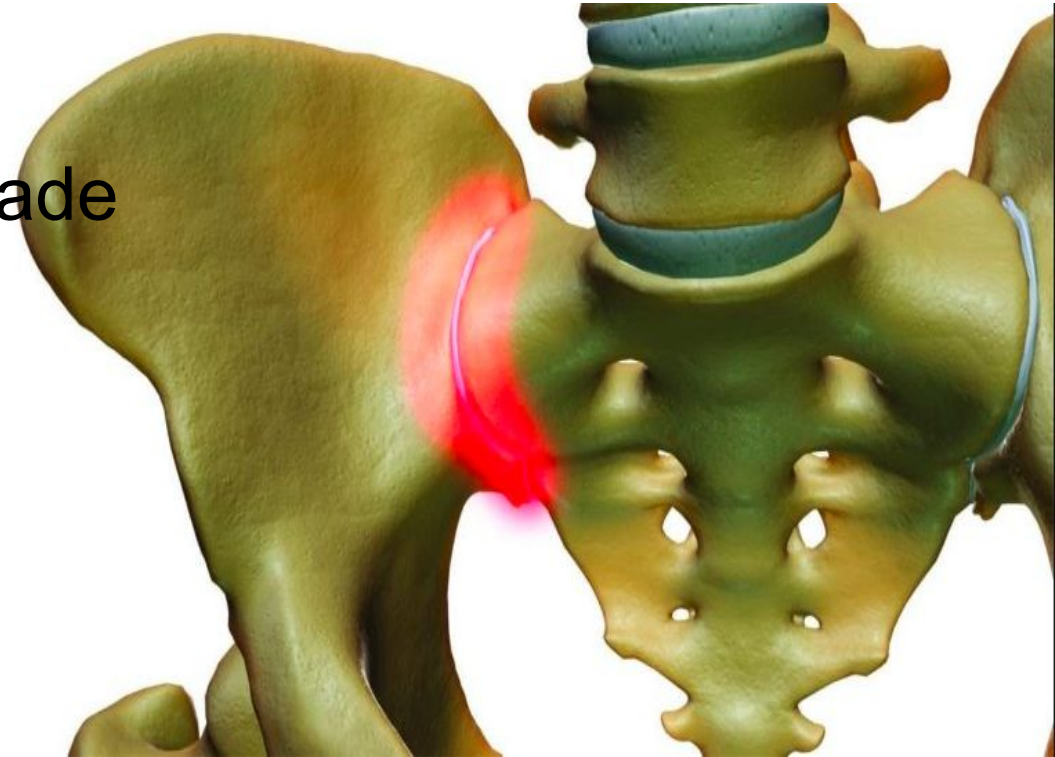
Breaking Through the “Glass Ceiling” of Minimally Invasive Spine Surgery

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Introduction – 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





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
 - Often a “diagnosis of exclusion”
- Diagnostic Block – under flouroscopy





Materials/Methods

- Retrospective chart review:
 - 19 consecutive procedures reviewed – Single Surgeon, single center
 - Demographics
 - Age
 - Sex
 - BMI
 - Third party payer
 - PACU and OR time
 - Infection, blood transfusion, 30-day readmit status



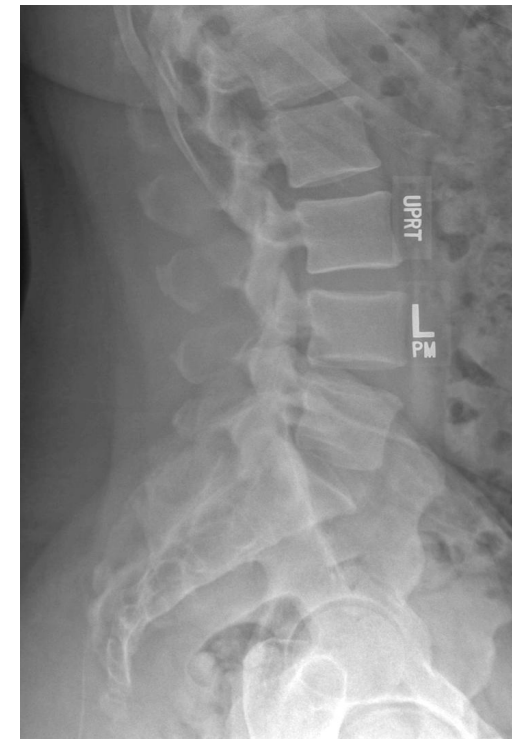
Results

- 19 procedures
 - 8 male, 11 female patients
 - Average age 49.1 (39-57)
 - Average BMI 26.6 (19.9-35.5)
 - All unilateral SIJF; 3 female patients underwent bilateral procedures on separate days
- 8 procedures reimbursed by commercial insurance
- 11 worker's compensation/liability cases
- The highest ASA score was 3
- Average length of stay:
 - 102.5 minutes (44-190)
- 1 patient required hospital transfer for overnight pain control
- No patients required a blood transfusion
- No infections were noted
- No patient was readmitted within 30 days of the procedure



Brief case study

- 51 year old male patient suffers a work-related injury
 - 3-4' fall backwards
- Presents with:
 - Back pain
 - Radiating down the right lower extremity
- On initial exam:
 - + SLR (right)
 - 4/5 strength right foot dorsiflexion





Brief case study

- Initially treated with medication, PT
- Plain radiograph and MRI findings equivocal for lumbar spine as a pain generator
- Underwent right SI joint injection
 - Reported complete resolution of pain x 4 days





Brief case study

- Underwent right SI joint fusion in ambulatory surgery center:
 - 60 minutes OR time
 - 104 minutes in recovery
 - Return to full duty work 104 days after surgery





Discussion

- 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 presented separately