

A retrospective review of 345 patients with lumbar TDR in 2-years follow-up over 10 years of practice in one Belgian clinical center: results

(published in 2016)

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Promotor: Yves Lecomte



Outline

- ◆ Introduction: Low back pain
- ◆ Review at 2 years follow-up
- ◆ Review at 10 – 15 years follow-up

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Introduction: Low back pain



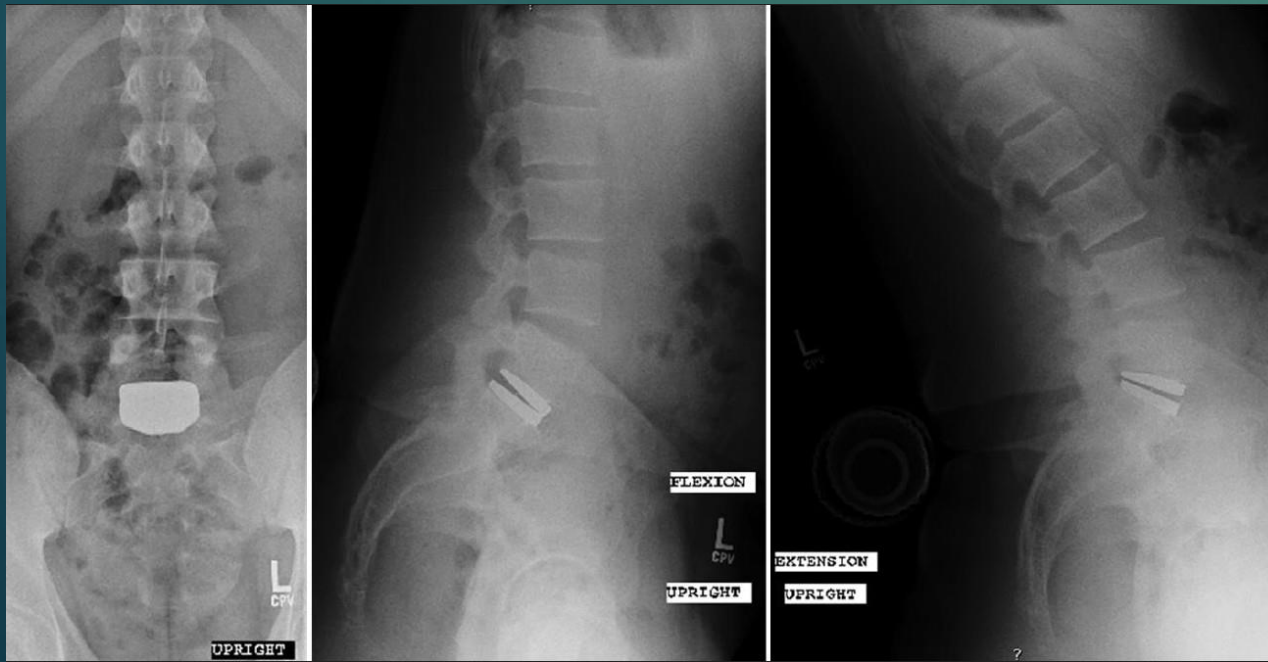
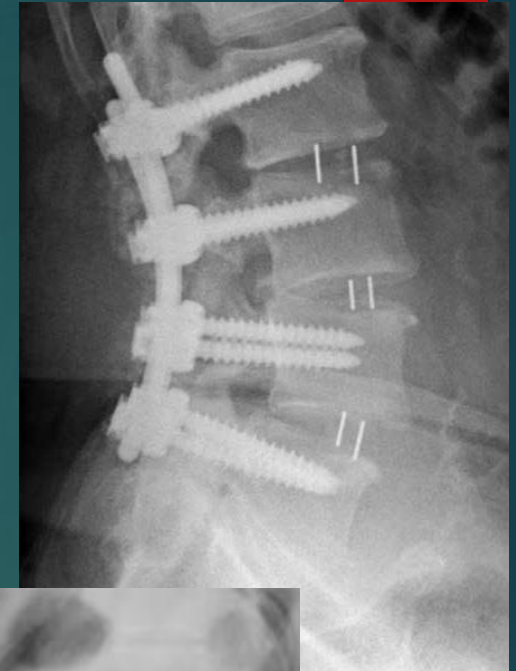
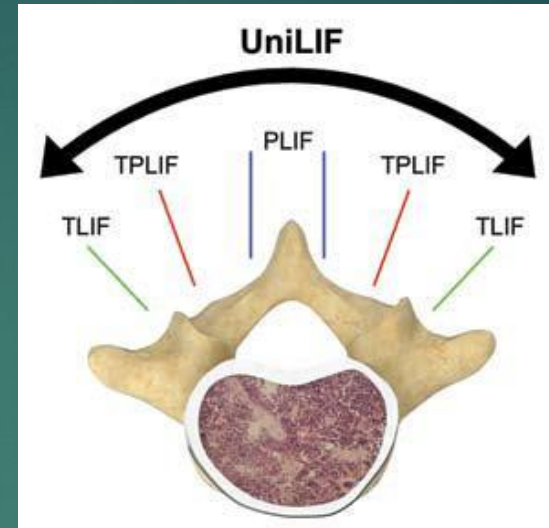
Disc disease

Conservative treatment: Pain killers, antiinflammatory pills,..., Physiotherapy, back schooling, infiltrations, etc...

But... when conservative treatment fails:

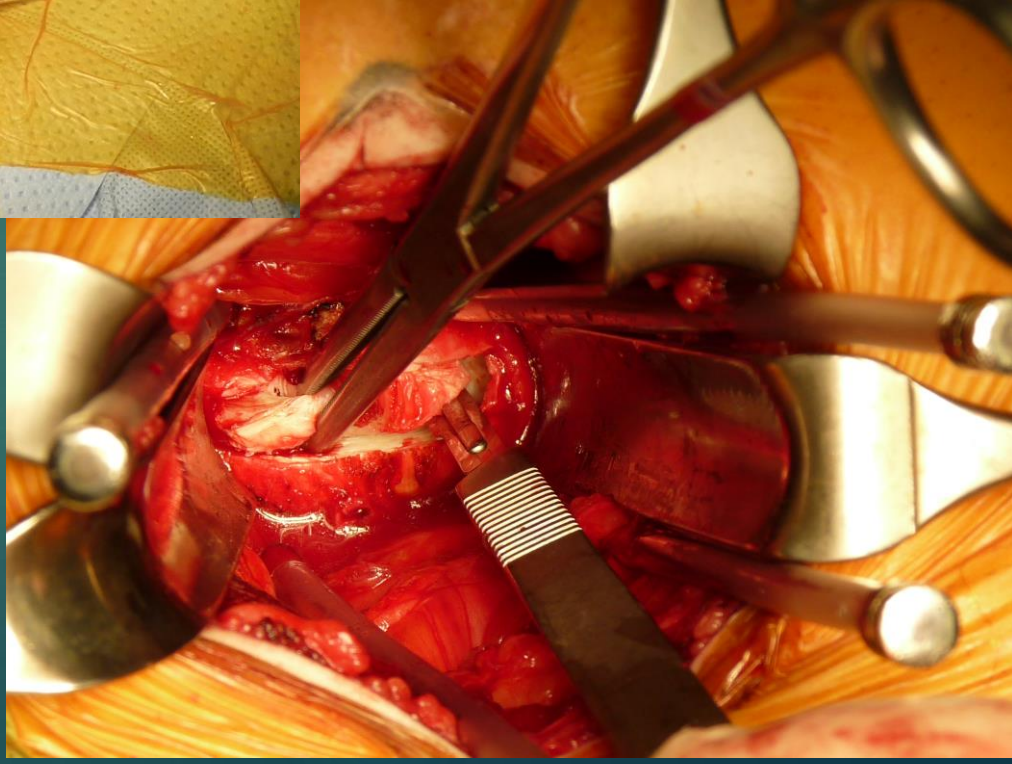
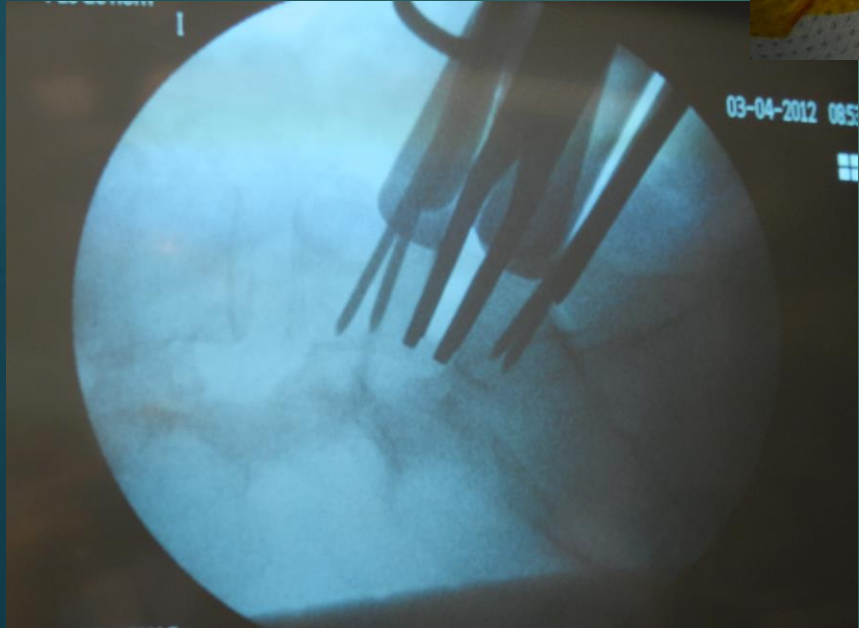
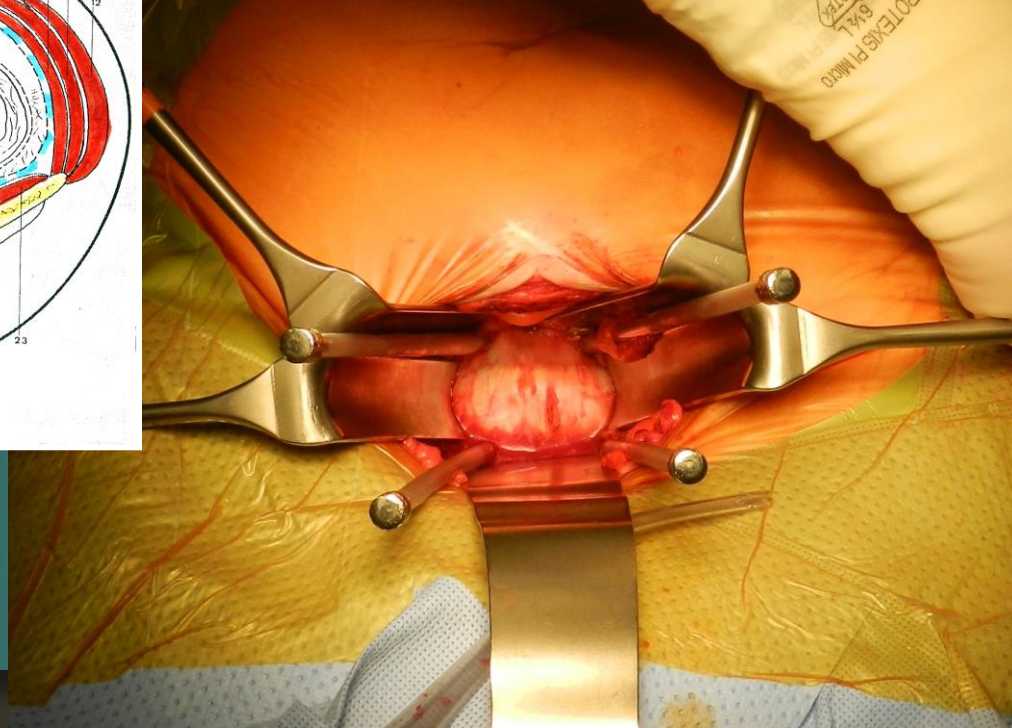
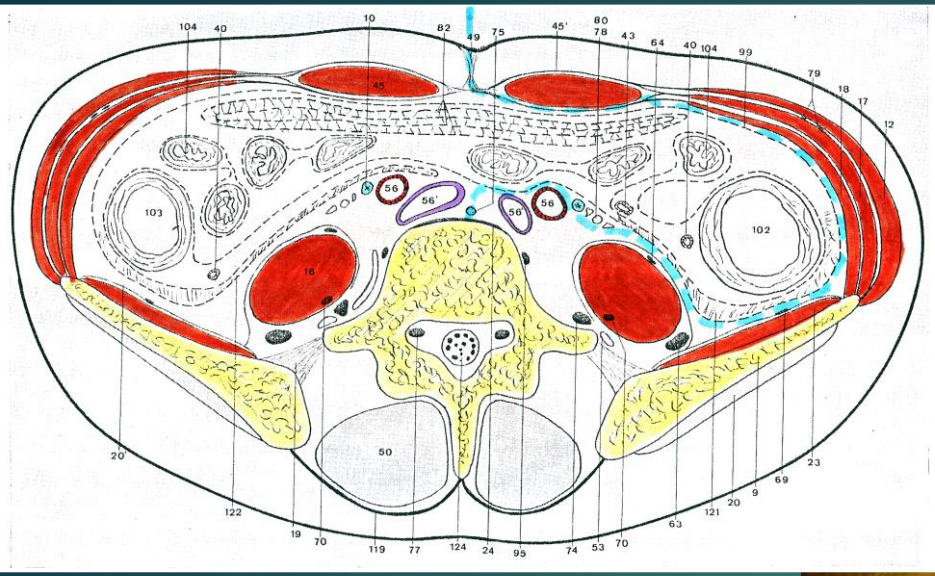
Surgical solution:

- Arthrodesis (anterior approach)
- Arthrodesis (posterior approach)
- Prosthesis (anterior approach)



French position for Retroperitoneal Anterior approach





Cage



Prosthesis



Outline

- ◆ Introduction: Low back pain
- ◆ **Review at 2 years follow-up**
- ◆ Review at 10 – 15 years

Review at 2 years follow-up (Retrospective)



Review at 2 years follow-up (Retrospective)

Goal

Acknowledge the efficiency and safety of TDR?

Materials (1)

- Patient with Low back pain – 6 months of failed conservative treatment
- 345 patients - Lumbar TDR.
- Between January 2002 and December 2012.
- VAS and ODI

Review at 2 years follow-up (Retrospective)

Materials (2)

- ODI and VAS pre-op.
- ODI and VAS at 2 years follow-up

out:

- N=22 (no ODI at 2 years follow-up)
- N=16 (no VAS at 2 years follow-up)

we kept all 345 patient's data for the remaining analyses such as complications, indications, mean of age, gender, levels etc...

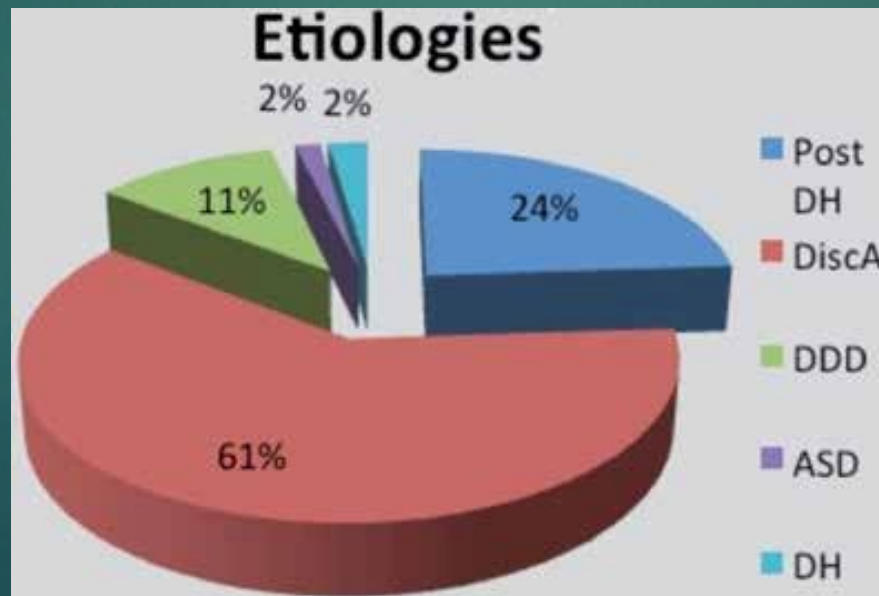
Review at 2 years follow-up (Retrospective)

Results (1)

POPULATION:

- Age range : 21 – 64 (~44)
no significant relationship between *age* and *gain of improvement in ODI*.
- 204 women – 141 men.
no significant relationship between *gender* and *gain of improvement in ODI*.

ETIOLOGIES:



61% Disc-arthrosis

24% Post-discectomy

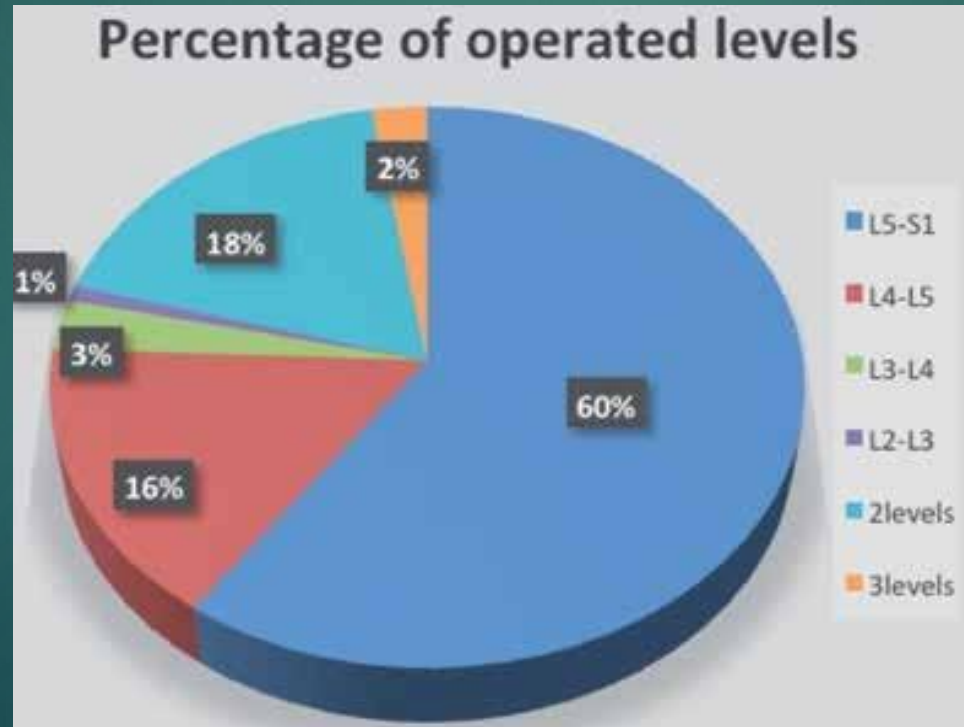
DDD: Disc Degenerated Disease
DH: Discal Hernia
ASD: Adjacent syndrome disease

Review at 2 years follow-up (Retrospective)

Results (2)

LEVELS of Prosthesis:

no significant relationship between *disc level of the procedure* and the *clinical outcomes of the procedure*



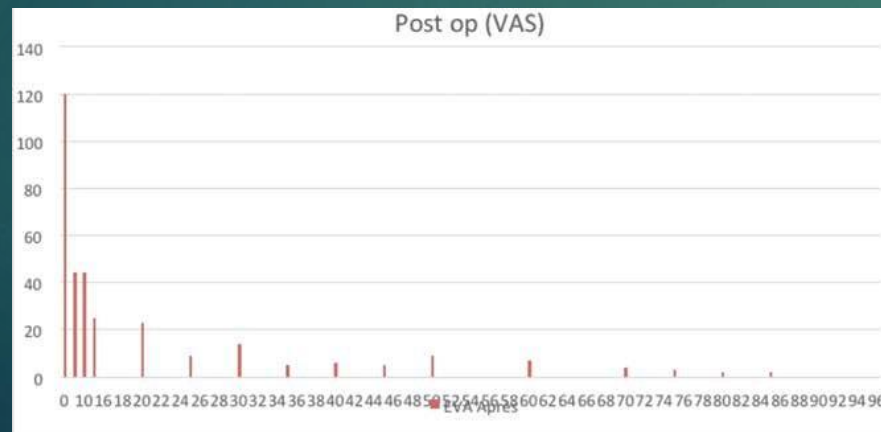
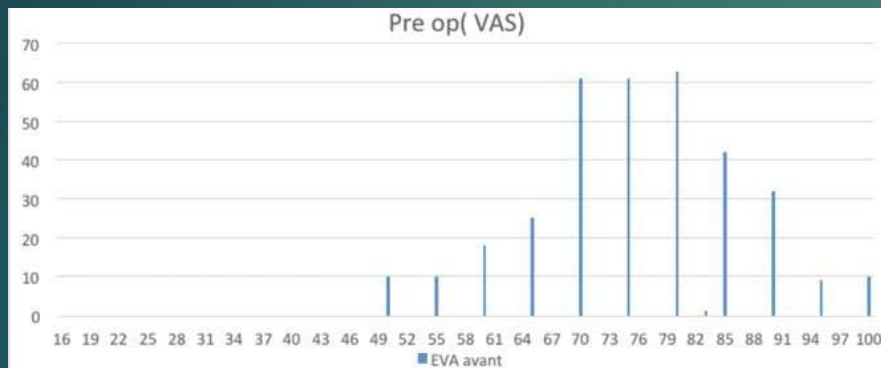
60% L5-S1

16% L4-L5

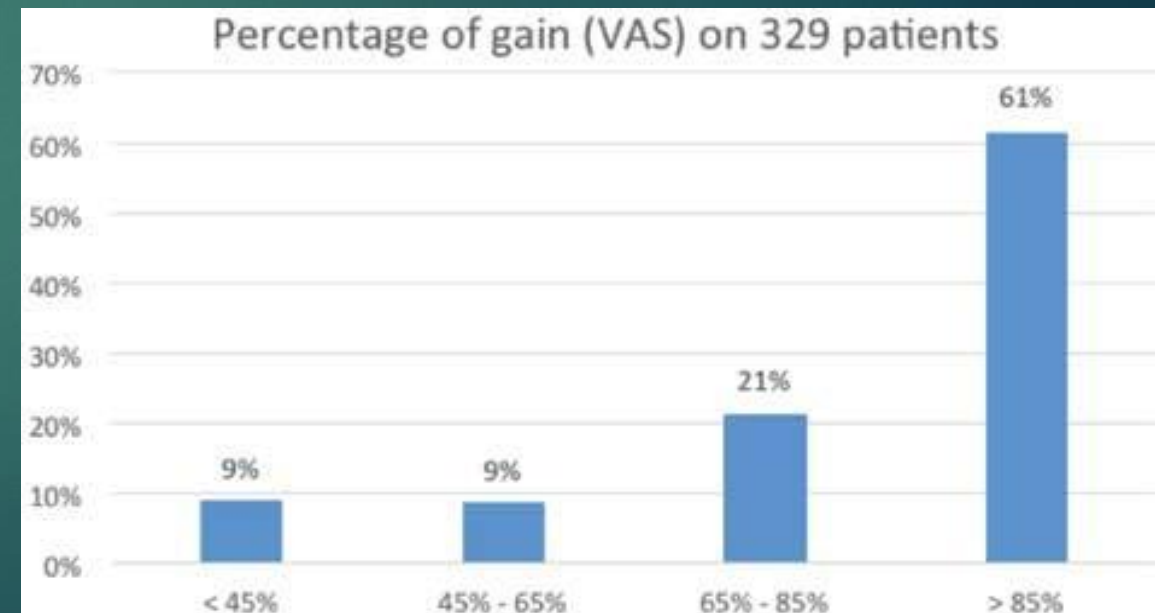
Review at 2 years follow-up (Retrospective)

Results (3)

VAS (Visual Analog Scale): statistically significant difference ($P = < 0.001$) *before* and *after* treatment



$$\text{Gain} = (\text{VAS pre-op} - \text{VAS post-op}) / \text{VAS pre-op}$$

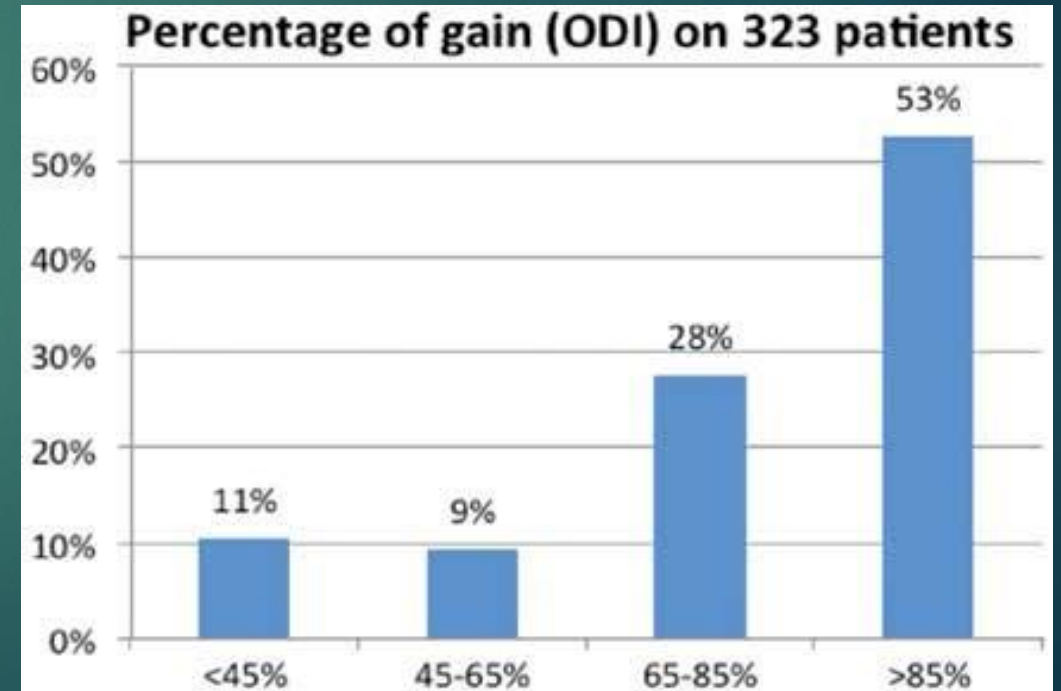
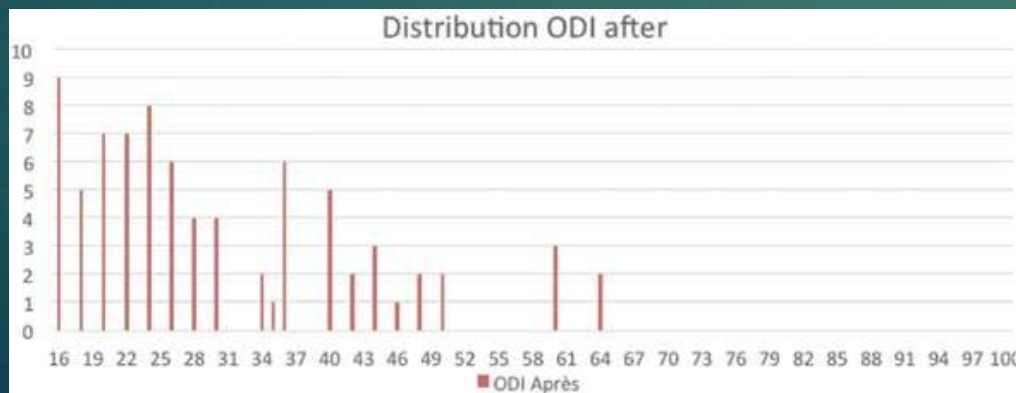
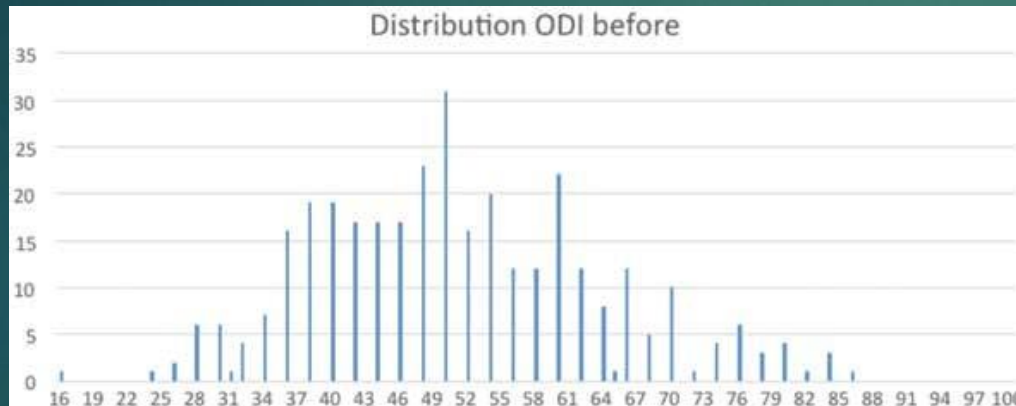


Review at 2 years follow-up (Retrospective)

Results (4)

ODI (Odwestry): statistically significant difference ($P = < 0.001$) *before* and *after* treatment

$$\text{Gain} = (\text{ODI pre-op} - \text{ODI post-op}) / \text{ODI pre-op}$$



Review at 2 years follow-up (Retrospective)

Complications: Retroperitoneal approach (6,88%)

- 1 Hémorragie per-opératoire
- 2 Ejaculations rétrogrades (réversible après 3mois)
- 6 Hématomes rétropéritonéaux
- 10 Séromes lymphatiques
- 2 Hématomes de parois abdominale
- 1 Sténose uréthérale
- 1 diastasis abdominal

Complications: Device (4,57%)

- 3 mobilisations d'implant <2mm
- 4 mobilisation de PE < 4mm
- 6 impactions de l'implant (asymptomatique)
- 3 sciatiques post opératoires: fragment d'os/disque postéro-latéral suite à l'impaction de l'implant.
- 2 Fissures vertébrales (asymptomatique ; 2niveaux)

Review at 2 years follow-up (Retrospective)

Conclusion

- TDR seems to be **EFFECTIVE** and **SAFE**.
- **81%** patients are satisfied with **good and excellent results** on quality of life at 2-years follow-up.
- None of the complications were threatening life.

Outline

- ◆ Introduction: Low back pain
- ◆ Results at 2 years follow-up
- ◆ Results at 10 – 15 years follow-up

Review at 10 - 15 years follow-up



Review at 10 - 15 years follow-up (Retrospective)

Goal

Efficiency and safety of TDR even 10 years later?

Mobility?

ADJ?

Materials (1)

- 120 patients operated of TDR
- between 2002 and 2006
- VAS and ODI
- X-Ray (mobility, ADJ, ...)

Review at 10 - 15 years follow-up (Retrospective)

Materials (2)

- ODI and VAS pre-op.
- ODI and VAS at 10 - 15 years follow-up.

N= 33 out

1 Alzheimer

6 no will of participation

4 deceased (other causes)

22 lost (no adress, no phone number)

72% = 87 patients over 120 patients

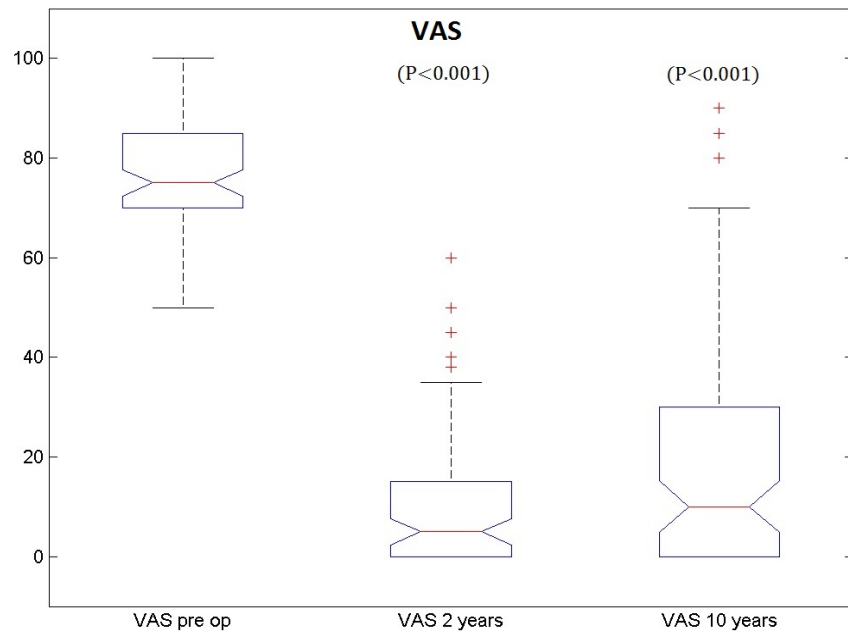
But 4 patients were not in the first review (no ODI and VAS at 2y follow-up)

Review at 10 - 15 years follow-up (Retrospective)

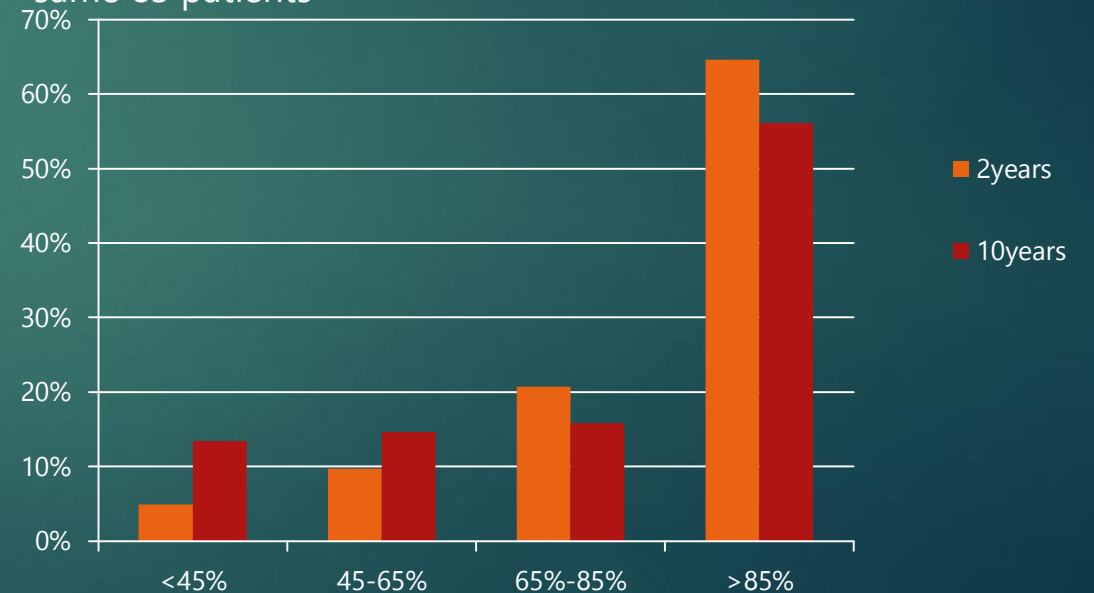
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VAS (Visual Analog Scale): statistically significant difference ($P = < 0.001$) *before* and *after* treatment

$$\text{Gain} = (\text{VAS pre-op} - \text{VAS post-op}) / \text{VAS pre-op}$$



VAS: Percentage of gain at 2 years and 10 years follow-up on the same 83 patients

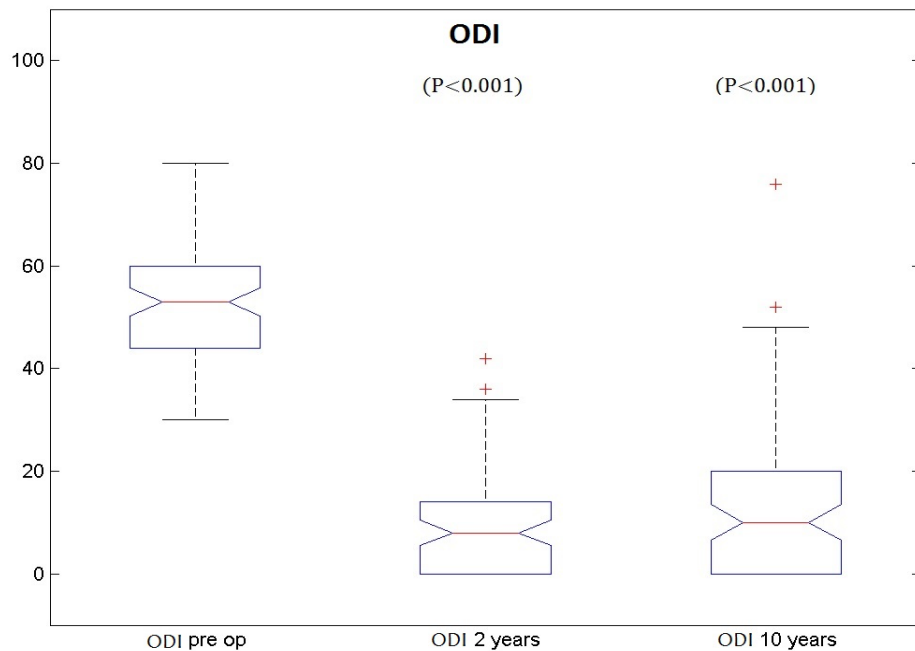


Review at 10 - 15 years follow-up (Retrospective)

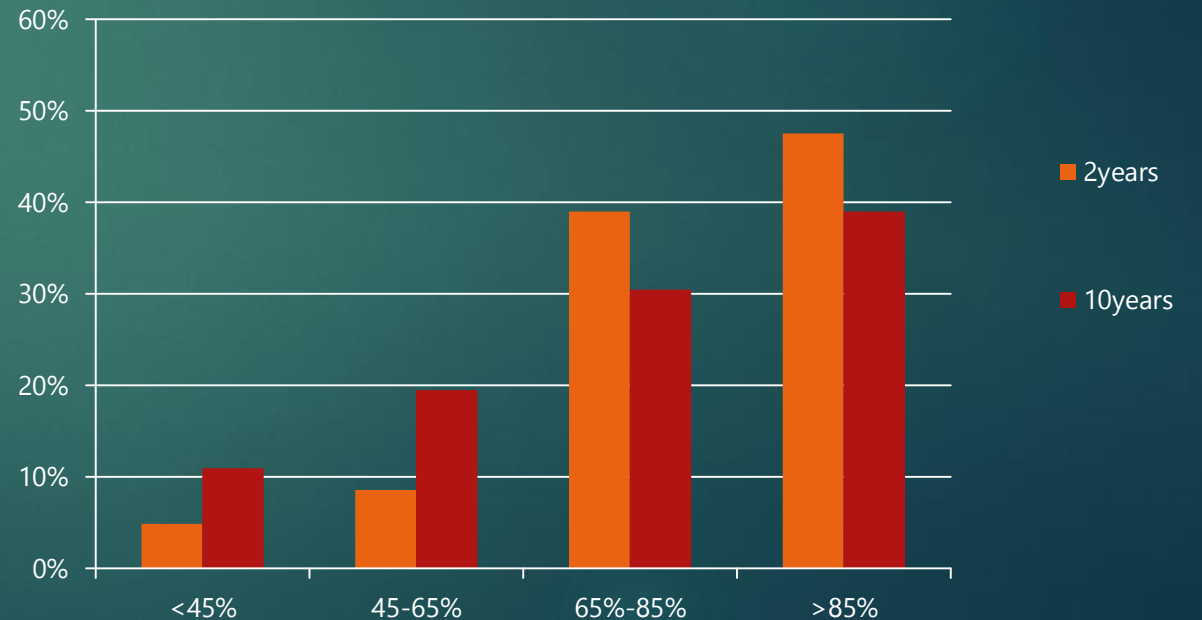
Results (2)

ODI (Odwestry): statistically significant difference ($P < 0.001$) *before* and *after* treatment

$$\text{Gain} = (\text{ODI pre-op} - \text{ODI post-op}) / \text{ODI pre-op}$$



ODI: Percentage of gain at 2years and 10years follow-up on the same 83 patients



Review at 10 - 15 years follow-up (Retrospective)

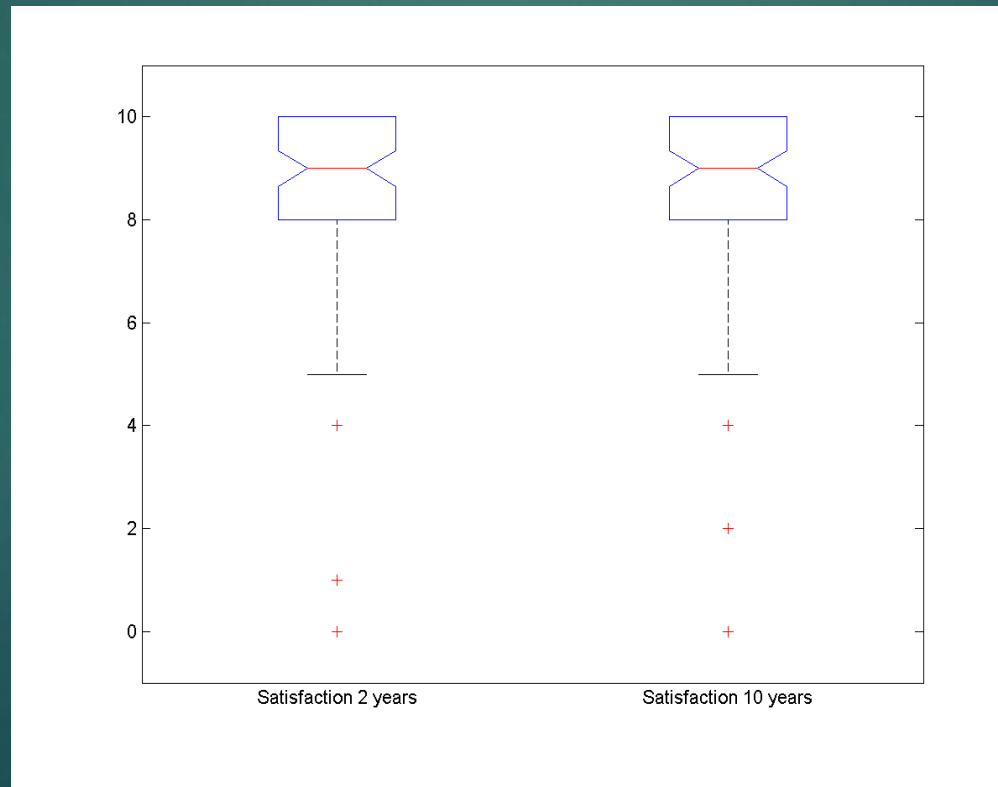
Good results:

At 2 years: 87%
At 10 years: 70%



Bad results:

At 2 years: 13%
At 10 years: 30%



But Satisfaction score is the same.

Review at 10 - 15 years follow-up (Retrospective)

Results (3)

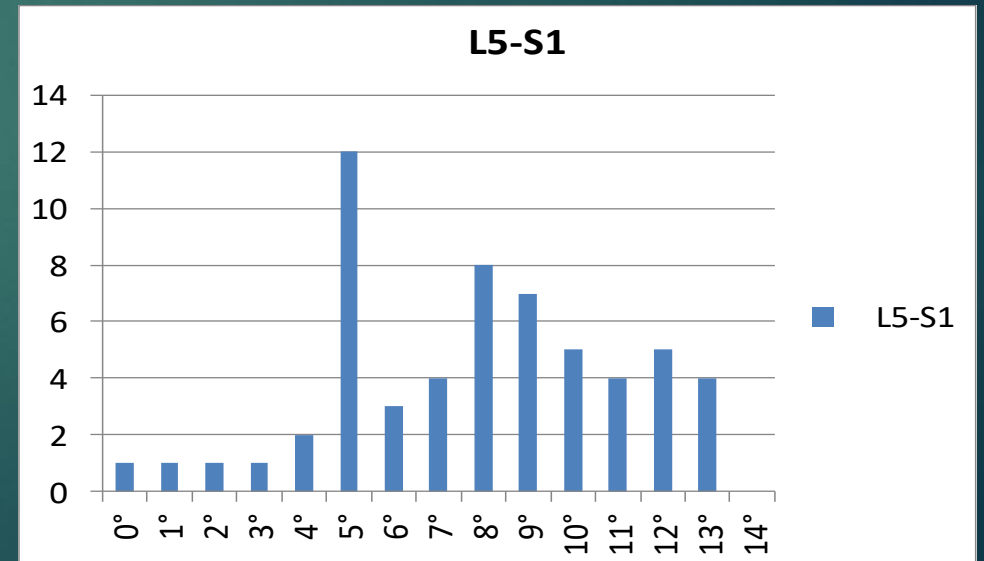
MOBILITY

Under 4° of mobility, we postulate that there is no benefit of having the prosthesis. Le Huec and al. established a threshold of mobility at 3°⁽¹⁾

L5-S1 graph shows the number of patient by degree (58 cases).

- 4 cases have a mobility under 4° on L5-S1 level (7%).
- The average of ROM on L5-S1 level in our review is 8° (0° -> 13°).

(1) N Pais, X. Thevenot, A. Cogniet, J. Rigal, J_C Le Huec. Maverick total disc arthroplasty performs well at 10 years follow-up: A prospective study with HRQL and balance analysis. *Eur Spine J* (avril 2017) DOI 10.1007/s00586-017-5065-z.



Review at 10 - 15 years follow-up (Retrospective)

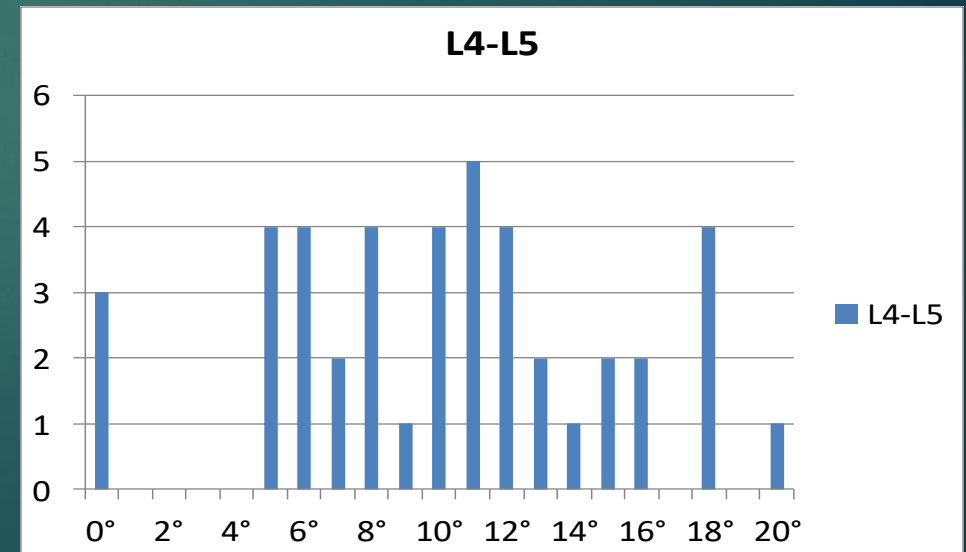
Results (4)

MOBILITY

Under 4° of mobility, we postulate that there is no benefit of having the prosthesis. Le Huec and al. established a threshold of mobility at 3°⁽¹⁾

L4-L5 graph shows the number of patient by degree (43 cases).

- 3 cases have a mobility under 4° on L4-L5 level (7%).
- The average of ROM on L4-L5 level in our review is 11° (0° -> 20°).



(1) N Pais, X. Thevenot, A. Cogniet, J. Rigal, J_C Le Huec. Maverick total disc arthroplasty performs well at 10 years follow-up: A prospective study with HRQL and balance analysis. *Eur Spine J* (avril 2017) DOI 10.1007/s00586-017-5065-z.

Conclusion

- ◆ TDR seems to be **EFFECTIVE** and **SAFE** even 10-15 years later.
 - ◆ **81%** patients are satisfied with **good and excellent results** on quality of life at 2-years follow-up.
 - ◆ **70%** patients are satisfied with **good and excellent results** on quality of life at 10-15years follow-up.
- ◆ The spine stays **FLEXIBLE**.
 - ◆ **Mobility** in L5-S1 and L4-L5 level is greater than 4° of ROM (93%) at 10-15 years follow-up.
- ◆ No severe complication were identified even 10-15 years later.