



Non-CME Webinar Series
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— THE ASSOCIATION OF —
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ADVANCING PRACTICE IN MULTIDISCIPLINARY PAIN MEDICINE

Minimally Invasive Spine Procedures

Tuesday, May 11, 2021

7-8:30 pm ET



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ADVANCING BENEFIT IN MULTIDISCIPLINARY PAIN MEDICINE

*Minimally Invasive Indirect Lumbar Decompression:
Superion-Vertiflex*

Christopher Sobey, MD

Associate Professor of Clinical Anesthesiology, Division of Pain Medicine

Vanderbilt University Medical Center

Nashville, TN

HOT
TOPICS

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- Vertiflex Superior Device
- Indications:
 - Lumbar stenosis with neurogenic claudication
- Limits extension, reducing or eliminating compression of nerves
- Contraindications:
 - Allergy, instability of lumbar spine, cauda equina, severe osteoporosis, prior fusion/decompression at index level, BMI > 40



HOT
TOPICS

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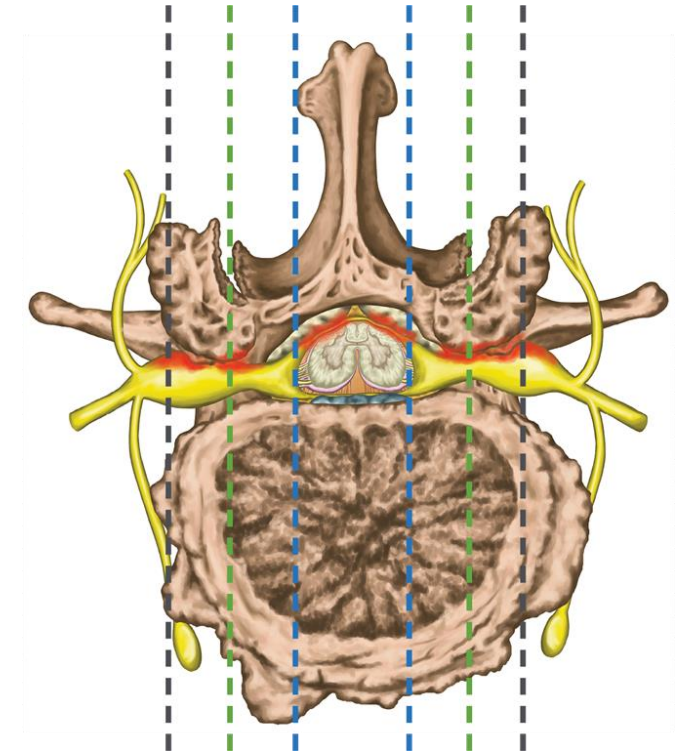
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- Maintains sagittal angles
 - 5 months postop no significant difference in L1-S1 angle (gross lumbar lordosis maintained) or flex/extension angle (extension limiting device)
- Indicated for multiple etiologies of stenosis
 - Central Canal
 - Lateral Recess
 - Foraminal
 - Ligamentum Flavum Hypertrophy



- Central Canal
- Lateral Recess
- Foraminal

HOT TOPICS

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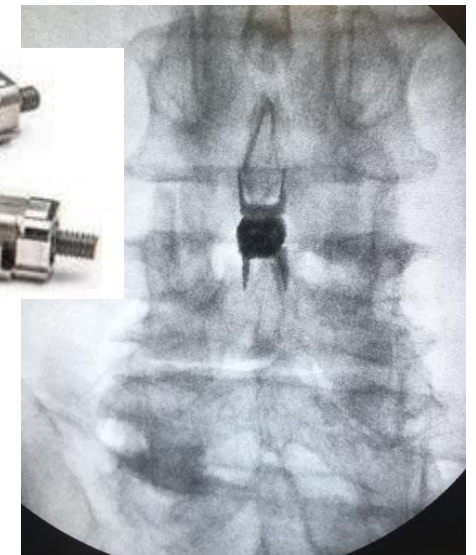
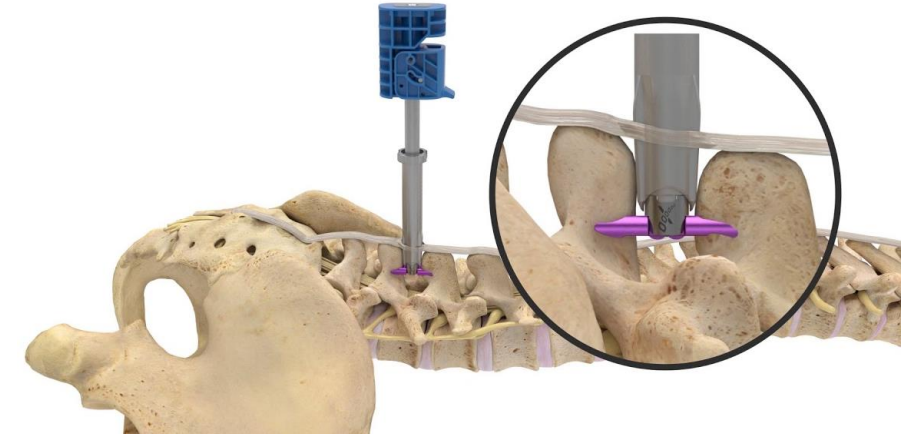
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- Procedure Details
 - Outpatient
 - Typically MAC or Local Anesthetic
 - Fluoroscopic Guidance
- Midline approach through cannula
- Maintain anatomic structures





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- Clinical Data
 - Nunley et al in Clinical Interventions in Aging, 2017
- 190 patients with LSS followed for 5 years → 88 pts at conclusion
- Primary Outcome: Zurich Claudication Questionnaire
 - Symptom severity, physical function and patient satisfaction
- Secondary Outcomes:
 - VAS back and leg
 - Oswestry Disability Index
 - SF-12 v.2 Short Form Health Survey
 - Radiography: Qualitative & Quantitative

Clinical Interventions in Aging

Dovepress

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ORIGINAL RESEARCH

Five-year durability of stand-alone interspinous process decompression for lumbar spinal stenosis

This article was published in the following Dove Press journal:
Clinical Interventions in Aging
6 September 2017
[Number of times this article has been viewed](#)



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• Primary Outcomes (Zurich Claudication Questionnaire)

- ZCQss = symptom severity
 - 75% of patients ≥ 0.5 point improvement
- ZCQpf = physical function
 - 81% of patients ≥ 0.5 point improvement
- ZCQps = patient satisfaction
 - 90% of patient with score of ≤ 2.5 points
- 84% of patients demonstrated clinical success on at least two of three scales

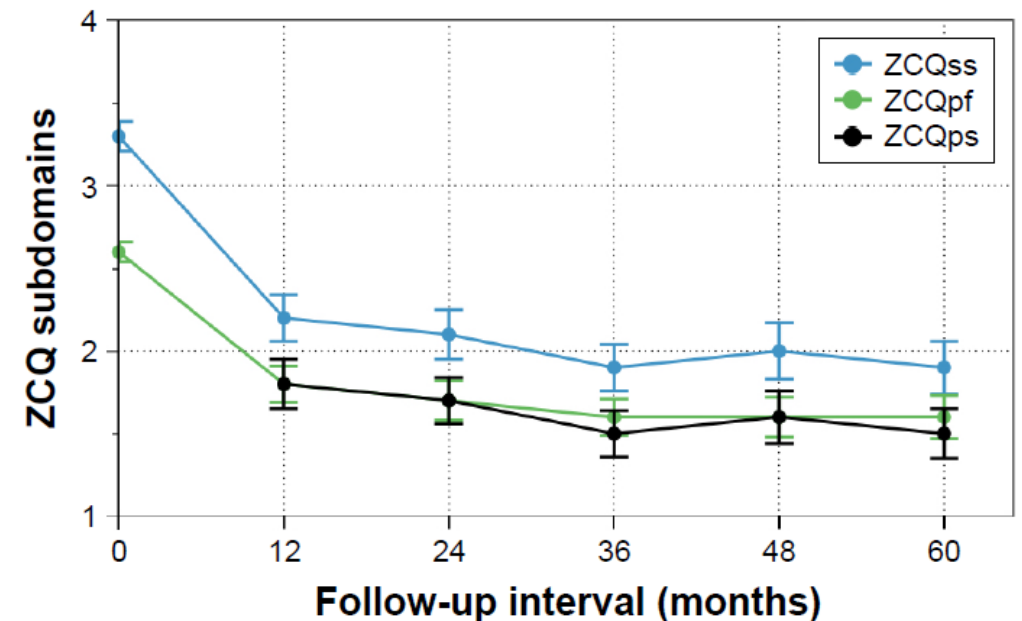


Figure 1 Time course of results for each subdomain of the ZCQ: ss, pf, ps.
Note: Results reported as mean (95% CI).
Abbreviations: pf, physical function; ps, patient satisfaction; ss, symptom severity; ZCQ, Zurich Claudication Questionnaire.



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- Pain scores (VAS)
 - 80% of patients had ≥ 20 mm improvement in leg pain
 - 75% improvement from baseline @ 5 years
 - 65% of patients had ≥ 20 mm improvement in back pain
 - 66% improvement from baseline @ 5 years
- Disability (ODI)
 - 65% of patients with $\geq 15\%$ reduction in ODI

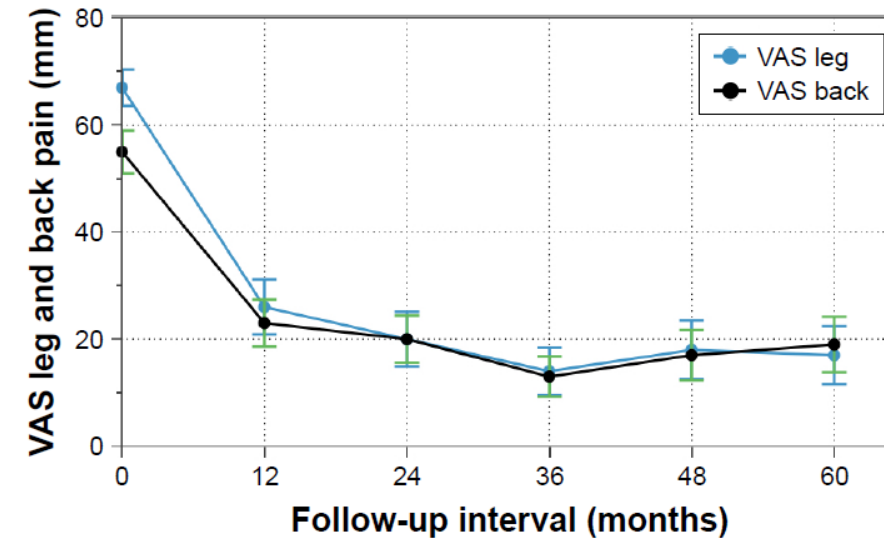


Figure 2 Time course of results for leg and back pain severity by VAS.

Note: Results reported as mean (95% CI).

Abbreviation: VAS, visual analog scale.

Note: results reported as mean (75% CI).



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- Opioid Use Outcomes
 - Nunley, et al Journal Pain Research, 2018

Journal of Pain Research

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CLINICAL TRIAL REPORT

Interspinous process decompression is associated with a reduction in opioid analgesia in patients with lumbar spinal stenosis

- 85% decrease in prevalence of opioid use pre-study vs @ 60 months

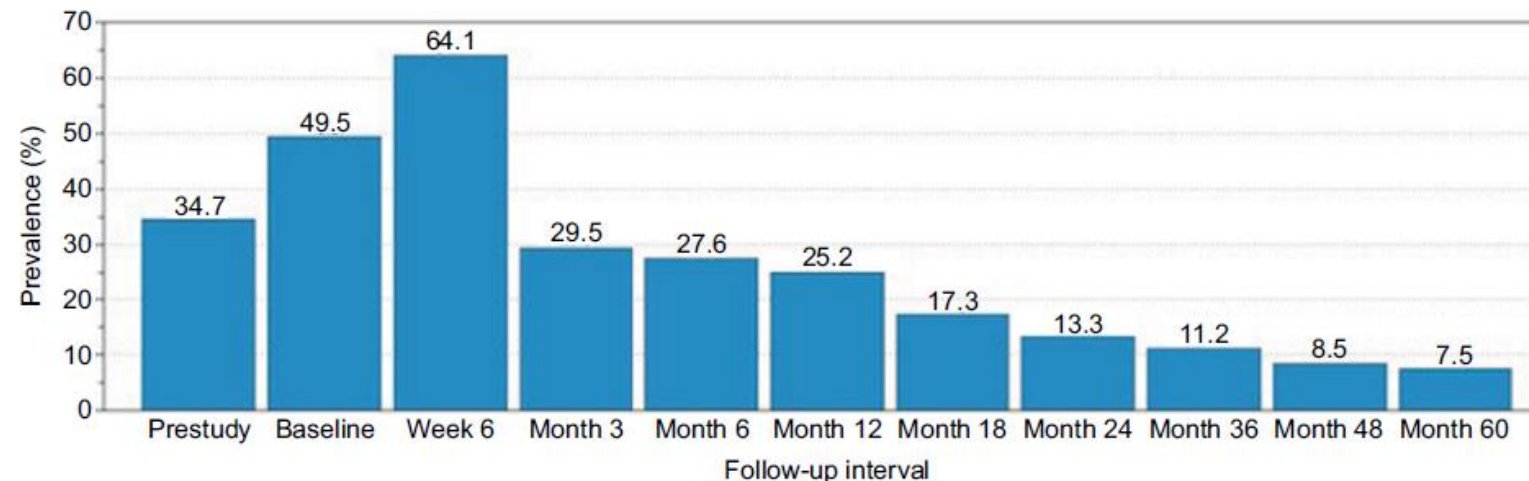


Figure 1 Opioid-medication prevalence (%) by follow-up interval for all study subjects (n=190).

Note: Sample sizes were 190 (prestudy, baseline), 181 (week 6), 173 (month 3), 174 (month 6), 163 (month 12), 150 (month 18), 150 (month 24), 125 (month 36), 106 (month 48), and 107 (month 60).



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- Best Options

- LSS in patients with High Surgical Risk
- Moderate LSS at levels adjacent to fusion
- Failure of conservative care

- Can be utilized in parallel with other interventions

- RF, SCS, ESI, etc.

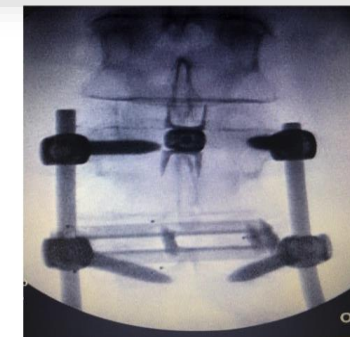
Open Access Original Article

DOI: 10.7759/cureus.5374

The Use of Vertiflex® Interspinous Spacer Device in Patients With Lumbar Spinal Stenosis and Concurrent Medical Comorbidities

Jason Hartman ¹, Michelle Granville ², Robert E. Jacobson ²

1. Pain Medicine, Larkin Community Hospital, Miami, USA 2. Neurological Surgery, University of Miami Hospital, Miami, USA



Interspinous Spacer (Superior) in the Treatment of Adjacent Segment Disease After Lumbar Fusion

Pankaj Mehta MD, Britteny Misercola NP
Pain Specialists of America, Austin Texas

ASRA 17th Annual Pain Medicine Meeting
November 15-17, 2018 | San Antonio, Texas | #ASRAFALL18



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- **References:**

- Nunley PD, Patel VV, Orndorff DG, Lavelle WF, Block JE, Geisler FH. Five-year durability of stand-alone interspinous process decompression for lumbar spinal stenosis. *Clinical Interventions in Aging*, 2017, 12:1409-17.
- Nunley PD, Deer TR, Benyamin RM, Staats PS, Block JE. Interspinous process decompression is associated with reduction in opioid analgesia in patients with lumbar stenosis. *Journal of Pain Research*, 2018, 11: 2943-48.
- Hartman J, Granville M, Jacobson RE. The use of Vertiflex interspinous spacer device in patients with lumbar spinal stenosis and concurrent medical comorbidities. *Cureus*, 2019, 11(8): e5374.
- Mehta P, Britteny M.. *Interspinous Spacer (Superion) in the Treatment of Adjacent Segment Disease After Lumbar Fusion*. San Antonio, TX: ASRA; 2018
- FDA Summary of Safety and Effectiveness Data (SSED): Superion Interspinous Spacer. May 20, 2015