

Motion Sparing Treatments in the Cervical Spine

Options for Limiting Adjacent Segment Progression

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Reimagining Orthopedic & Spine Care



Disclosures

- None



Overview

- Indications and Patient Selection
- Devices used
- Approaches
- Techniques
- Levels
- Multiples
- Revisions
- Outcomes



Indications – FDA IDE Inclusion

- Cervical disc herniation
- Failure of six weeks of conservative therapy
- Progressive cervical radiculopathy
- Off-label distribution not quantified
- Single or two-level pathology

Contraindications

- Prior posterior laminectomy
- Significant kyphosis
- Significant lateral mass hypertrophy
- Allergy to implants: Primarily the Nickel (1.0% Ni in the cobalt-chrome alloy of the Mobi-C)
 - Alternative materials- Prestige LP is a titanium-ceramic composite
- Cervical instability, spondylolisthesis, scoliosis
- Medical limitations: Osteoporosis, malignancy,
- Active infection

Device Options – Many Choices

- Constrained
- Unconstrained
- Surface interface
 - Metal-metal (early Prestige, Prodisc-C)
 - Metal-poly
 - Hybrid (Move-C)
- Center of rotation fixed or dynamic
- Inherent implant lordosis



Patient Selection

- Revision option for prior pseudoarthrosis
 - Limited data to support in US
- Viable for smokers?

Approach

- Standard anterior cervical approach and dissection
- Distraction +/-
 - Invasive – Gardner-Wells tongs
 - Pins – integrated system
 - Noninvasive – Holter traction strap /c bite block
- Fluoroscopy for placement
 - What to do with the shoulders
- Nondisruptive level confirmation – How do you do it

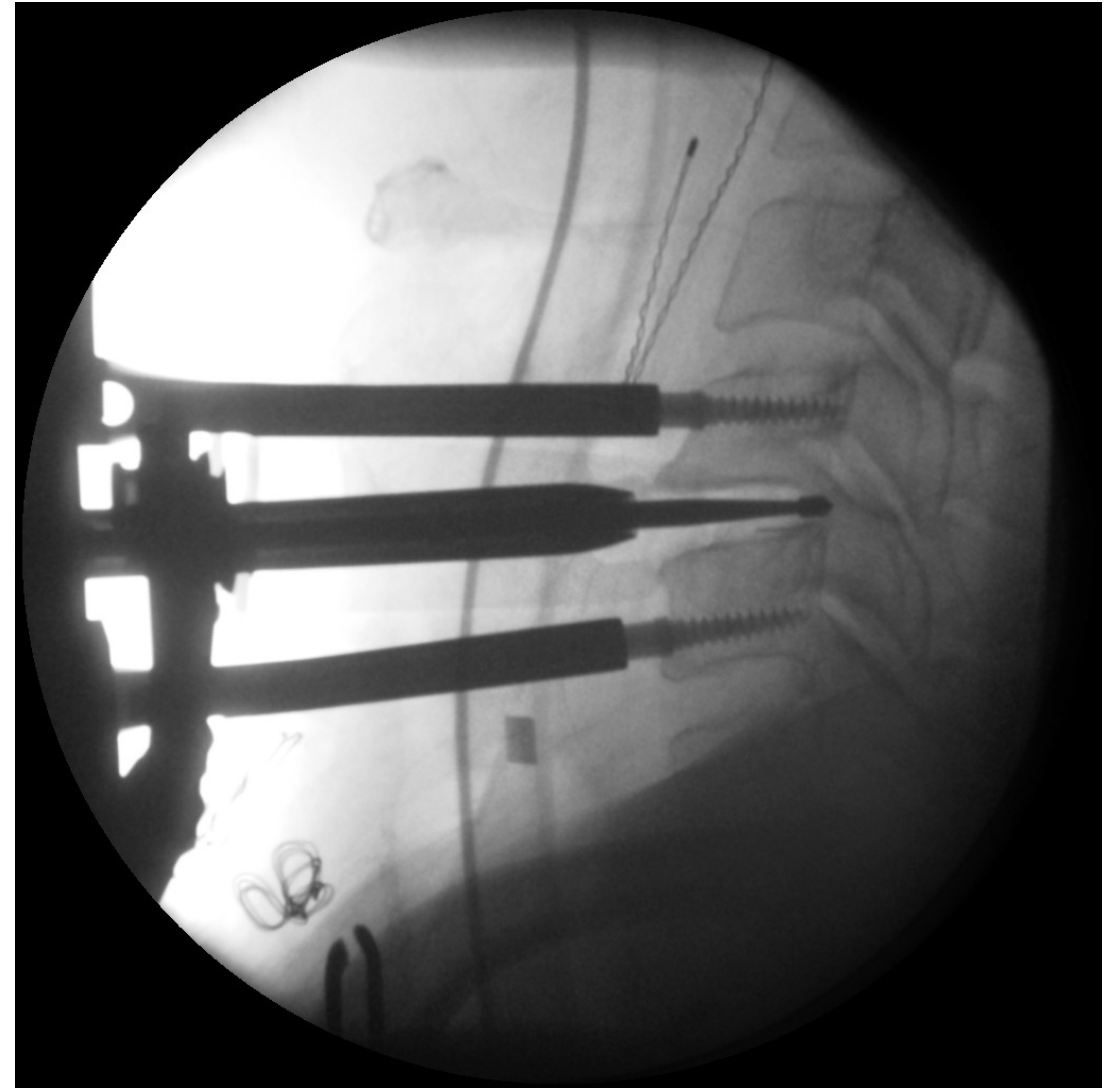
Positioning

- Distraction +/-
 - Invasive – Gardner-Wells tongs
 - Pins – integrated system
 - Noninvasive – Holter traction strap /c bite block



Levels

- Single – initial indication
- Dual – Contiguous
- Dual – noncontiguous
- Three or more
 - Off label, but certainly being don't out of the US
- Hybrid – limited clinical series to show good evidence, and used primarily when there was no two level FDA approval



Multiples

- Single level – are we preventing the dreaded adjacent level degeneration
- Hybrid – is this shielding the next level
- Contiguous
- Discontiguous/Skip levels

Failures

- Adjacent levels
- Adverse reactions
- Augments
- Revision
- Removal
- Ossification
- Bone resorption
- Heterotopic Ossification



Outcomes

- Is CDA better than ACDF?
 - Higher long term functional outcome measures
 - Lower rate of adjacent segment disease
 - CDA had a significantly lower rate of total secondary surgery, secondary surgery at the adjacent level, and secondary surgery at the index level
 - No fewer adverse events
 - More revision surgeries
 - Fewer patients with the Bryan disc required surgery for symptomatic ASD

Outcomes

- Persistence or recurrence of clinical symptoms within 2 years
- Patient selection was primary cause (81%)
- Surgical technique
 - Insufficient decompression
 - Device malpositioning
 - Eccentric position
 - Subsidence

Cost Advantages of CDA vs ACDF

- Clear advantage over ACDF in the long term

Postop Kyphosis

- Mobi-C patient with postop iatrogenic kyphosis
 - Similar improvements
 - No difference in clinical outcomes

Revision Strategies

- Patient characteristics critical in analysis
- Metal allergy base revision
- Removal with fusion for stability.

