Design Rationale and Advantages: Lateral Access Two Blade

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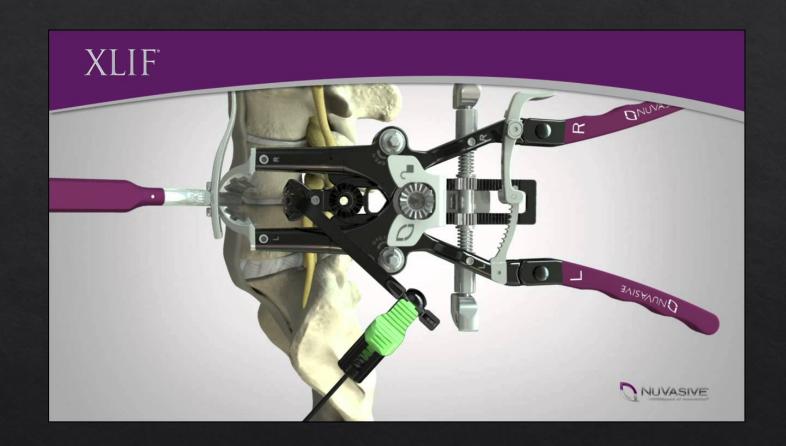


Disclosures

- Consultant
 - ♦ Innovasis
 - ♦ Medacta
 - ♦ Silony Spine
 - ♦ Clariance Spine
- Royalties
 - ♦ Innovasis
 - ♦ K2M

Background

- Busy lateral surgeon
- ⋄ Tried many retractor designs
- Like many, started with NuVasive, 3 blade retractor design



Issues

- ♦ Bulky
- Need for table mount
- ♦ Clean disc visualization without futzing
- ♦ Increased dilation required for larger footprint implant
- Fixation to patient
 - ♦ Gradual anterior retractor "creep"
 - ♦ Posterior shim near lumbar plexus or foramen
 - Annulotomy may compromise posterior anchor
 - ♦ Several systems anchor to at least one vertebral body for added stability



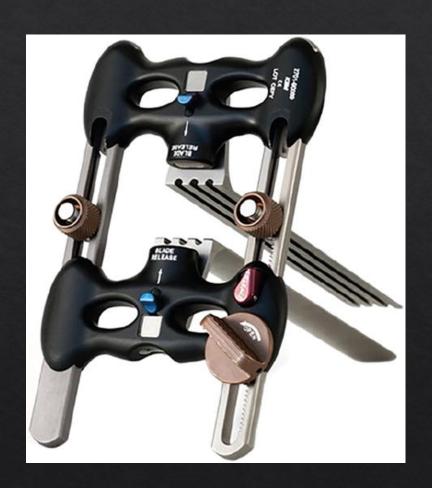
What I Wanted

- Minimize trauma to psoas
- ♦ Less bulky retractor
- ♦ No retractor migration
- ♦ Clean disc visualization...the first time
- ♦ Ability for small adjustments to retractor position
- ♦ Implant with bulleted tip



Two Blade Retractor

- ♦ It looked different...
- ♦ Is it robust enough?
- What protects me anteriorly and posteriorly?
- ♦ Fixation pins...
 - ♦ Won't I hit the segmental vessels?
 - ♦ Bone bleeding?
 - ♦ Will they pull out during trialing?



Well, I tried it...

♦ What I LOVED

- **♦** Amazing disc visualization from the outset
- ♦ No migration of retractor
- ♦ No table mount
- ♦ Minimal psoas trauma muscle splitting
- ♦ I could dock where monitoring was best and adjust retractor position
- ♦ Less Disposables → Less Cost

♦ What I HATED

- ♦ Xray visualization could be better
- ♦ Retractor architecture could be more open
- ♦ Could be simpler

Why it was a game changer for me

- ♦ Clean disc prep without muscle creep
- ♦ 3 channels in blade allows for easy and precise retractor positioning
 - ♦ Allows for safe fixation pin placement with monitoring probe
- Controlled dilation
 - ♦ One blade dilates at a time
- ♦ If the retractor fits...you can accommodate a 22mm implant or more
 - ♦ Easy to upsize to 26mm without additional circumferential retractor dilation

But...It Can Be So Much Better





Building It Better

- ♦ Keeps the benefits of 2 blade retractor
- Allows for table mounting if needed/wanted
- ♦ Maximal radiolucency, minimal footprint
 - ♦ C-shape
 - ♦ Less retractor body to impinge on crest/ribs
 - ♦ Tapered aluminum blades
 - ♦ Carbon fiber body
- ♦ HA-PEEK Implants with large graft window and bulleted tip







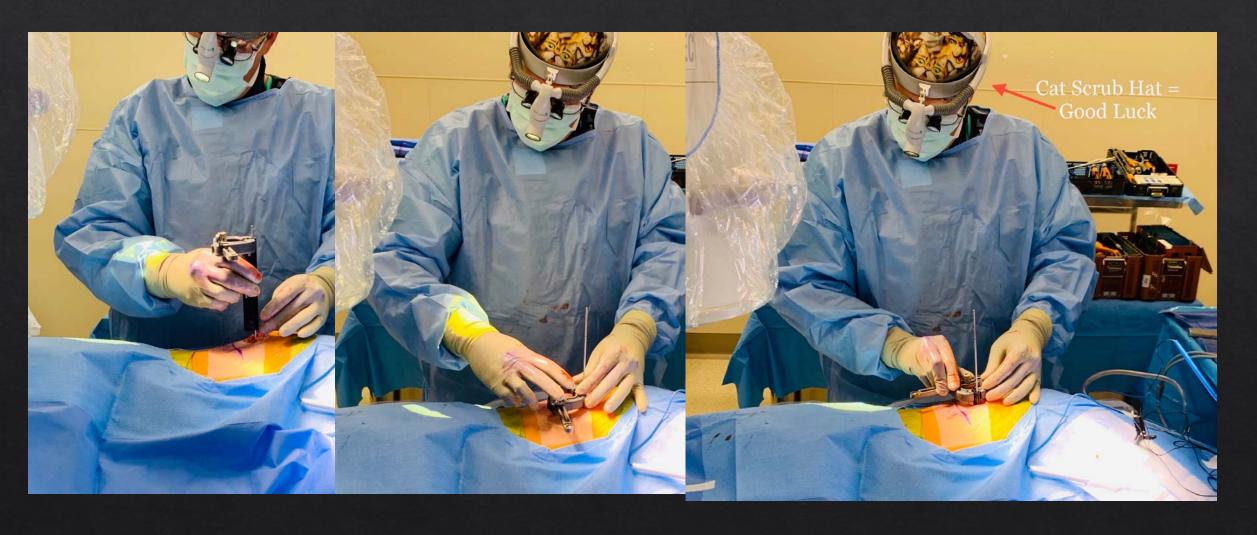
Use What You Need

- ♦ Easily converts to 3 or 4 blade retractor
- Anterior and posterior blades can be added (with shims)
- ⇒ >90% of the time I don't need A/P blades (unless the anesthesiologist lets the patient cough...)



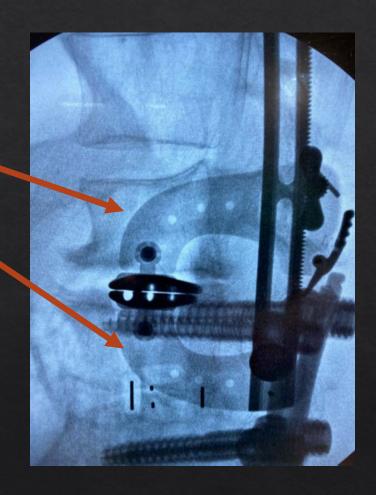


Retractor Placement



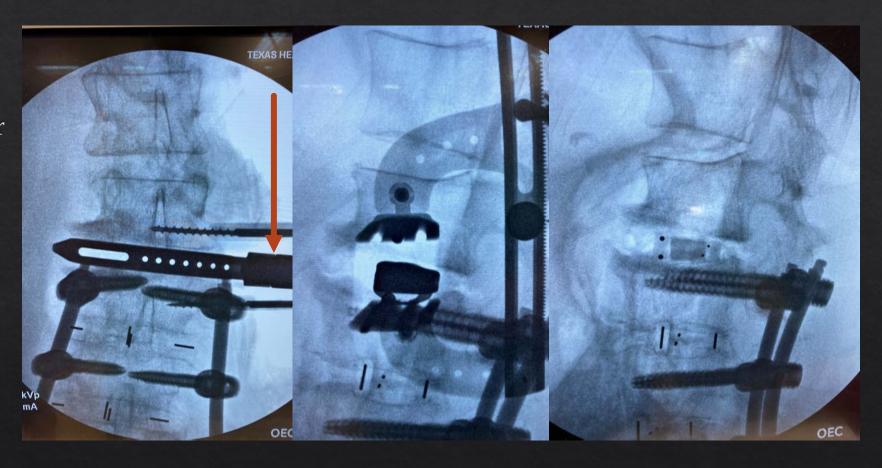
In practice

- Visualization of vertebra through CF retractor is impeccable
- Exact knowledge of where you are anterior/posterior
- ♦ Trial dictates where additional discectomy/annulotomy can be performed
 - ♦ Retractor gives you the freedom to do this without additional dilation



In Practice

- Sizing off of trial easy
- Trial disconnects (and reconnects easily) for better visualization on lateral without artifact from inserter



Answering Concerns

- ♦ Having done over 500 levels (degen, scoli, trauma, L4-5 most common level):
 - ♦ Pin site bleeding: Not an issue. I've used bipolar occasionally (as I did with traditional retractors)
 - ♦ Floseal and a sponge stick
 - ♦ Pin pull out: Doesn't happen
 - Retractor strength: One pin fixation often sufficient (if monitoring issues)
 - ♦ Segmental vessel injury: zero
 - ♦ Will I cut the psoas/plexus??
 - * Retractor protects you, and there's an option for a posterior blade
 - ♦ Fraser tip sucker during annulotomy offers additional protection
 - ♦ Don't cut bad things (i.e. vascular injuries on ALIF's, exiting root on TLIF)



♦ I was a skeptic of this technology

Change is hard, but rewarding

\$JUST TRY IT ONCE AT L3-4

♦ The benefits are best realized by hands-on experience