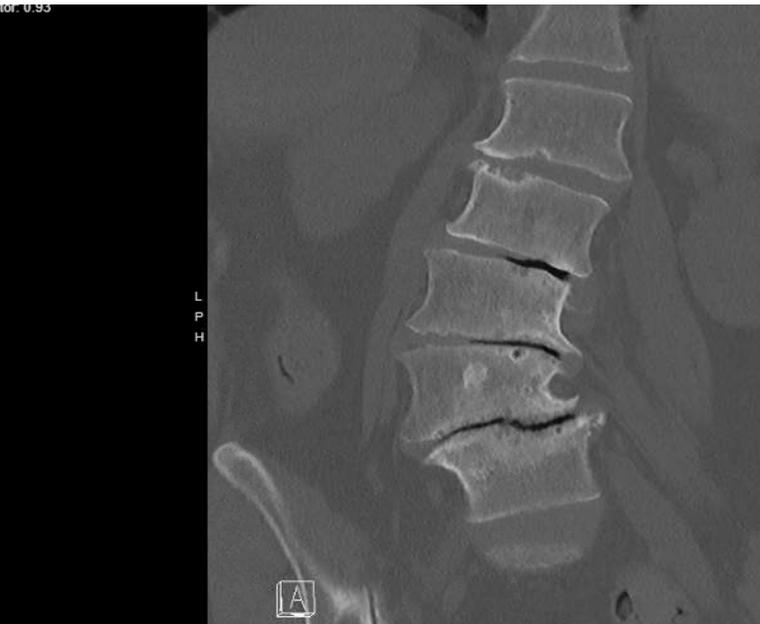


Thoracolumbar Fusion with Osteotomies

OsteoCentric Spine MIS Pedicle Fastener System

Case Study | Stuart Hershman, MD



Patient History

72-year-old female presents with low back pain, worsening posture, and fatigue.

Past Medical History: Osteoporosis (T -2.8), hypertension, atrial fibrillation.

Patient has tried and failed physical therapy, epidural injections, and medication.

Pre-Op Surgical Plan

PI - 61

Standing LL - 12

Recumbent LL - 22

L4-S1 - 7

Plan:

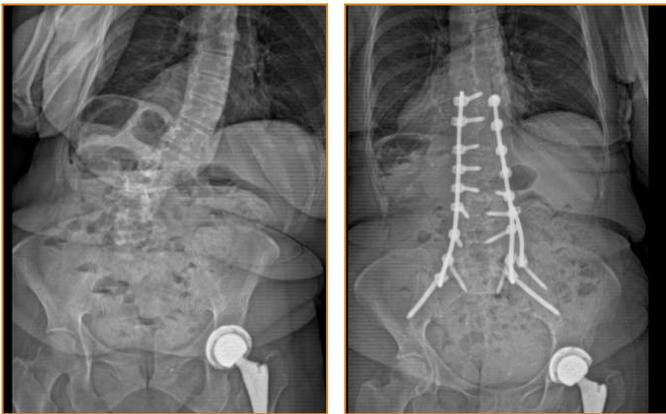
Optimize bone health with anabolics x 3 months

Prehab:

Increase protein intake and Vitamin D

Surgical Plan:

Thoracolumbar fusion with osteotomies as needed



Surgical Procedure

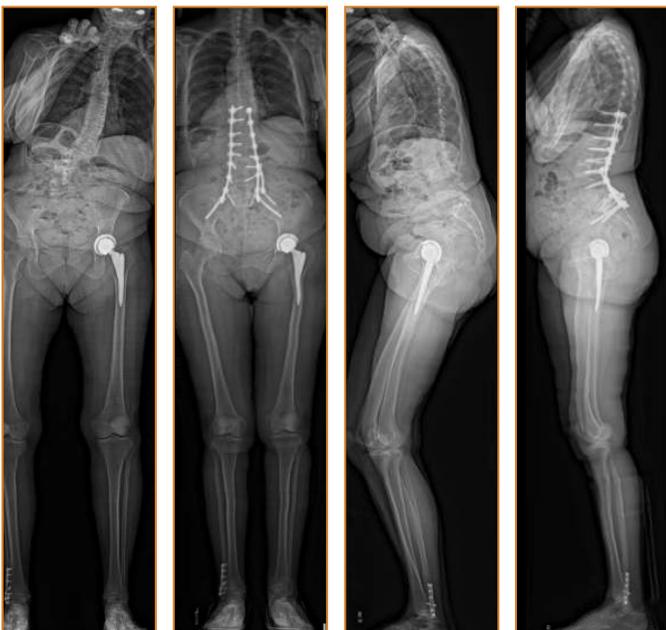
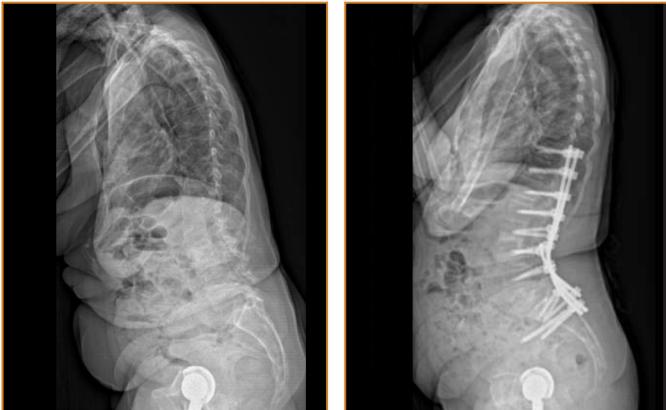
- All posterior approach.
- Instrumentation placed from T10-pelvis – OsteoCentric fasteners placed at the UIV and UIV-1.
- Decompression L2-5.
- Pedicle subtraction osteotomy at L5.
- Deformity correction maneuvers.
- Kickstand rod on right side.

Post-Op

The patient is now 73 years old and is nearly 6 months status post posterior spinal fusion from T10 to the pelvis with PSO at L5. She is upright, walking daily, and reports significant improvements in her preoperative low back pain and fatigue.

Clinical Advantages of UnifiMI®

A patient with a pelvic incidence of 61, osteoporosis, and a significant truncal shift would typically require a thoracolumbar fusion from the upper thoracic spine to the pelvis. Placing UnifiMI fasteners at the top of the construct resulted in less toggle of the implants at the levels where PJK and failure are typically seen, thereby allowing for a shorter construct.



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75 West 300 N, Suite 150
 Logan UT, 84321
 Phone: 1-800-969-0639
 info@osteocentric.com
 osteocentric.com