

Cardiff Spinal Clinic

Mr. Alwyn Jones. MB BCH, Bsc, FRCS, Msc, FRCS (Orth)

Extreme lateral interbody fusion (XLIF)

Extreme lateral interbody fusion is a procedure where access to the spine is made through the side of the abdomen. This procedure is done using nerve monitoring as going through the muscle on the side of the spine (psoas), there are nerves which need to be avoided. This is done using x-ray guidance and a small horizontal incision is made in the side of the abdomen and then the bowel contents are retracted, and a probe placed on the side of a disc. Real time nerve monitoring is then used to ensure safe passage across the psoas muscle which is retracted to give access to take the disc out and then a cage is inserted.

Extreme lateral interbody fusion is used for painful disc degeneration, foraminal stenosis and also in adult scoliosis correction.

Before extreme lateral interbody fusion: you will be seen at the pre-assessment clinic where you will be further assessed, and the operation discussed. You will sign a consent form for the surgery and the risks and benefits discussed. You will be given information to take home with you in respect of the consent with regards to risks and benefits and British Spine Registry information.

If you are taking any anti-inflammatories or blood thinning medication, then this needs to be voiced in order for those to be stopped appropriately before surgery.

During extreme lateral interbody fusion: after anaesthesia, electrodes will be placed into both legs and also into the left hip and back. These allow for nerve monitoring. You will be placed on your side and incision made into the side of the abdomen overlying the disc causing the symptoms.

After the incision, the muscles in the side of the abdomen will be dissected and the bowel contents retracted out of the way to gain access to the side of the disc. A nerve probe will then be used to ensure that there is safe passage onto the side of the disc. The psoas muscle will then be retracted safely, and the disc removed through the approach. A cage will then be sized and placed in between the vertebrae with bone graft. The cage has a press fit in between the vertebrae and no plate or screws are usually required. No drain will be used, and the wound will be closed.

The surgery will usually take approximately one to two hours.

After extreme lateral interbody fusion: you will be transferred from the theatre to the recovery room before being transferred back to your room on the ward. We tend

to avoid a PCA and will give you medication instead for pain relief. The physiotherapists will mobilise you very soon after the procedure in order to get the psoas muscle moving.

We do not tend to use a catheter for this procedure.

Occasionally we keep you on free fluids until you have passed wind. Then you can eat as normal.

You will require physiotherapy in hospital and also in the out-patient department.

It is common to have a posterior procedure in combination with this and this will be performed either on the day or a week later.

You will have follow-up in clinic up to twelve months to monitor your progress and x-rays will be undertaken.