Outcomes of Oblique Lateral Lumbar Interbody Fusion (OLLIF) Surgery Positive for all Levels of Patient Obesity

Study shows reductions in blood loss, surgery time and hospital stay in patients with high Body Mass Index (BMI)

BURNSVILLE, Minn. (PRWEB) May 31, 2018 -- Inspired Spine announced publication of a peer reviewed study comparing the surgical outcomes of its Oblique Lateral Lumbar Interbody Fusion (OLLIF) procedure with those of traditional open spine surgeries known as transforaminal lumbar interbody fusion (TLIF) and minimally invasive TLIF (MIS-TLIF) in patients with a BMI of 30 or greater. The study showed that OLLIF was the safest surgery at any BMI and significantly safer for patients with higher BMI.

“Obese patients are generally considered to be high risk for complications associated with spinal fusion surgery and this study shows that patients undergoing OLLIF may avoid the increase in complication rate,” said Hamid Abbasi, M.D., Ph.D., FACS, FAANS, Chief Medical Officer. “Our practice has substantially advanced spinal fusion surgery and we are actively working to share these advancements with surgeons who want to bring greater value to their spinal fusion patients.”

Based upon successful outcomes from more than 800 patients, Inspired Spine’s goal is to make OLLIF the global standard of care for spinal fusion surgery. Inspired Spine is hosting a three-day OLLIF training event for medical professionals, including operating room observations beginning on July 26th. To reserve a spot in the training session, call (727) 697-7463 or email AlyMunch@InspiredSpine.org.

Study Overview
The study is a retrospective cohort evaluation of 321 patients at a single Minnesota hospital who underwent TLIF, MIS-TLIF or OLLIF for spinal conditions including, degenerative disc disease, spondylolisthesis, spondylosis, herniation, stenosis and scoliosis. Body mass index, surgery time, blood loss and hospital stay were measured across the three patient cohorts. The OLLIF cohort showed significantly reduced blood loss relative to TLIF. Surgery time increased significantly with increasing BMI for patients undergoing both TLIF and MIS-TLIF. A one-point increase in BMI increased surgery time and blood loss significantly in the TLIF cohort.

Obesity and Lower Back Pain
The risk of lower back pain is directly related to increases in BMI. Individuals with a BMI of equal to or greater than 30 are obese; those with BMI of 40 are morbidly obese. Lower back pain may increase sedentary lifestyle, which can lead to further increases in BMI. Lumbar fusions are common surgical procedures for conditions associated with lower back pain. However, some surgeons may refrain from offering surgery to obese patients due to concerns about higher rates of complications and challenges. Surgical procedures that minimize these complications offer greater opportunity for relief for these patients.

About Inspired Spine
Minnesota-based Inspired Spine is a total spine care provider dedicated to improving treatment value and outcomes by applying the least invasive solutions to back-pain problems. Inspired Spine Centers offer a variety of treatment options for chronic back pain sufferers – from advanced diagnostic technologies, such as open, upright MRIs, to a range of conservative non-surgical therapies, in addition to unique minimally invasive outpatient keyhole surgical techniques. The company is building a network of comprehensive care centers that
offer conservative care, such as physical therapy and pain management, as well as groundbreaking minimally invasive outpatient surgeries that reduce costs and speed recovery for patients. Inspired Spine recently acquired a property consisting of three buildings totaling 120,000 square feet in Burnsville, MN where it is building its Total Spinal Health and Technology Campus. Inspired Spine has already employed this new venue to scale its global training program, enabling more surgeons to learn its techniques. For more information, visit http://inspiredspine.com/ and follow Inspired Spine on Twitter @Inspired Spine.
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