



Clinical Experience with Prodisc-L in Medicaid Patients in a Community Hospital

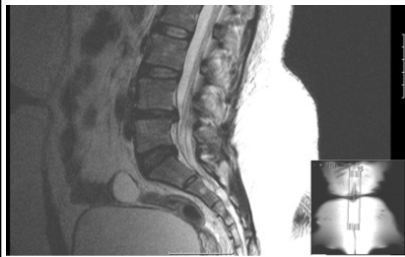
Narayan Sundaresan MD; Yilmaz Gunduz; Jose Torres-Gluck; Nicholas H. Post MD; Radha Sinha
Lincoln Medical and Mental Health Center



Introduction

Lumbar disc arthroplasty with PRODISC-L has been shown in several pivotal IDE studies to be equal to fusion for lumbar degenerative disease. Nevertheless, private insurers and CMS deny reimbursement citing "experimental" or "not applicable in community setting" as reasons for denial. We therefore reviewed the result of 55 single level PRODISC-L disc replacements in a community hospital with coverage predominantly by Medicaid to determine its comparative effectiveness in the community setting.

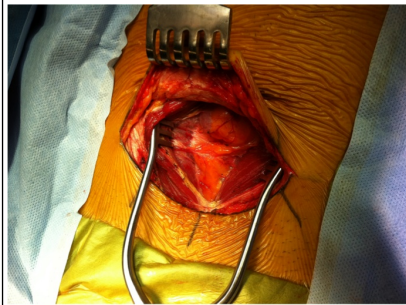
Patient with Degenerative Disc Disease exemplifying indications for surgery



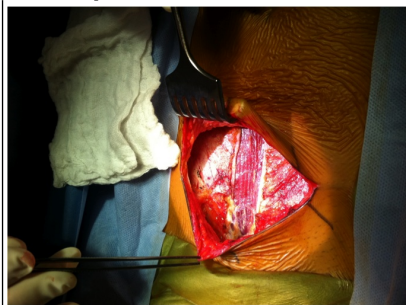
Methods

Following IRB approval, a retrospective review of 55 single level patients meeting FDA approved criteria over a 2 level period (2008-2010) were performed. Pre-operative and post-operative evaluation specifically focused on technical complications, improvement in neurological deficits, length of stay, implant failures, and the need for secondary surgery at the index and adjacent levels.

Exposure of L5-S1 disc



Exposure of L5-S1 disc



Results

There were 30 females, 25 males with ages ranging from 22-60 years; surgery was performed at L5-S1 in 24, L4-L5 in 26, and L3-L4 in 5 patients. 5 pts had failed prior surgery (discectomy). No intra-operative vascular injuries, implant failures, or infections were noted. Secondary surgery was required in 2/55 pts, secondary to pars fractures posteriorly. No adjacent level disease was requiring surgery was noted. The median length of stay was 8 days.

Conclusions

Disc replacement with PRODISC-L can be safely performed in the community setting provided experienced access surgeons and technical facilities are available. The clinical results in this series are comparable to participating IDE centers, with results superior to fusion surgery. Length of stay in the Medicaid group is not a surrogate marker for morbidity, and implant costs and resource utilization are less than fusion surgery.

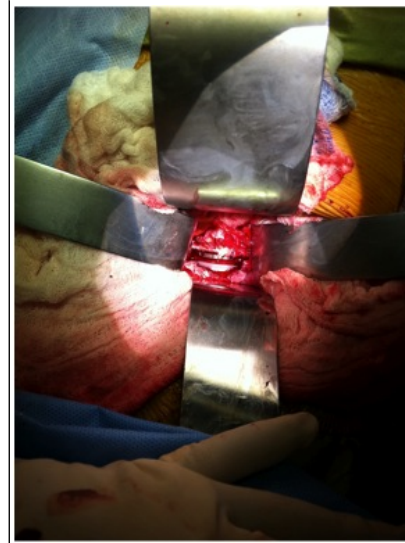
C-Arm Verification of Accurate Template Positioning



Template placement



Final L5-S1 PRODISC Placement



Learning Objectives

PRODISC-L Disc arthroplasty is safe and effective when performed in community hospitals with the necessary expertise.

Post-operative imaging showing optimal placement



Lateral X-Ray demonstrating proper positioning of implant

