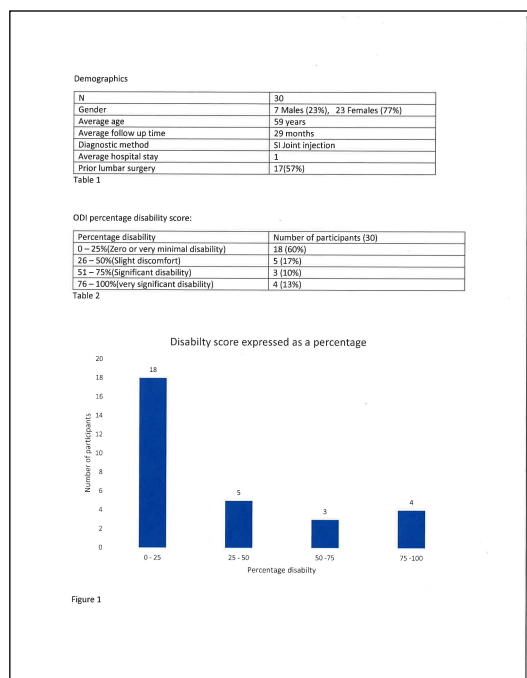


Introduction

Sacroiliitis is a common source of low back pain. Some studies have shown that about 15 – 30% of all low back pain complains can be attributed to sacroiliac joint pain. The diagnoses and treatment of sacroiliitis remains controversial but consist mostly of non-surgical interventions like medical therapy, physical therapy, corticosteroid injections into the sacroiliac joint. These treatments only provide temporal relief of pain and disability but are less effective in long term control of pain and disability. There is increasing evidence that minimally invasive sacroiliac joint fusion has been shown to decrease pain and disability long term.

Methods

A total of 45 patients were identified who had the surgery for minimally invasive sacroiliac joint fusion. A patient chart review showed all the patients were diagnosed through injection of an anesthetic into the sacroiliac joint. A decrease in pain of more than 75% was considered positive for sacroiliitis. While a disability survey was not conducted pre-surgery, a chart review showed that all the patients had significant pain and major disability. A follow up phone interview was conducted using the Oswestry disability index (ODI) survey. 30 patients answered the phone and agreed to respond to the survey questions.



Results

Of the 45 participants identified for the study, 30 participants responded and agreed to be part of the study. 7(23%) were males and 23(77%) were females. The average age was 59 years (33 – 81) and the average follow up time was 29 months (12 – 38). Percentage disability scores using the ODI survey showed 77% of the participants reported zero/minimal disability to slight discomfort and the remaining 23% reported significant to very significant disability.

Conclusions

Our results show that minimally invasive sacroiliac joint fusion can be used as an alternate therapy for long term control of sacroiliitis when conservative methods fail. The results also show that careful selection of patients who will benefit from this surgery is warranted and more studies are needed in this area as not all the participants were able to benefit from this procedure. IRB for this study was approved by Chesapeake IRB.

Learning Objectives

By the conclusion of this session, participants should be able to: 1) Appreciate the percentage of low back pain cause by sacroiliitis, 2) Learn how minimally invasive fusion of the SI joint is performed, 3) Appreciate the outcomes of minimally invasive fusion of the SI joint.

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