Outcomes After the Vertiflex Procedure Using Superion Indirect Decompression System: Patient Satisfaction Survey

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Background

Lumbar spinal stenosis is one of the most common pathologic spinal conditions[1]. Symptoms may include buttock, groin, and anterior thigh pain, as well as radiation down the posterior part of the leg to the feet. In addition to pain, patients may experience fatigue, heaviness, weakness and/or paresthesia[2].

Purpose

To study outcomes of the Superion Indirect Decompression System in patients with symptomatic lumbar spinal stenosis.

Methods

40 Patients from Central Florida Pain Relief Center who already received the Superion Indirect Decompression System were surveyed with the modified Surgical Satisfaction Questionnaire (SSQ-8). The modified SSQ-8 asked patients to use a Likert Scale (1 – very satisfied; 5 – very unsatisfied) to rate their surgical experience according 8 domains: pain control at the surgery center, pain control at home, time to return to ADLs, time to return to work, time to return to usual exercise, results, if they would do it all over again, and if they would recommend the surgery to someone else. In addition to the survey, they were asked if they had undergone any lumbar spinal surgical procedures since the implant.

Results

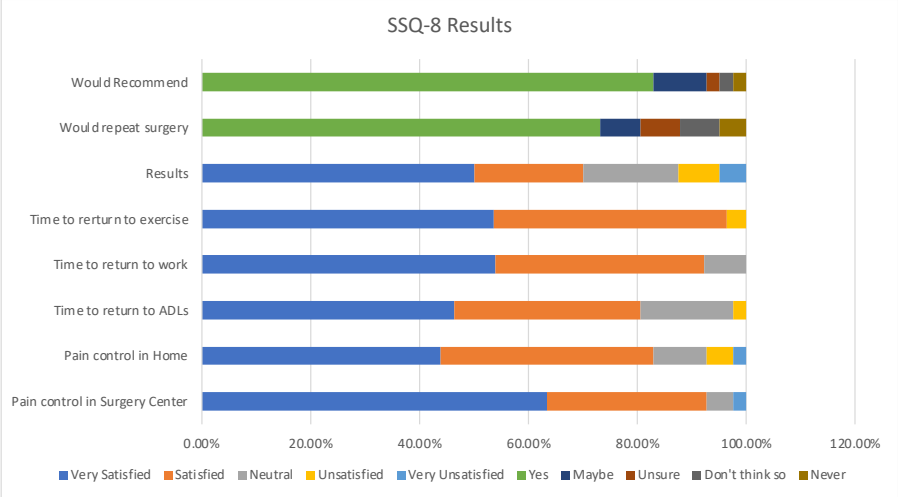

Figure 1: Results of the SSQ-8

70% of patients surveyed were either very satisfied or satisfied with the results of their procedure. Of the patients who underwent the procedure, 82.93% would recommend it to someone else. No patients reported having additional lumbar spinal surgery since the Vertiflex Procedure.

Patient Demographics

Avg. Age: 72 Age range: 50-84
39% male 61% female
63% Not working

Conclusion

The Superion Indirect Decompression System is an option that should be presented to patients with symptomatic lumbar spinal stenosis. Most patients were at least satisfied with the Vertiflex Procedure in all categories. Only one patient received a lumbar spinal surgery after the procedure. Limitations to this study include the relatively small sample size (n=41) and the fact that patients all came from one site. There was also heterogeneity in the time since the procedure was conducted. Most patients (34%) were in the 1-2 yr post-op range, 29% were in the 2-3 years post-op, 19% were over 3 years post-op, while only 17% were less than 1 year post-op.

References

1. Ammendolia, Carlo, et al. “Nonoperative Treatment for Lumbar Spinal Stenosis with Neurogenic Claudication.” Cochrane Database of Systematic Reviews, 2013, https://doi.org/10.1002/14651858.cd010712.
2. Genevay, Stephane, and Steven J. Atlas. “Lumbar Spinal Stenosis.” Best Practice & Research Clinical Rheumatology, vol. 24, no. 2, Apr. 2010, pp. 253–265., https://doi.org/10.1016/j.berh.2009.11.001.