AxiaLIF (Axial Lumbar Interbody Fusion) system (TranS1 Inc.) for percutaneous lumbosacral surgery

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Authors' conclusions
Disabling low back pain affects the majority of the American population at some point in their lives. Low back pain accounts for 62 million physician visits per year in the United States. It is the most common cause of job-related disability and is a leading contributor to missed work. Treatment involves rest, muscle relaxants, analgesics, physical therapy including posture training and specific low back training, and local injections. When conservative management fails to relieve symptoms, surgery may be required. Lumbar fusion is a common surgical procedure to treat spinal degenerative conditions, with over 122,000 procedures performed in the United States annually. The goal of this procedure is to relieve pain in the intervertebral disc(s) or other components of the joint by removing a damaged disc(s) and bone from between two vertebrae, and inserting bone graft material to fuse adjacent vertebrae and to eliminate the articulation between the vertebral bodies. Lumbar fusion can be accomplished using standard open or minimally invasive surgical procedures performed through a back (posterior), front (anterior), or side (lateral) incision. Open and minimally invasive lumbar fusion procedures have inherent procedural risks, with posterior and transforaminal (i.e., through the foramen, the bony opening between vertebrae) approaches resulting in significant soft-tissue injury, the anterior approach manipulating organs and major blood vessels, and the lateral approach endangering the lumbar plexus. An alternative percutaneous minimally invasive lumbar fusion technique was developed to overcome some of these risks: axial lumbar interbody fusion (AxiaLIF). AxiaLIF provides access to the spine along the long axis of the spine, preserving the integrity of the anterior and posterior soft-tissue support structures and providing ligament support for interbody fusion.

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Address for correspondence
HAYES, Inc., 157 S. Broad Street, Suite 200, Lansdale, PA 19446, USA. Tel: 215 855 0615; Fax: 215 855 5218 Email: hayesinfo@hayesinc.com
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