

## Prior Abdominal Surgery with the OneLIF™ Interbody

*Surgeons perform right-sided SupineATP® approach with inverted implant and oblique screw trajectories.*

**Payam Moazzaz, MD**

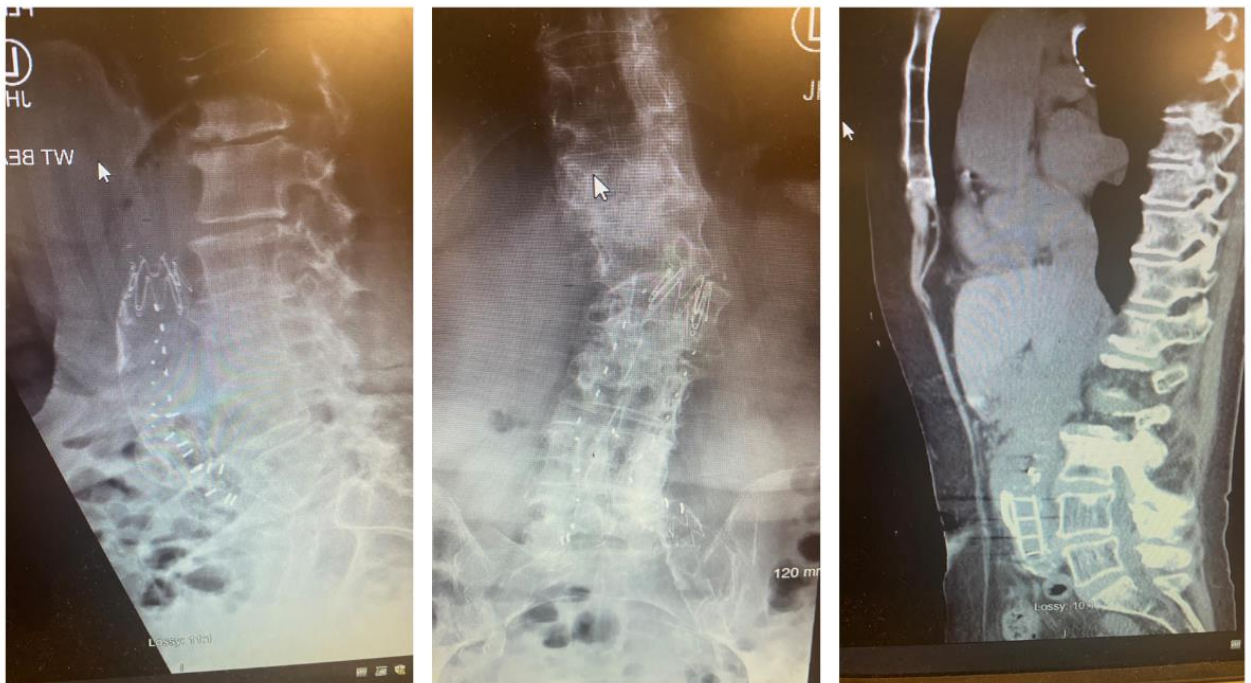
**Thomas T. Terramani, MD**

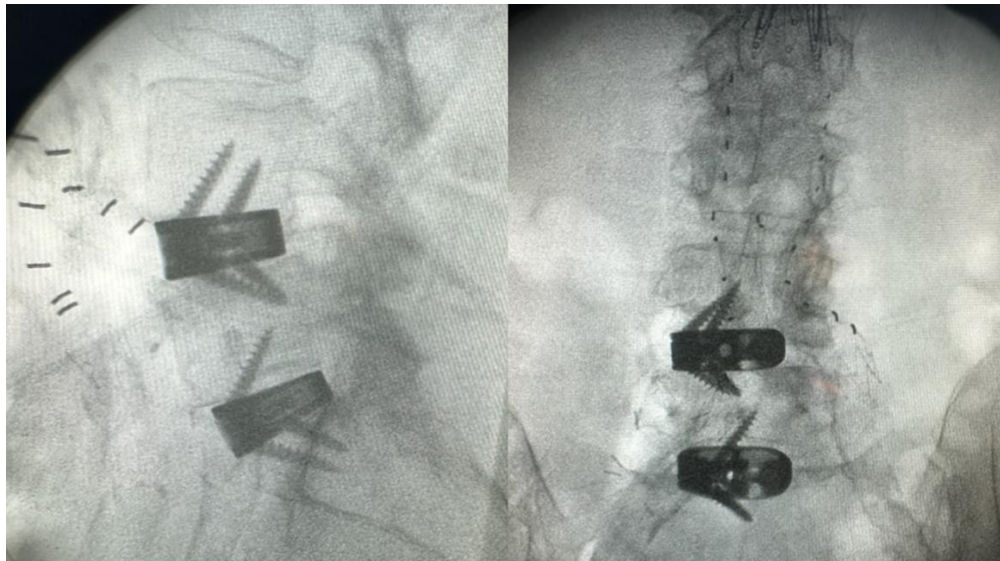
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An 83 year old female with degenerative disc disease, L4-L5 anterolisthesis, scoliosis, and an L4-5 intraspinal mass with severe spinal stenosis. She had undergone a prior vascular surgery with an aortic stent graft to repair an abdominal aortic aneurysm.

### Procedure

SupineATP® approach to L4-5 & L5-S1 from the patient's right side to limit contact with left-side iliac limb of the stent graft. Posterior fixation was performed following implantation of the OneLIF™ devices.






### Implants Used

4-5 = Med. Cage - 7° x 12mm Anterior Height (all Bone Screws placed in oblique screw holes)

5-1 = Med. Cage - 13° x 12mm Anterior Height (all Bone Screws placed in oblique screw holes)

### Discussion

The versatility of the OneLIF cage, in concert with the SupineATP approach, enabled the use of a surgical pathway that circumvented critical anatomy. The OneLIF cage's ability to be placed in an inverted position and its integrated oblique inserter and fixation option simplified the use of this modified surgical approach. Implant versatility can be especially helpful when unforeseen anatomical challenges present intraoperatively in which 'game-time' changes become necessary. 

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