

## Anterior L4-5 Interbody Fusion in a Laterally-Positioned Patient

*Versatile insertion options simplify the ‘orthogonal maneuver’ for cage placement via a lateral approach in a laterally positioned patient.*

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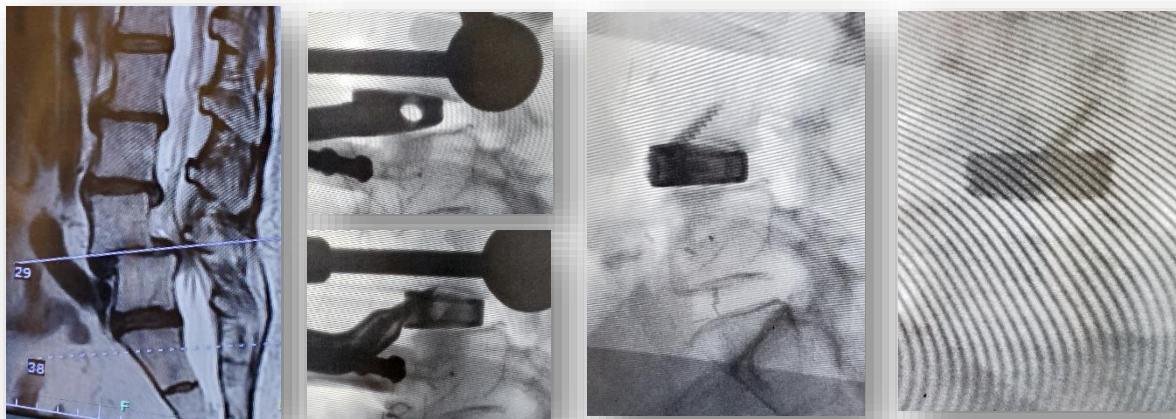
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A 61-year-old female with a grade II spondylolisthesis at L4-5. An ALIF-style cage (OneLIF™ by NovApproach Spine), which can be inserted either anteriorly or obliquely, was implanted through the oblique approach.

### Procedure


An antero-lateral approach to L4-5 was selected to avoid an anterior-lying psoas muscle and to take advantage of favorable vascular anatomy. The OneLIF cage, that provides anterior and oblique insertion options, and corresponding trials with “crosshairs” was used. The oblique insertion option was used. Rotational orientation was assessed radiographically with the help of crosshair targeting and fixation accomplished with an oblique screw fixation point that was in line with the access corridor.



### Implant Used

4-5 = Small Cage - 7° x 10mm Anterior Height (Bone Screw in superior middle screw hole)

### Discussion

Accurate cage placement in laterally positioned patients can be difficult to accomplish with many interbody cage systems. Many cages require an ‘orthogonal maneuver’. The unique footprint, ‘crosshairs’, and inserter options provided by the OneLIF system simplified insertion and fixation in this laterally – positioned patient. Its footprint shape negated the need for an ‘orthogonal maneuver’, the ‘crosshairs’ facilitated position assessment and the approach – accommodating screw trajectories minimized impingement of adjacent anatomy. 

\* Note: images obtained prior to the placement of posterior stabilization. See OneLIF Interbody Fusion Device Indications for Use Statement for the necessary criteria for stand alone use.