

An introduction to

XLIF[®] Corpectomy

eXtreme Lateral Interbody Fusion Corpectomy

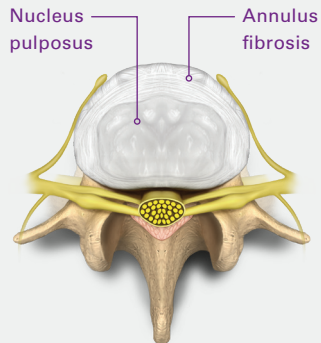
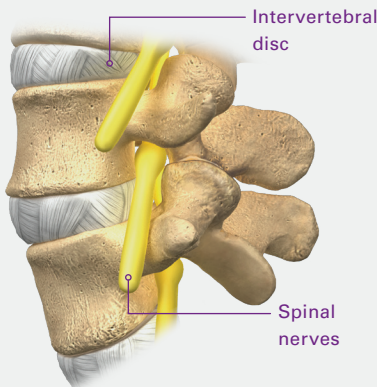
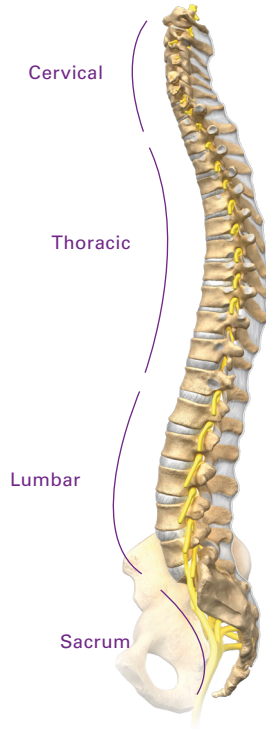
This booklet provides general information on XLIF Corpectomy. It is not meant to replace any personal conversations that you might wish to have with your physician or other member of your healthcare team. Not all the information here will apply to your individual treatment or its outcome.



About the spine

The human spine is made up of 24 bones or vertebrae in the cervical (neck) spine, the thoracic (chest) spine, and the lumbar (lower back) spine, plus the sacral bones.

Vertebrae are connected by several joints, which allow you to bend, twist and carry loads. The main joint between two vertebrae is called an intervertebral disc. The disc is made of two parts, a tough and fibrous outer layer (annulus fibrosis) and a soft, gelatinous center (nucleus pulposus). These two parts work in conjunction to allow the spine to move, and also provide shock absorption.

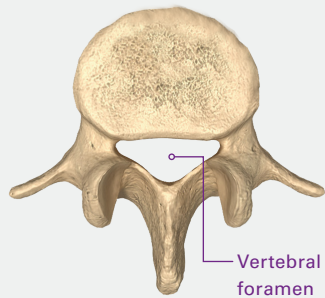
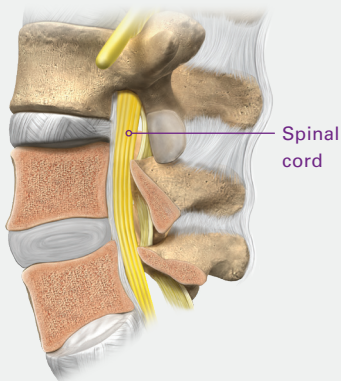
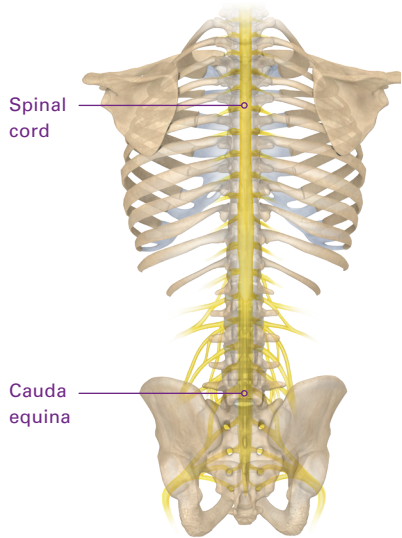


About the spinal cord and cauda equina

Each vertebra has an opening (vertebral foramen) through which a tubular nervous structure travels. Beginning at the base of the brain to the upper lumbar spine, this structure is called the spinal cord.

Below the spinal cord, in the lumbar spine, the nerves that exit the spinal cord continue to travel through the vertebral foramen as a bundle known as the cauda equina.

At each level of the spine, spinal nerves exit the bony spine then extend throughout the body.



What can cause pain?

There are several primary causes of spine problems. The most frequent causes for a patient considering an eXtreme Lateral Interbody Fusion (XLIF) Corpectomy procedure include trauma (e.g., fracture and/or disc herniation) and a vertebral body tumor. These can lead to pressure on the nerve roots, spinal cord and/or cauda equina, which causes pain.

What are treatment options?

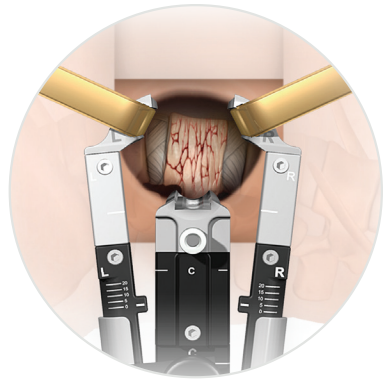
Many symptoms can be treated without surgery including rest, heat, ice, medication, injections and physical therapy. It is important to speak with a physician about the best option.

If symptoms do not improve with conservative treatment, physicians may recommend spinal surgery. Surgery is reserved for those who do not gain relief from non-operative forms of treatment, patients whose symptoms are increasing or worsening and/or patients that present with a spinal condition which indicates the need for surgery.

What is an XLIF Corpectomy procedure?

The XLIF Corpectomy technique is a minimally disruptive surgical procedure performed through the side of the body. A corpectomy (with corpus meaning “body”, and ectomy meaning “remove”) is a procedure where the vertebral body and the adjoining discs are removed. An XLIF Corpectomy is used to treat patients suffering from severe spinal cord injuries resulting from trauma or tumors where a large part of the vertebrae must be removed.

Nerve monitoring technology is used to gain lateral (side) access to the spinal column, avoiding any major nerves in the area between the incision and the column. Traditional surgical options for addressing a corpectomy typically involve large exposures. The XLIF Corpectomy procedure allows surgeons to treat corpectomy patients through a smaller incision while still providing surgeons direct visualization to the affected area.



A retractor provides access and visibility to the spine

Can an XLIF Corpectomy be right for me?

If you require spinal surgery, your physician may determine that the XLIF Corpectomy procedure is a good option for you.

Some examples of pathologies that may be ideal for the XLIF Corpectomy procedure include:

- vertebral body fracture(s) and
- vertebral body tumor.

Conversely, your physician may determine that an XLIF Corpectomy procedure is not a good option for you. It is important to discuss this with your physician.

What to expect

Before surgery

Your physician will review your condition and explain treatment options, including medications, physical therapy and other surgeries. Should you have any questions regarding the procedure, do not hesitate to ask your surgeon. Your physician will provide thorough preoperative instructions.

During surgery

An individual's surgical procedure and recovery may deviate from what is described herein. This information is not intended to supersede or supplant the information provided by your surgeon.

After you are sedated, positioned on your side and surrounded by the appropriate surgical draping, an X-ray image is taken of your spine to identify the location of the vertebral body and discs.

Step 1: Approach

A small incision is made on the lateral (side) of the body. Dilators, guided through the incision, are used to monitor the nerves and alert the surgeon to nerve proximity while navigating to the affected vertebral body. A retractor is then utilized to hold the incision open, providing access and visibility to the operative area.

Step 2: Vertebral body and disc removal

The surgeon will then remove the portion of the affected vertebral body and discs. With severe injury, it may be necessary to remove large portions of the affected anatomy (including the vertebral body and discs).

Step 3: Implant

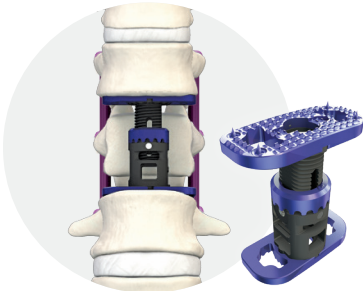
Once the affected vertebral body and discs are removed, an expandable vertebral body replacement implant is placed in the empty space. The implant is expanded to provide mechanical support while bone grows between the vertebral bodies during the fusion (bone healing) process. That segment of the spine will eventually stabilize once fusion occurs.

Step 4: Fixation

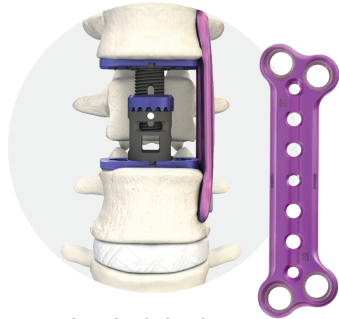
Fixation may be used to act as a stabilization device (internal brace) to help hold everything in place while fusion occurs. This can include a combination of rods, screws and plates that are affixed to the adjacent vertebral bodies. The surgeon will determine what, if any, kind of fixation is necessary during the procedure.

What implants are used?

Below are some examples of the implants that may be used during an XLIF Corpectomy procedure:



Interbody implant
with rods and screws



Interbody implant
with lateral plate

After surgery

After surgery you will wake up in the recovery room, where your vital signs will be monitored and your immediate postoperative condition will be carefully observed. Once the medical staff feels that you are doing well, you will be returned to your room in the hospital.

Your physician will determine the best postoperative course for you. This will include any medications to take home, as well as a prescribed program of activities. Your physician will provide instructions on wound care, exercises and limitations to postoperative activity.

What are the potential risks of an XLIF Corpectomy procedure?

Keep in mind that all surgery presents risks and complications that are important to discuss with your surgeon prior to your surgery. Listening to your physician's guidance, both before and after surgery, will help your recovery.

Potential risks following XLIF corpectomy surgery include:

- problems with anesthesia,
- infection,
- nerve damage,
- problems with the graft or hardware, and
- ongoing pain.

This is not intended to be a complete list of the possible complications. Please contact your physician to discuss all potential risks.

Frequently asked questions

Can I shower after surgery?

Depending on your surgical incision, you may have showering restrictions. Ask your physician for appropriate instructions.

Will I have a scar?

Your physician will discuss the incisions that will be made during an XLIF Corpectomy surgery.

When can I drive?

For a period of time after your surgery, you may be cautioned about activities such as driving. Your physician will tell you when you may drive again.

Can I travel?

The implants used in the XLIF Corpectomy procedure may activate a metal detector. Due to increased airport security measures, please call your local airport authority before traveling to get information that might help you pass through security more quickly and easily. Ask your physician to provide a patient identification card.

Notes

Resources

For more information about XLIF Corpectomy, please visit:

nuvasive.com

If you would like to learn more about patient support and education for chronic back, leg and neck pain sufferers and their loved ones, please visit:

thebetterwayback.org

If you have any questions about XLIF Corpectomy or spine surgery, please call or visit your physician, who is the only one qualified to diagnose and treat your spinal condition. This patient information brochure is not a replacement for professional medical advice.

About **The Better Way Back**[®]

The Better Way Back is a nationwide patient support program created by NuVasive[®], a leader in developing minimally invasive, procedurally-integrated spine solutions. The Better Way Back is a free community built on the power of empathy, and is dedicated to providing hope, support and information to individuals suffering from chronic back, leg or neck pain.

Through its Patient Ambassador Program, The Better Way Back pairs patients considering spine surgery with patients who have previously undergone a spine procedure. Ambassadors volunteer their time to discuss their experiences in order to provide additional, first-hand perspectives.

To learn more about The Better Way Back, please



call **1-800-745-7099**



visit **thebetterwayback.org**



text "TBWB" to **858-360-8292**

XLIF Corpectomy

NuVasive, Inc.

7475 Lusk Blvd., San Diego, CA 92121

+1 800.475.9131

©2020. NuVasive, Inc. All rights reserved. The Better Way Back
is a registered trademark of NuVasive, Inc. 9501029 D

[nuvasive.com](https://www.nuvasive.com)

