Cervical Disc Arthroplasty



Chadi Tannoury, MD Assistant Professor Spine Surgery, BU, BMC Medical Director, Orthopaedic Clinics – BU, BMC Director, Spine Research – BU, BMC

Disclosures

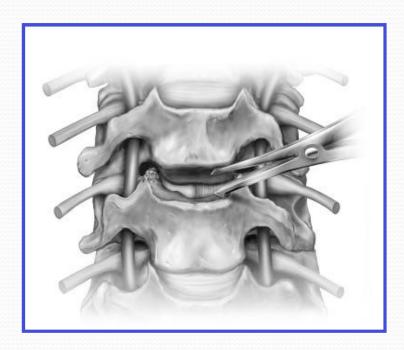
• NOTHING TO DISCLOSE

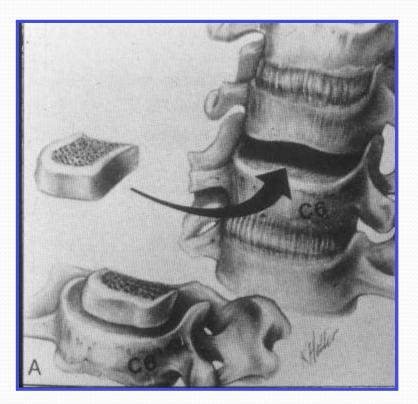
Cervical disc disorders

- Cervical Radiculopathy
- Cervical Myelopathy
- Neck Pain
- Referred Discogenic Pain (shoulder, periscapular)

Surgical Treatment

• ACDF





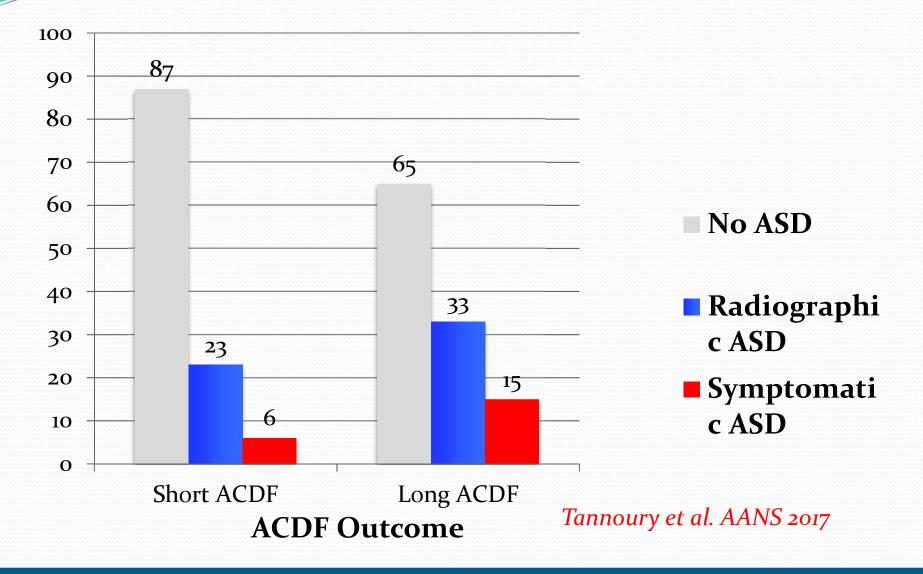
Multilevel disk disease



Shortcomings!

Neck Stiffness Decreased ROM Adjacent segment disease

Retrospective 229 (116S+113L)



Other Literature

- Hilibrand (1999) Symptomatic adjacent segment disease in 2.9%/yr, 2/3 require surgery
- Goffin (2000) 92% of 180 fused patients showed radiographic adjacent DDD at 8.5 years post-operatively, equal incidence in trauma and DDD
- Brumley *et al*. (2000) Abnormal motion adjacent to fusion

Disc Arthroplasty (replacement)

- Discectomy and neural elements decompression
- Placement of "arthroplasty" device:
 - Allows range of motion
 - Decrease stress on adjacent segments
- Decrease risk of adjacent DD
 - Decrease Reoperation rate
 - 1 level: ACDF 17.3% vs cTDR 4.5%
 - 2 level: ACDF 21% vs. cTDR 7.3%



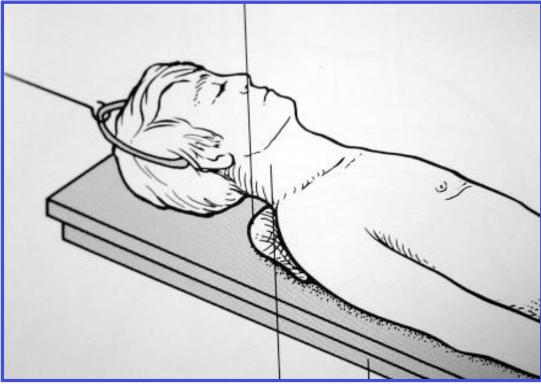
Jackson JNS 2016 (5 yr f-up)



Instruments/Technique

Positioning and Anatomy

Mild Neck extension



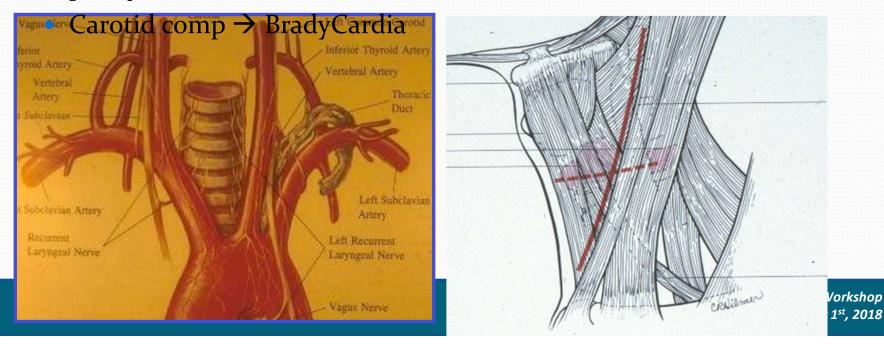
Anatomy

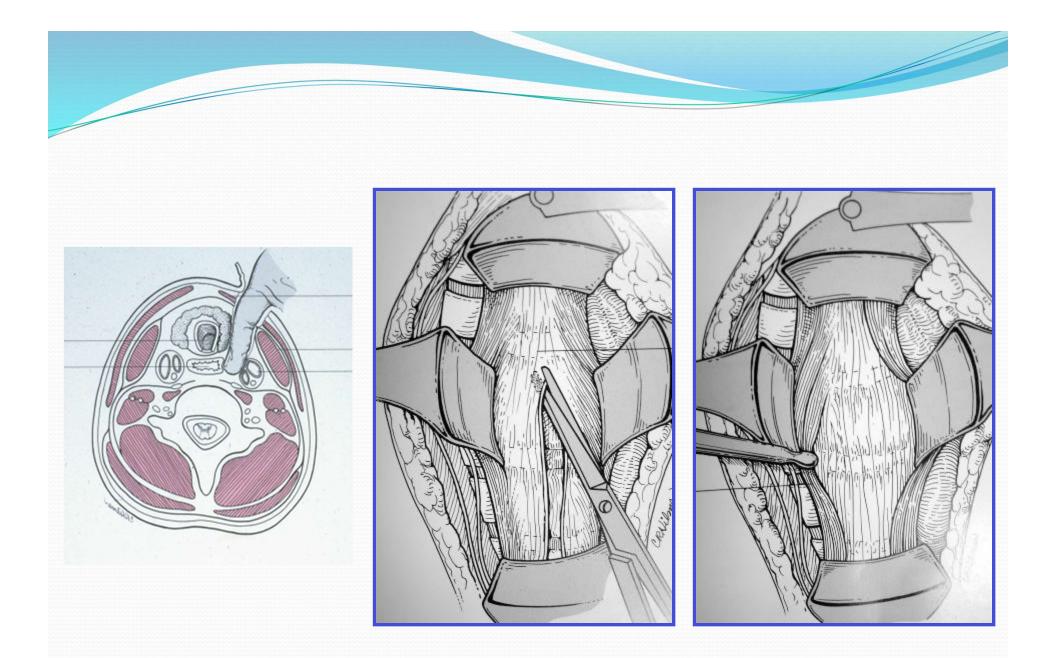
• RLN:

- Predictable course on L
- Apfelbaum: deflate/inflate tube dec risk vocal cord paralysis

$C_3 \rightarrow$ Hyoid

- C₄-5 \rightarrow Thyroid Cartilage
- C6 → Cricoid Cartilage
- C6 → Chassaignac tubercle
- C7-T1 → Inferior thyroid Vx/thoracic duct

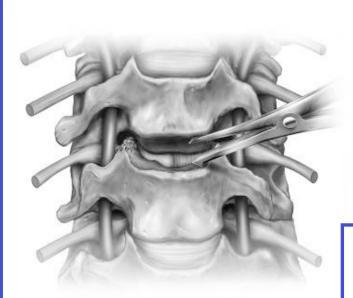




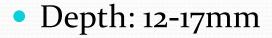
Discectomy and Decompression

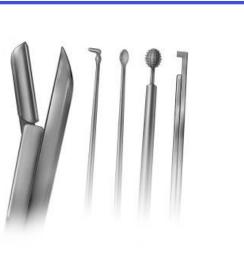
• HT: 5-10mm

• W: 10-15mm





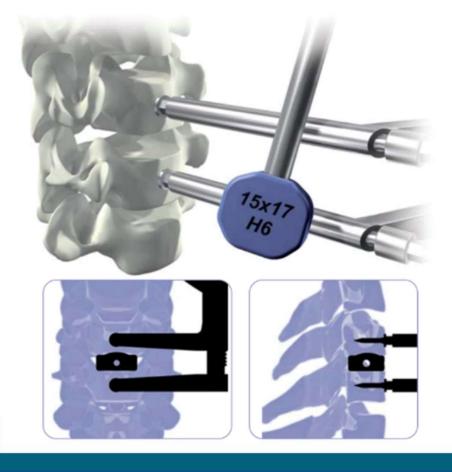








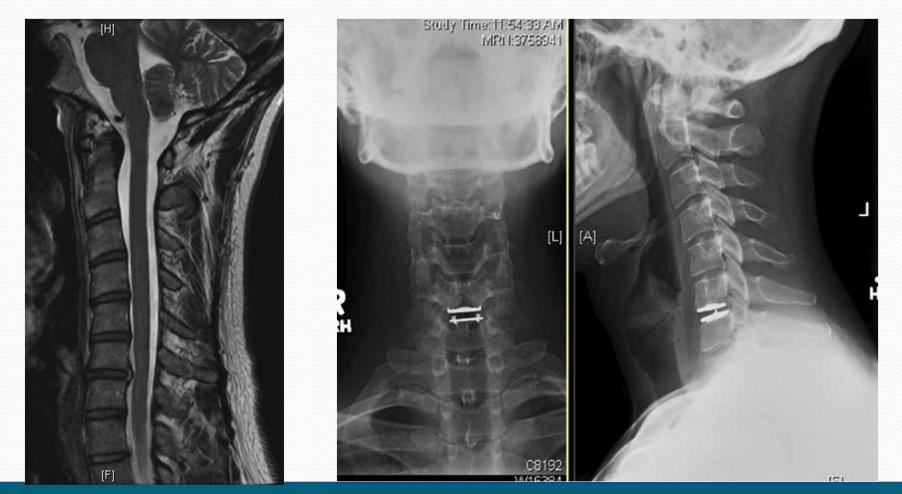
* Product availability may vary upon markets.







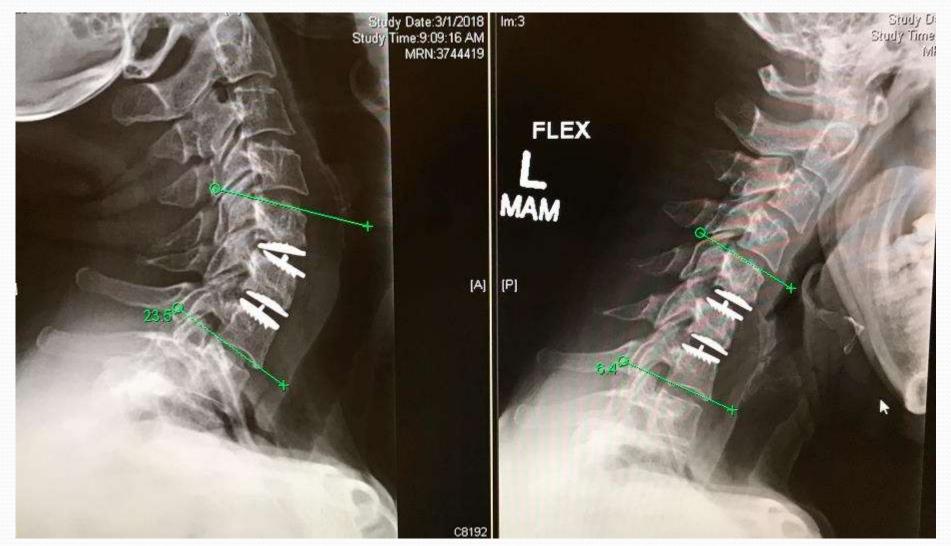
39 y M w C7 Radiculopathy



45 y F with C7 radiculopathy



ROM ~ 25 – 30 degrees



*Mobi-C (Biomet Zimmer) the only FDA approved for 2 contiguous levels NASS Coverage Policy Recommendations: Cervical Artificial Disc Arthropher & 2015, 2018

Outcomes

- Maintaining cervical ROM
- Improved QOL TDR vs. ACDF
 - Better: NDI VAS SF-36
 - Lower: Implant related complications, ASD
- 2 level disease (ACDF vs. TDR): 2-4 yrs f-up (6-7)
 - TDR: significant maintaining ROM
 - ACDF: Higher reoperation rate (11.4% vs. TDR 3.1%)

Davis et al. 2013, 2015

Lord et al. 2017

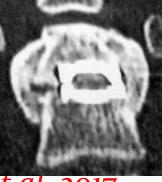
Hu et al. 2016

Pitfalls

- Complications:
 - Migration
 - Subsidence
 - Ossification
- Longevity??
- COI Outcomes reporting?
 - Conflicted authors (90.9% favorable outcomes)
 - Non-conflicted authors (70.4% favorable outcomes)

Narain et al. 2017





Summary

- Promising technology: 1 2 level disease
- Equivalent to superior outcomes to ACDF
- Utilization rate: ACDF >>> TDR
 - GOLD STANDARD = ACDF
- Future considerations:
 - Complications?
 - Iongevity?