THE 2022 PSPS ANNUAL CONFERENCE

Pain, Spine, Psychology, Synergy

ARIA HOTEL
LAS VEGAS

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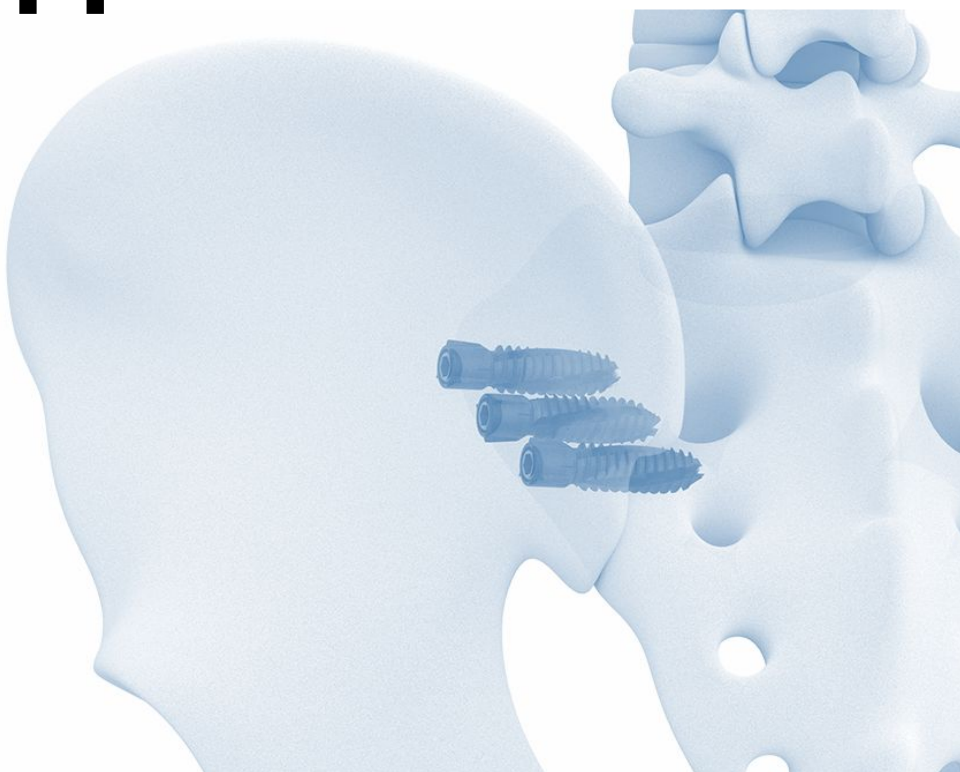
PACIFIC SPINE PAIN SOCIETY

Sacroiliac Joint Fusion: Lateral and Posterior Approaches



Moderator: David W. Lee, MD

Panelists: Michael Y. Oh, MD

Denis G. Patterson, DO

Jonathan D. Carlson, MD

David W. Lee, M.D. – Consultant for Petal Surgical, Mainstay Medical, Abbott, Medtronic

Michael Y. Oh, MD – Needs to be filled in

Denis G. Patterson, DO - Needs to be filled in

Jonathan D. Carlson, MD - Needs to be filled in

LEARNING OBJECTIVES

- Patient selection for sacroiliac joint (SIJ) dysfunction/pain
- Summarize algorithmic treatment of SIJ
- Understand both lateral and posterior approaches for SIJ fusion
- Review data for both lateral and posterior SIJ fusion
- Elucidate the advantages and limitations of each procedure

Case #1: Fused and Confused

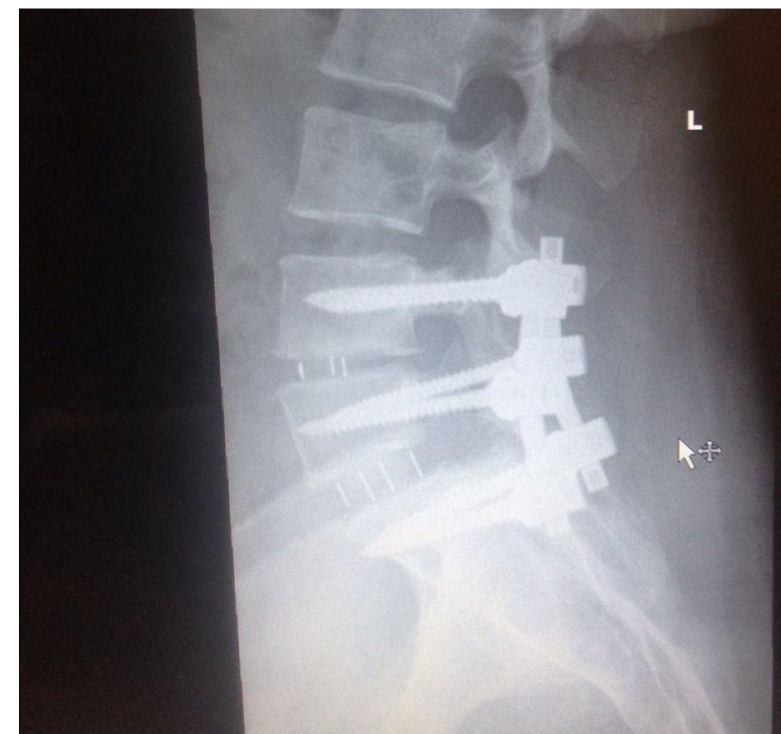
History and Examination

68 year old male with history of ALIF/PLIF L4-S1 x 3 years presents for evaluation of progressive increase in right lower back and buttock pain symptoms. The patient is frustrated because pain had completely resolved following surgery – now pain in the mid-buttock has returned. No neurological symptoms reported.

Previous Treatments: Physical therapy, chiropractic, medication management. No recent interventional procedures, but has had epidural injections with minimal relief

Pertinent Findings:

- Pain with truncal flexion/extension to the right of the midline
- Positive Fortin sign, Gaenslens, Patricks, sacral thrust and distraction
- Negative SLR
- MRI shows no significant change in hardware. There is a broad-based disc bulge at L3-4 without central or neural foraminal stenosis



1. WHAT ARE THE NEXT STEPS IN TERMS OF WORK-UP?
2. WHAT ARE SURGICAL APPROACHES AVAILABLE?

Case #2: Inject No More

History and Examination

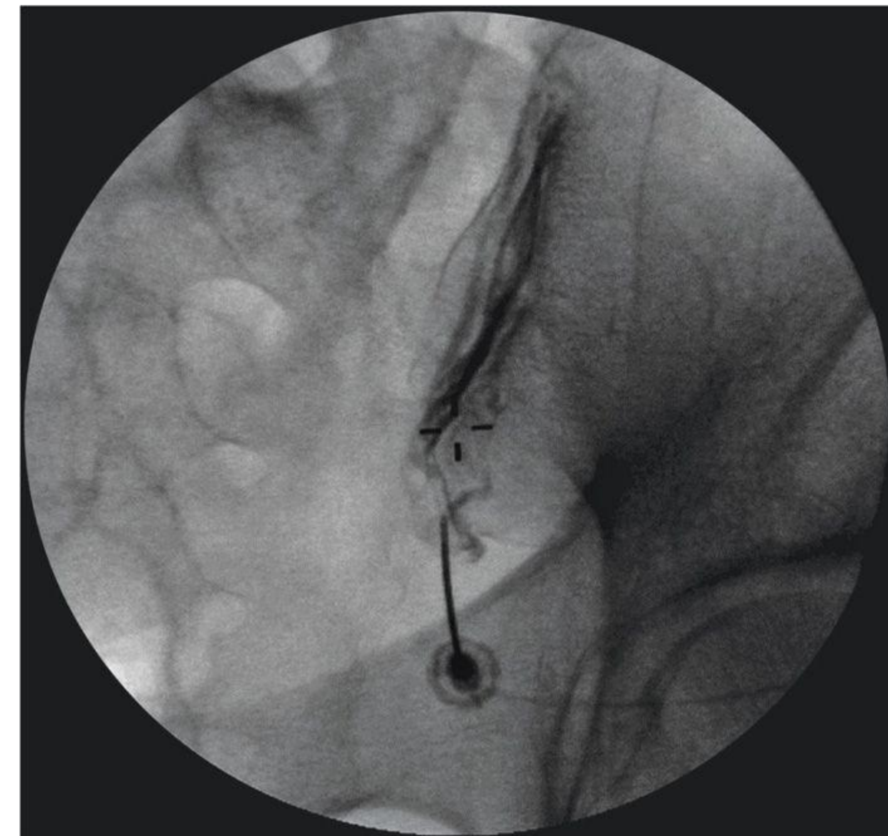
56 year old female presents with chronic history of right low back pain. The patient had been previously diagnosed with sacroiliac joint dysfunction/pain by a previously performed sacroiliac joint injection. Multiple therapeutic injections were performed thereafter which provided her with substantial relief for 2 years. More recently she noted less efficacy with the injections and tried a sacral nerve block/ablation alleviating only 50% of overall pain symptoms. Cluneal nerve block was negative.

Previous Treatments: Physical therapy, acupuncture, medications, multiple sacroiliac joint injections, posterior sacral nerve blocks/ablation

Pertinent Findings:

- Positive Fortin sign, Gaenslens, Patricks, sacral thrust and distraction
- Negative SLR
- MRI shows diffuse degenerative changes in the lower lumbar spine with mild central and no evidence of significant foraminal stenosis.

1. WHAT IS THE ADVANTAGE OF SURGICAL FUSION?
2. WHAT IS THE ADVANTAGE OF PERCUTANEOUS FUSION?

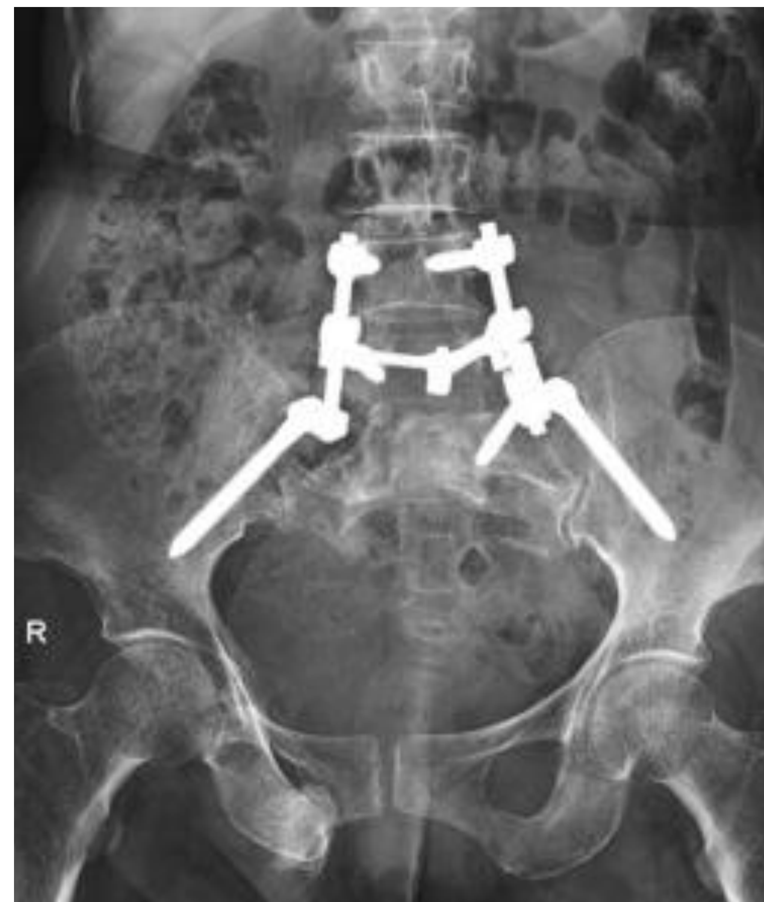


Case #3: Hard-where Do We Go From Here?

History and Examination

78 year female with previous L4-pelvis fusion with left buttock pain. The patient has had extensive work-up including xrays, blood work-up and CT scan of the lumbar spine/pelvis. Work-up was negative except for non-union noted at the left inferior sacroiliac joint. The patient did have positive provocative sacroiliac joint maneuvers examination on the left side. Examination was otherwise unremarkable. Patient is neurologically intact.

Epidurals, trigger point injections were attempted with minimal utility. The patient was offered a SCS implant but refused.



1. IN THE CASE OF PREVIOUSLY PLACED PELVIC SCREWS, IS THERE ANY UTILITY IN ADDITIONAL SIJ STABILIZATION OR FUSION?
2. ARE THERE ARE LIMITATION WITH THE HARDWARE IN PLACE? FOR EACH APPROACH ARE THERE OTHER ANATOMICAL CONSIDERATIONS THAT MIGHT HINDER THE PROCEDURE?