



Minimally Invasive versus Open Multi-Level Spine Surgery: Lessons Learned From A Level 1 Trauma Center

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Abstract:

Statement of the Problem: Historically, the treatment of degenerative spine and thoracolumbar fractures consisted of open posterior fixation with or without anterior stabilization. However, these procedures are associated with morbidity, such as infection, blood loss, venous thromboembolism, and other cardiopulmonary complications. Since the advent of minimally invasive surgical (MIS) techniques, no clear consensus exists regarding the best way to treat these conditions. Decision making considers the extent of anterior column disease, fracture stability, neurological status, other traumatic injuries, and the likelihood of nonoperative management success. Multi-level MIS procedures may have lower risks and promote a faster recovery time. In this retrospective review we provide a single center experience comparing the open vs. MIS for 4-6 level posterior spinal thoracolumbar fusions.

Biography:

Mongan is Professor, Department of Anesthesiology University of Florida, Jacksonville Florida. He has 30 years of anesthetic practice in trauma and neuroanesthesiology. Author of over 100 manuscripts and abstracts and Co-Editor of A Practical Approach to Neuroanesthesia (Wolters Kluwer 2013)



Recent Publications:

1. Acute recurrent bradycardia with evoked potential loss during transforaminal lumbar interbody fusion, 2020
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3. Posterior Cervical Spine Surgery, 2017
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5. Neurological Monitoring in Orthopedic Spine Surgery, 2016

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