

AN INTRODUCTION TO

MAS[®] TLIF

MAXIMUM ACCESS SURGERY TRANSFORAMINAL LUMBAR INTERBODY FUSION

This booklet is designed to inform you about the Maximum Access Surgery (MAS[®]) Transforaminal Lumbar Interbody Fusion (TLIF) surgical procedure. 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. The information is intended to answer some of your questions and serve as a stimulus for you to ask appropriate questions about the procedure.



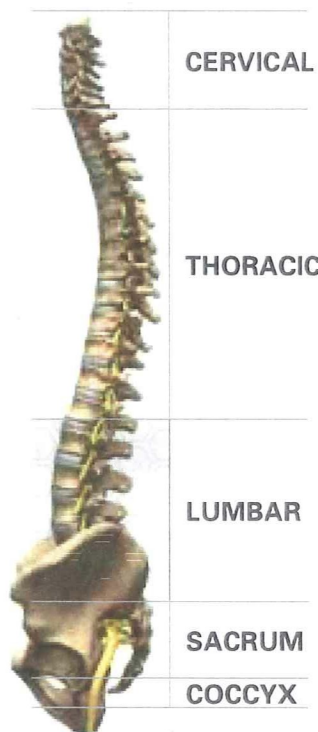
About the Lumbar Spine

The area of your spine in your lower back is called the *lumbar spine*.

It is made up of five bones, called vertebrae (or vertebral bodies).

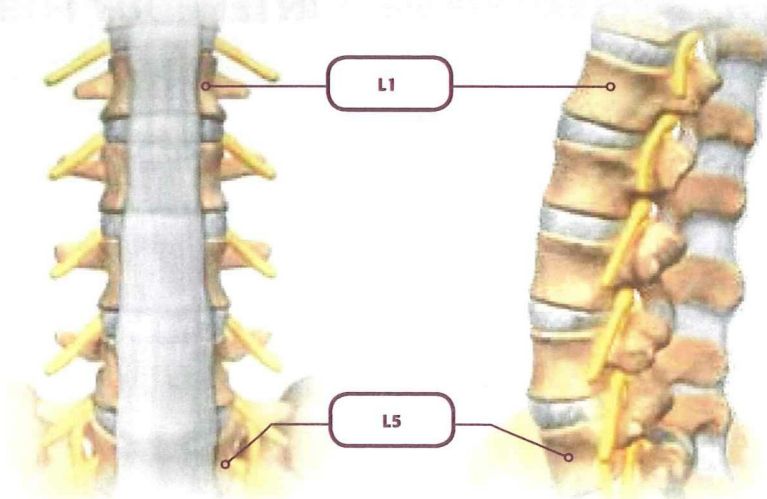
These vertebrae are connected by several joints, which allow you to bend, twist, and carry loads. The main joint between two vertebrae is called a disc. The disc is comprised of two parts, a tough and fibrous outer layer (annulus fibrosis), and a soft, gelatinous center (nucleus pulposus).

These two parts work in conjunction to allow the spine to move, and also provide shock absorption.



**ZONE OF SPINE
FOR THE MAS TLIF
SURGERY**

**Anterior &
Lateral View**



What is causing my pain?

There are several primary causes of spine problems. The majority of the symptoms are caused by disc, bone, or ligaments pressing onto the nerve roots.

DEGENERATIVE DISC DISEASE (DDD)

During the natural aging process, the discs between each vertebral body can lose their flexibility, height, and elasticity which can cause a tear in the tough outer layer of the disc, causing the disc to herniate, bulge or leak the gelatinous core. The bulges or leakages can end up compressing the nerve roots and/or spinal cord, causing symptoms including, but not limited to lower back and/or leg pain.

What are my treatment options?

Many of the symptoms can be treated without surgery with methods that involve medication, rest, heat, and physical therapy. It is important that you speak to your physician about the best options for you.

If your symptoms do not improve with other methods, your physician may suggest 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 a MAS[®] TLIF procedure?

Lumbar interbody fusion is a surgical technique that attempts to eliminate instability in the back. A MAS TLIF achieves this by using a less invasive approach to fuse one or more vertebrae together to reduce their motion.

In a MAS TLIF procedure, rather than starting from the middle of the back and spreading the muscles to the sides like in a traditional back

surgery, the MAS TLIF approach starts off to one side of the back and splits (rather than cuts) the back muscles in one direction. This allows the surgeon to make a smaller incision with less muscle injury, which may result in less postoperative pain and a quicker recovery.

WHAT ARE THE POTENTIAL ADVANTAGES OF MAS® TLIF?

- Reduced blood loss and minimal scarring
- Reduced hospital stay
- Faster postoperative recovery time
- Smaller incision

Is a MAS TLIF right for me?

Your physician might determine a MAS TLIF procedure is a good option for you if you require a spinal fusion at any lumbar level between L1 and S1, and you would benefit from a less disruptive approach.

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

Are there risks involved?

All surgery presents risks and complications that are important to discuss with your physician prior to your surgery. Listening to your physician's guidance, both before and after surgery, will help to ensure the best possible outcomes from your procedure.

Some of the most common complications following MAS TLIF 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.



What can I expect...?

Before surgery

Your physician will review your condition and explain all of your treatment options, including non-operative treatments, such as medications and physical therapy. Once you have been admitted to the hospital, you will be taken to a pre-op room and prepared for surgery. This may include instruction about the surgery, cleansing of your surgical site, as well as instruction about the postoperative period.

BEFORE

DURING

AFTER

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