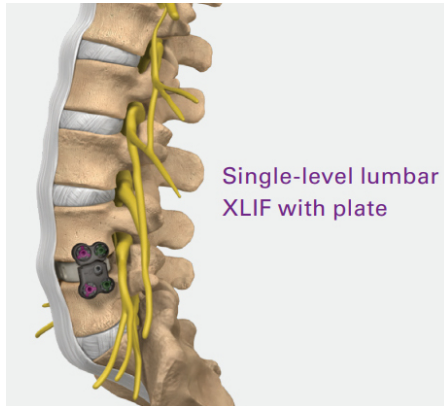


eXtreme Lateral Interbody Fusion (XLIF), Explained

by Bishop Magehee, PA-S



Overview

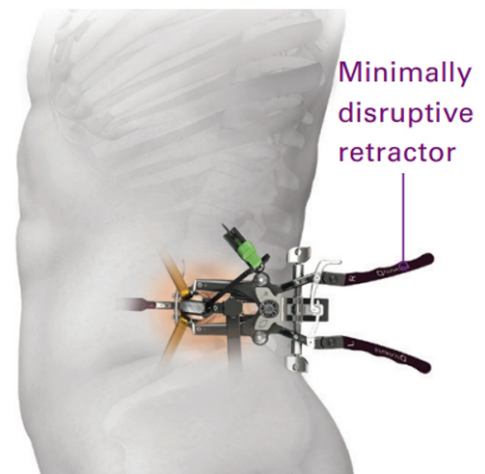
An eXtreme Lateral Interbody Fusion (XLIF) is a surgical procedure where Dr. Baker will remove one or more of the fibrous discs that sit between the bones that make up your spine (aka your vertebrae) through an incision on your side. A special bone graft is then inserted in the disc's place between the two vertebrae, allowing the two to fuse together. All of this is done to decompress the spine and relieve symptoms. From here, the operation site is closed and sealed threefold: through stitches, staples, and gauze.

The Details

To understand what an XLIF is, we look to the meanings of each word in its name. Each half of the title tells us:

- 1) XL = *Where* the surgery happens, and
- 2) IF = *What* the surgery does

To start, the surgery is “eXtreme Lateral”, meaning we approach the spine from the side of your body (as pictured to the right), rather than directly through the back or front as with PLIFs or ALIFs. In ALIFs (anterior, or front-sided surgeries), the assistance of a vascular surgeon may be required to move the major blood vessels out of the way. And with PLIFs (posterior, or back-sided surgeries), layers of muscle must be separated to access the spine. In XLIFs, neither is required, making it an excellent approach with minimized risk. However, it has its limitations: XLIFs cannot treat conditions at the lowest numbered level of the Lumbar (lower back) spine, such as L5-S1 or L4-L5—so, only spinal cord compressions at levels L1-L3/L4 may be treated with XLIFs. Luckily, this includes your case!



And what about the “Interbody Fusion”? When the discs in your spine become swollen for one reason or another, they expand into the space where your spinal cord and nerves are found, pinching them, and causing symptoms. So, as mentioned before, Dr. Baker will remove one or more of the discs in your spine using specialized surgical tools. This is done to relieve pressure on your spinal cord and treat your symptoms. This where the “Interbody Fusion” comes into

play: once the diseased disc is mostly or completely removed, Dr. Baker inserts one or more special bone grafts into the space left behind. Each graft is housed inside a metal “cage” and is made with bone or a suitable substitute—if possible, Dr. Baker will use your own bone tissue harvested from another part of your skeleton (the spine itself, if possible, or your hip bone), as this drastically speeds up the spine’s healing process. This healing, which occurs in the weeks and months following surgery, creates a bony bridge between the two vertebral bones and fuses them together. This fusion ensures two things:

- 1) That the spinal cord remains decompressed, and
- 2) That the two vertebrae don’t grind against each other over time, causing symptoms of their own.

To assist the body with this fusion process, Dr. Baker may implant special rods or plates over each fusion site, anchoring them with screws as below. This is done to keep the fusion graft stable as your body heals. To finish the procedure, the surgical site is closed with a combination of stitches and staples, and is finally sealed with a sterile gauze.

