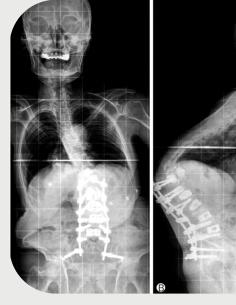
BACKGROUND

Spine fusion surgery involves the installation of screws and rods into a patients spine in order to stabilize a specific region.

Over the past 10 years, this procedure has seen a 250% increase in prevalence, with over 250,000 complex fusions done every year. They're also extraordinarily risky. Fusions have a complication rate of over 50%

Proximal Junctional Kyphosis (PJK) is one of the most common of these complications. With PJK, the spine segment above the fused region bends forward dramatically due to the imbalance of forces caused by the fusion. PJK occurs in 1 out of 4 complex fusion patients.

Experimental techniques have been recently developed that reduce rates of PJK by 40-60%. These techniques involve tethering the region above the fusion to the fusion rods and screws to reduce the stress concentrations and impalances that cause PJK. However, current methods are imprecise, dangerous, and time consulting



https://pubmed.ncbi.nlm.nih.gov/33971008/

https://www.e-neurospine.org/journal/view.php?number=762

In these methods, a hole is drilled into the spinous process, damaging supporting tissue. A band is then carefully woven between the bone and implants. It is then manually pulled taught and knotted together to tighten. This process can take between 30-45 minutes per patient

Evan Haas Antony Fuleihan Di Lu Audrey Goo

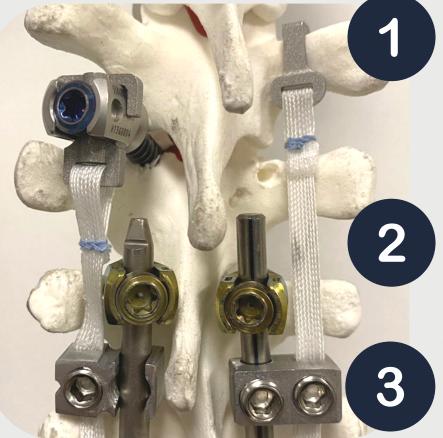




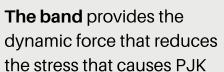
CurveControl

Surgical Suite to Promote Sagittal Alignment with Dynamic Fixation

CurveControl is a surgical suite that provides the stress concentration reduction that experimental techniques do, but with a safer, faster, and precise workflow. The implant is composed of 3 elements



The upper end implant quickly attaches to the vertebrae above the fused region. Two different designs have been manufactured to fit surgical preference - a pedicle screw insert or a transverse process hook



The lower end implant attaches to the preexisting fusion implants. The band is threaded and tightened to this section. Two different designs have been manufactured to fit surgical preference.









Value



Safer, no tissue destruction required



Faster, streamlined and simplified workflow takes less than 5 minutes per patient



Precise, surgeons are able to reliably set the force applied every time

Acknowledgements

Special thanks to Dr. Nicholas
Theodore, Dr. Mike Safaee, Dr.
Daniel Lubelski, Dr. Brian Hwang,
Dr. Amanda Sacino, and our other
clinical mentors
Much o this work couldn't have been
done without the help and support
from Dr. Youseph Yazdi, Dr.
Soumyadipta Acharya, Aditya Polsani,
Diana Carstens, and Dr. Mohit Singhala

If you have any questions, please

a the Center for Bioengineering

Innovation and Design