excellent’ or ‘good’ at 3 months, 6 months, and 12 months, respectively. The first results obtained at 2 years are good but statistical analysis will require a greater amount of data. In the overall series of 260 cases, only three implant-related failures were observed.

CONCLUSIONS: These results provide further preliminary support for the efficacy and safety of the Wallis System in treating lumbar DDD.

THE INTERSPINOUS U - INDICATIONS, EXPERIENCES AND RESULTS

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This device was first implanted in 1994 bei Dr Samani (France). Until now there are more than 8000 implanted interspinous U worldwide.

It is an easy to use non-fusion-device that prolonges the usual operation time only slightly, if ever. Originally designed to protect the adjacent levels in spondylolysis of lumbar spine the indications of the interspinous U are today also in degenerative changes with or without additional hypermobility or slight listhesis as well. Some experiences show also a good effect in black-disc-syndromes of the lumbar spine.

We report about a two year experience in more than 100 patients.

The device implantation begun in 4/2002. The main indication in our clinic until now is the degenerative stenosis of the lumbar spine particularly caused by an enlargement of the facet-joints with or without accompanying hypermobility or listhesis of 1° (Meyerding). Additional indications are adjacent levels in spondylolysis, large disc herniations with the risk of post-operative destabilisation, low-back-pain and recently as a supporting device in black-disc-syndrom.

All patients implanted between 4/2002 and 11/2004 had preop- and postop x-rays, since 7/2002 additional function x-rays early postop. at the 3rd day. The most of our patients are investigated with MRI and/or myelography preop as well. All patients operated since 4/2002 were in the follow up for at least 6 weeks the most of that operated since 7/2002 for one year or longer.

Until now we had 6 re-operations because haemorrhage in the time of our learning curve, no implant breakage or dislocation and it was not neccessary to make a spondylolysis in any of the operated patients in the following time.

CLINICAL OUTCOME OF INTERSPINOUS -U (POSTERIOR DISTRACTION SYSTEM) IN THE ELDERLY LUMBAR SPINALstenosis

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INTRODUCTION: Lumbar spinal stenosis (LSS) is a common condition in elderly patients with and also one of the most common reasons to perform spinal surgery at an advanced age. Interspinous-U, which has recently introduced as a posterior distraction device, is a simple and minimally invasive procedure for patients who need posterior stability following decompression surgery in degenerative LSS. The objective of this study is to compare the clinical results of Interspinous-U in LSS with HNP and without HNP.

MATERIAL AND METHOD: The authors analyzed the availability of the interspinous-U in the seventy five elderly patients with LSS for 19 months in failure case of conservative treatment. All patients have leg pain and claudication. The mean T-U period is 13.5 months. We divided two treatment groups; simple LSS (Group I, N=40) and LSS with HNP (Group II, N=35). The surgical outcome was assessed by Beaunon scoring system & self assessment (full score 20).

RESULTS: The patient’s mean age is 70.5 years (67-78). Two interspinous-U's were inserted simultaneously in 16 patients. The preoperative Beaunon score were 8.4 ± 2.7 in Group I and 8.5 ± 1.7 in Group II. The postoperative Beaunon score were 14.3 ± 4.1 Group I and 13.3 ± 4.2 in Group II. There was no differences between two groups postoperatively Beaunon score except low back pain score (1.8 ± 1 Vs 1.2 ± 1, P<0.05). There was 57% (20/35) of the patient had disc space narrowing postoperatively in Group II.

CONCLUSION: This system can maintain interspinous process distraction and decrease the tension to the facet joint. The Interspinous-U insertion after adequate canal decompression is safe, simple, minimal invasive procedure in the elderly patients with LSS especially in simple LSS without HNP, but long follow-up study is needed.