

dualPortal and dualX in the ASC Setting



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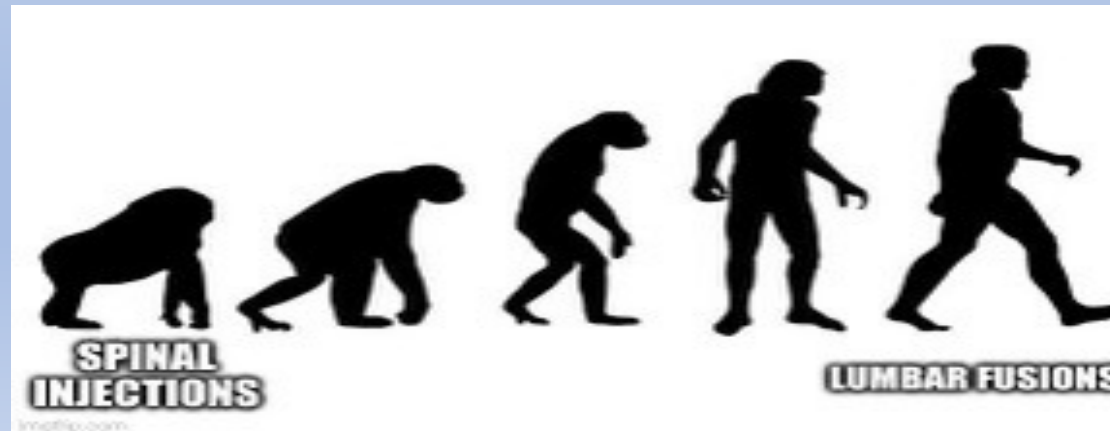
Ambulatory Surgery Center Benefits

- Economics: Substantially lower costs of care.
- Freestanding: Ease of access, and available OR time
- Focus: Limited, non-emergent cases at high volume
- Quality: High focus on quality with a limited scope
- Ownership
- Input
- Scheduling: Greater flexibility for scheduling cases
- Staff Selection
- Work Life Balance



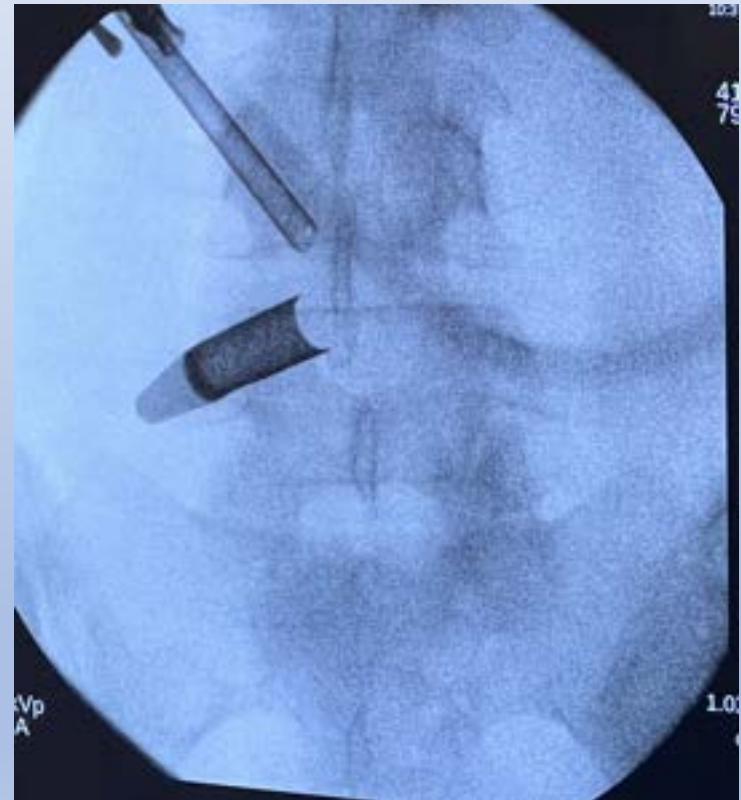
Progression of Spine Surgery at the ASC

- One level lami/disc, injections, and percutaneous stims
- Then went to one level ACDF's
- Thoracic laminectomy paddle leads, two level ACDF's
- Now on three level ACDF's, outpatient lumbar fusions, revision paddle leads
- Insurance carriers and patients are the driving force
 - Patients don't want to stay in hospitals if they don't have to
- Can achieve the same care standards as a hospital setting!



Why dualPortal at ASC's?

- Many similarities to hospital advantages
- No capital purchase
 - Utilize existing arthroscopy towers and scopes
- No additional equipment rental fees in addition to disposables
 - Drill control box
 - Rf generator
 - If rental unit goes down, then what?
 - Most ASC's have multiple towers

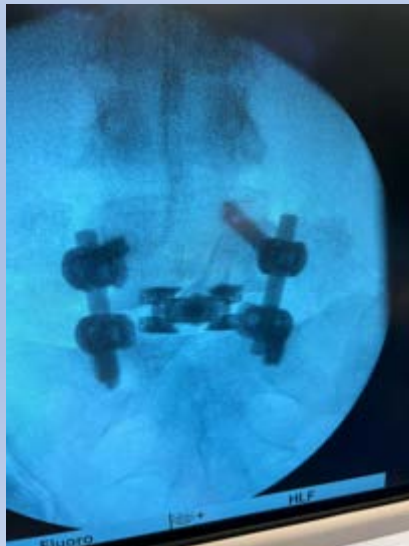
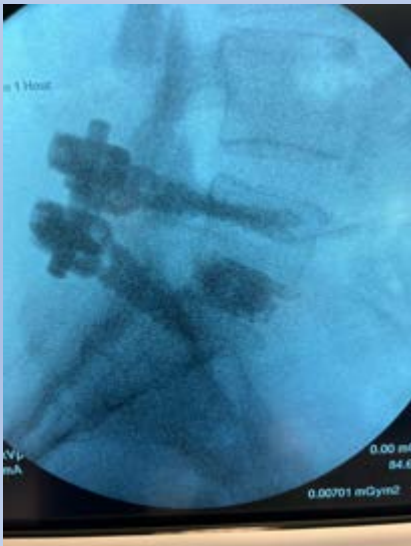
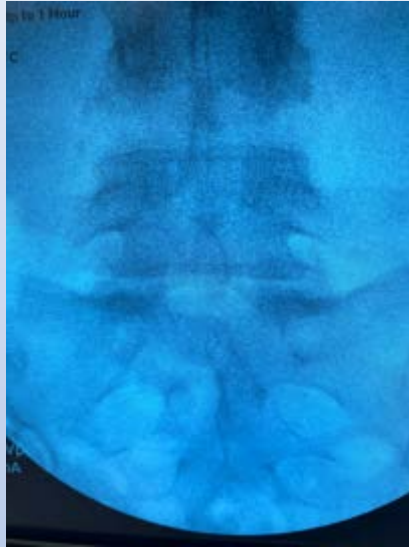


Why dualPortal at ASC's? (continued)

- Familiar equipment
 - No need to retrain staff
 - Use existing spine and arthroscopic instrumentation
 - Most likely already have disposables
 - Barrel bur and 90 degree coblation wand
 - No added inventory!!!!
- No added space needed for equipment storage
- Only potential issue is scheduling conflicts w/ sportmed
- Most important piece of equipment



Overcoming cost barriers



- Minimal additional cost to use dualPortal for lami/disc
- Medicare doesn't recognize fusion codes at ASC's
 - Need to negotiate with carve outs with commercial carriers upfront
 - No hospital stay
 - Minimize costs

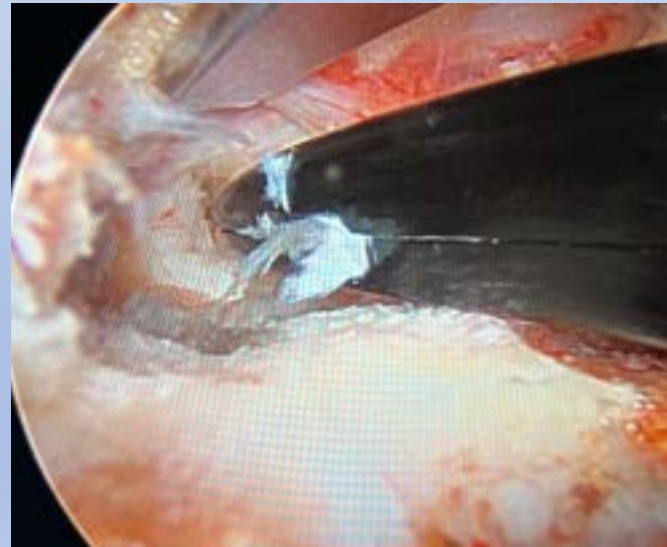
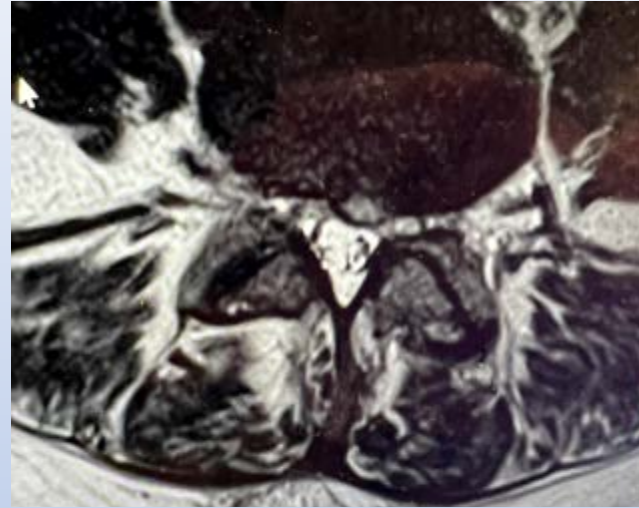
Overcoming cost barriers (cont.)

- Fusion construct comparison
 - Open TLIF w/bilateral screws
 - MIS TLIF w/ bilateral screws
 - Open dualX w/ unilateral screws
 - MIS dualX w/ unilateral screws
- Marketing opportunities
 - Not many ASC's at the moment
 - LOP/PI
 - Cash pay
 - Patient testimonials



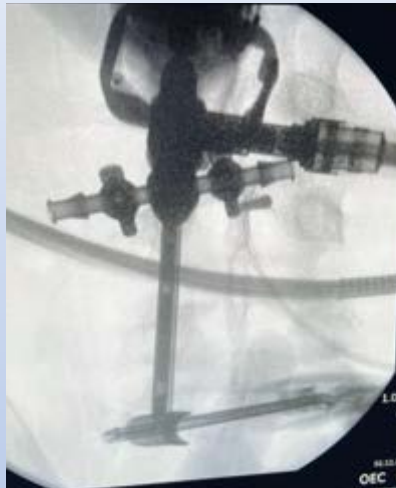
Additional advantages to dualPortal

- Ability to provide surgical options to patients you wouldn't normally operate on
- Case study
 - 45 yo female
 - BMI 49
 - Left leg pain
 - Had bariatric surgery and still no other doc would operate on her



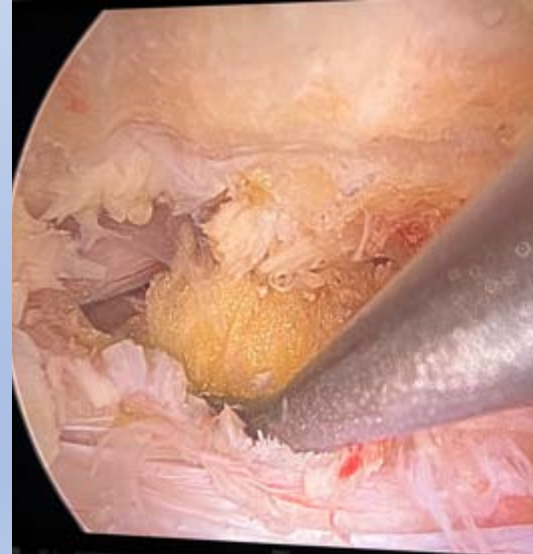
Additional advantages to dualPortal (cont)

- Ability to do neurolysis/facet debridement

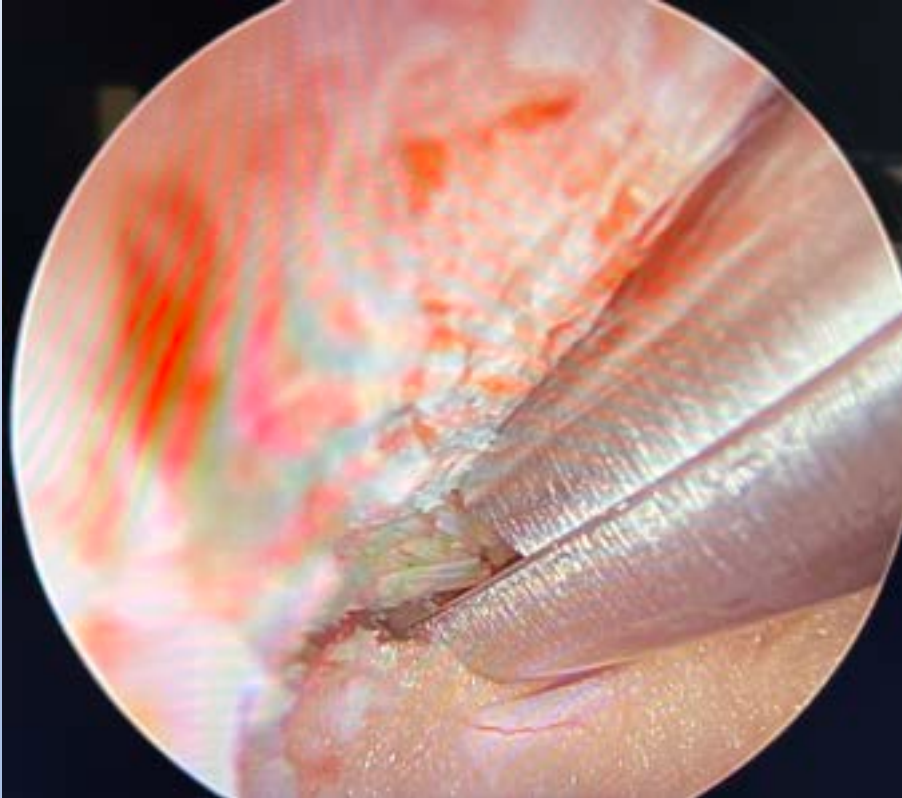


Additional advantages to dualPortal

- Ease of decompressing the transversing and exiting nerve roots...BILATERALLY!

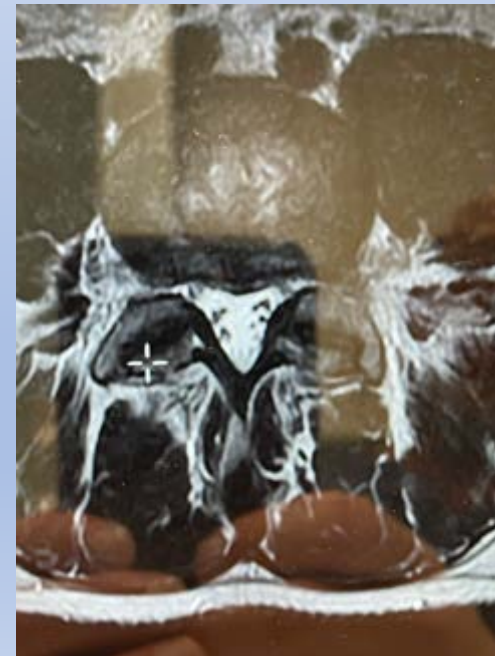


Handling Complications in the ASC setting



- Patient selection!!!!!!
- Back up plans
 - Be ready to convert to open
 - MIS tubes or preferred lami/disc approach
- Dura Repair available
 - Suture, durastat, duragen, tisseel, duraseal, etc. based on preference
- Transfer to inpatient facility

- Case presentation
 - 2 level dualPortal lami/disc (L4-5,L5-S1)
 - Incidental durotomy at L4-5
 - Tented dura due to water pressure, 6-0 curette
 - Covered with duragen/tisseel
 - Inverted figure 8 suture
 - Intact muscle fascia acts as tamponade
 - Drain placed at lower level w/o suction





Take Home Message

- dualPortal can be done safely in the ASC setting
 - Natural evolution for dualX lumbar fusions in the ASC
- Spinal surgery is constantly evolving
 - Need to adopt new technology and new techniques or miss the train
 - Insurance carriers and patients are driving the evolution



Thank You!



