



Utilization of Artificial Intelligence in Pre-operative Planning of Complex Spine Surgery

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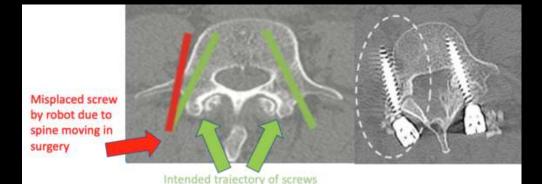
Intro

Digital technology : A new armamentarium in spine deformity surgery

Multiple pre-operative planning software systems are available to assist in deformity assessment and surgical planning for correction







Intro

Using software analysis of Xray, CT and MRI, surgeons have more tools than ever before to provide precise measurement of deformity and facilitate preoperative planning

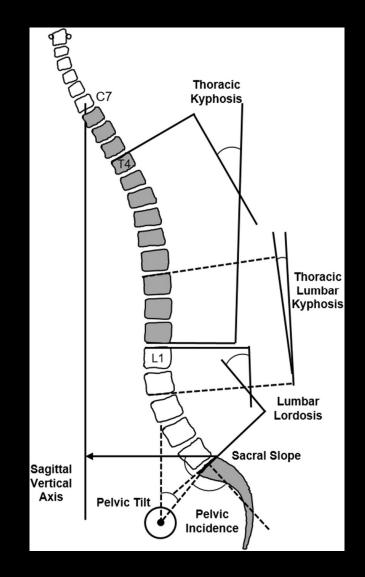
Inadequate pre-operative planning can lead to continued sagittal imbalance and poor surgical outcomes



Basic Concepts in Deformity Surgery

Prerequisite: A knowledge of relationship between spinal and pelvic parameters

Ultimate goal: Preventing fatigue ↑ Bio-mechanical efficiency of the spinal muscles and their relationship to the pelvis



Current Status of DSS

Digital measuring systems have become widely accepted

Decreased planning time Improved accuracy Reduced human measuring error



A review of preoperative planning technologies for spinal deformity correction

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Available Softwares

NuVasive'sPulse Hectec GmbH's mediCAD K2M's Balance ACS EOS Surgimap

Measure pre-operative parameters Planning osteotomies Improving the accuracy of screw placement Tracking outcomes of surgery Generation of 3D models Customized instrumentation and implants through 3D printing Pre-cut rods



The Physician Driven Imaging Solution®

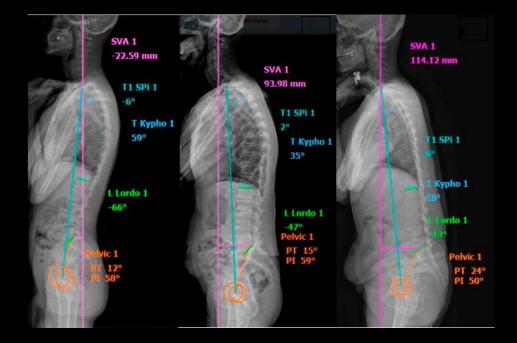
Surgimap(Nemaris, Inc., NewYork,USA)

Uploads images from any database

Measures parameters relevant for preoperative deformity correction

Planning of pedicle screws, cages, and osteotomies to restore sagittal and coronal balance

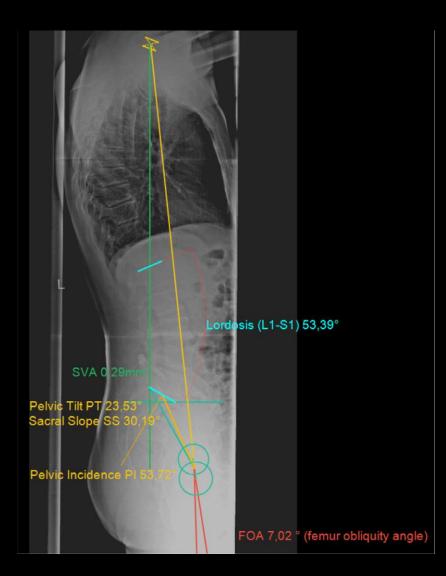
Simulates postop images



Hectec GmbH's MediCad

Provides suggested osteotomy angles

Can be adjusted intraoperatively to reflect the course of the surgery Simulates different approaches and hardware types Rod lengths, contouring and insertion can be modelled and adjusted intraoperatively



Pulse (Nuvasive)

Combines multiple technologies including pre-operative planning software, Intraoperative imaging and Navigation, and IONM in to a single system

Supporting 100% of spine

Procedure category	Pulse*	Standalone navigation	Standalone robotics	
ACDF				
PCF	•			
PLIF	•	0	0	
TLIF	•	0	0	
ALIF	•			
XLIF	•	0		
TL posterior fusion	•		0	
Deformity	•	•	0	
Revision	•	•	0	
Trauma	•		0	
Decompression	•			
Microdiscectomy	•			
Spinal cord stim	•			
Spine cord (tumors, untethering, rhizotomy)	•			
Corpectomy (tumors, infection)	•	۰	•	
Kyphoplasty, SI fusion			0	
Supports procedure OMay support procedure				

*The Pulse platform can be used in every spine procedure; however, not all modalities are cleared for every spine procedure. Refer to Pulse system instructions for use.

K2M Balance ACS

Integrates Surgimap software to allow for preoperative planning for deformity correction Allows screw placement

- Cage placement
- Rod placement
- Wedge osteotomies

Predicts deformity correction in the sagittal, coronal and axial planes

Offers 3D printed anatomical models from CT imaging and 3D printed, customizable implants

Spine EOS(EOS imaging, Paris, France)

Pioneer in spine digital technology

Unique Features: Focus of study on AIS Use of low-dose xray modality

Advantages

Creates 3D images from 2D stereoradiographic input No need for high radiation doses of CT imaging Uses low-dose X-rays to assemble the 3D reconstruction using sterEOS, a software platform available through EOS.



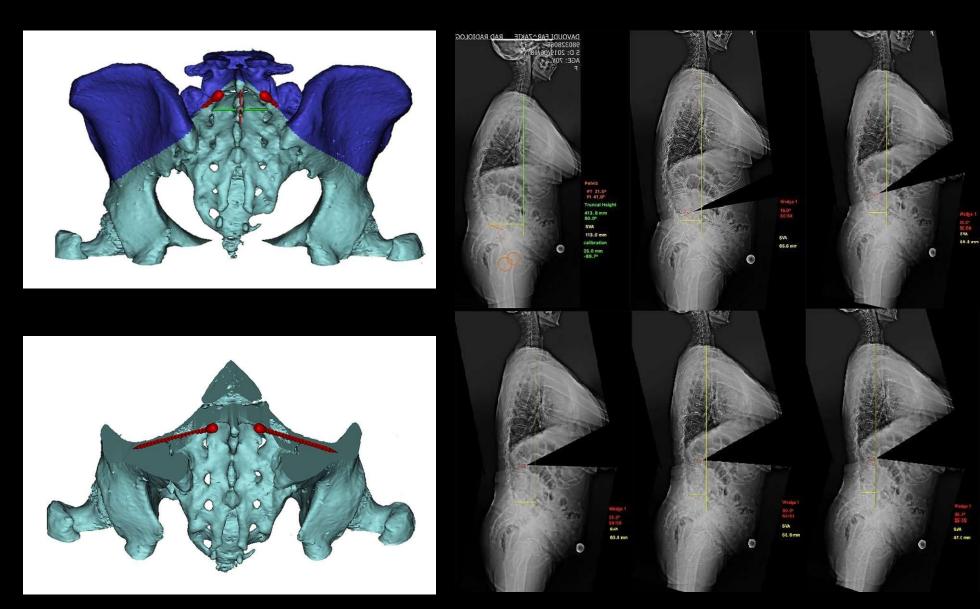
DSS at IAU Spine Section



2018-Now 64 ASD patients Preop planning (Surgimap) **3D Spinopelvic Models** (Materialize MIMICS) 23 PSO 47 combined S1AI & S2AI screws

MIMICS Materialize 3D Spinopelvic Model

Surgimap PSO Simulation





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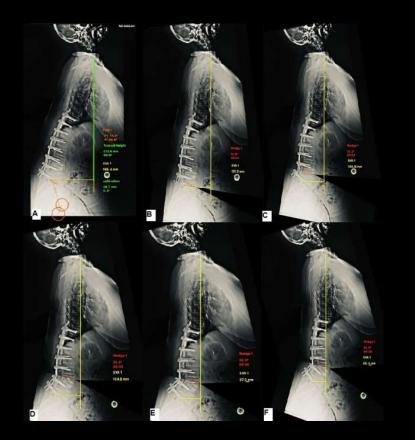
Modified Ondra's Formula to Predict Post-Op SVA after Lumbar PSO: A Preliminary Report Verified by Simulated Post-op Images Via Surgimap Software

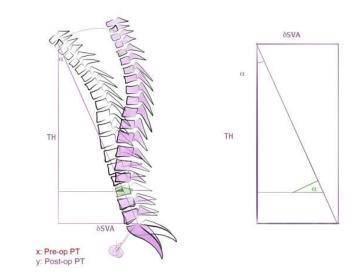
Ghazal Shahbakhsh¹, Zahra Vahedi¹, Payman Vahedi¹

¹BouAli Hopsital of Islamic Azad University of Medical Sciences, Neurosurgery, Tehran,

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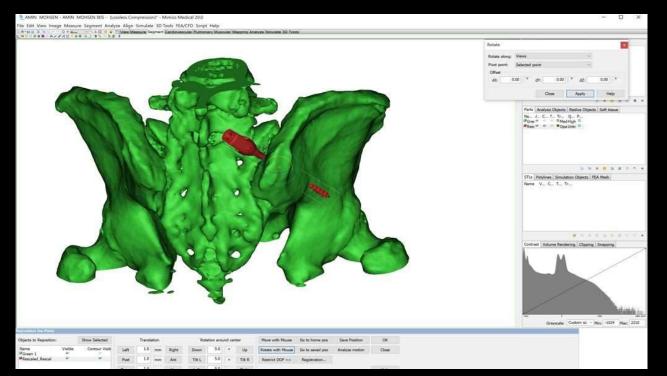


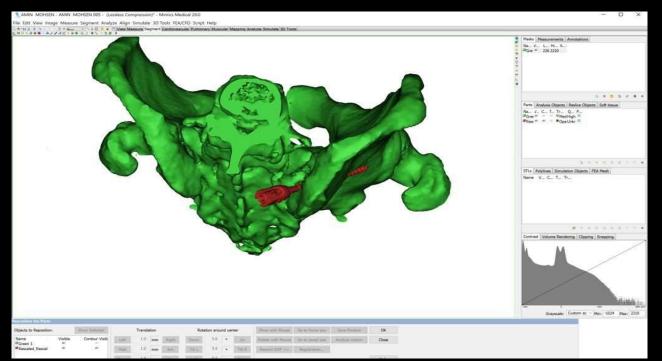
 $\Delta SVA = TH \times 0.017 \times PSO \ Angle^{\circ} \times K$

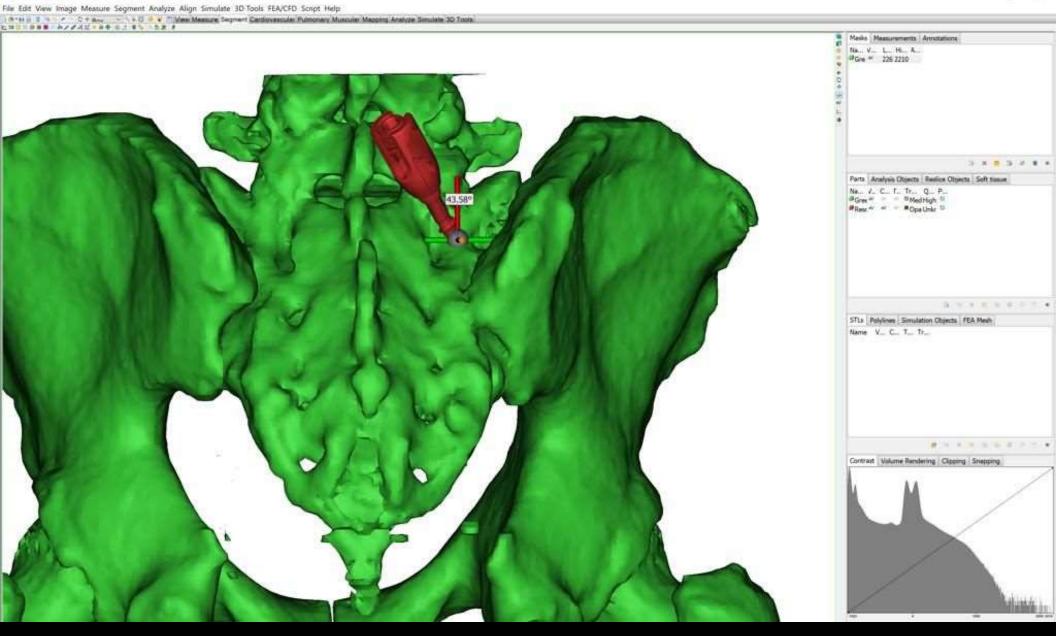








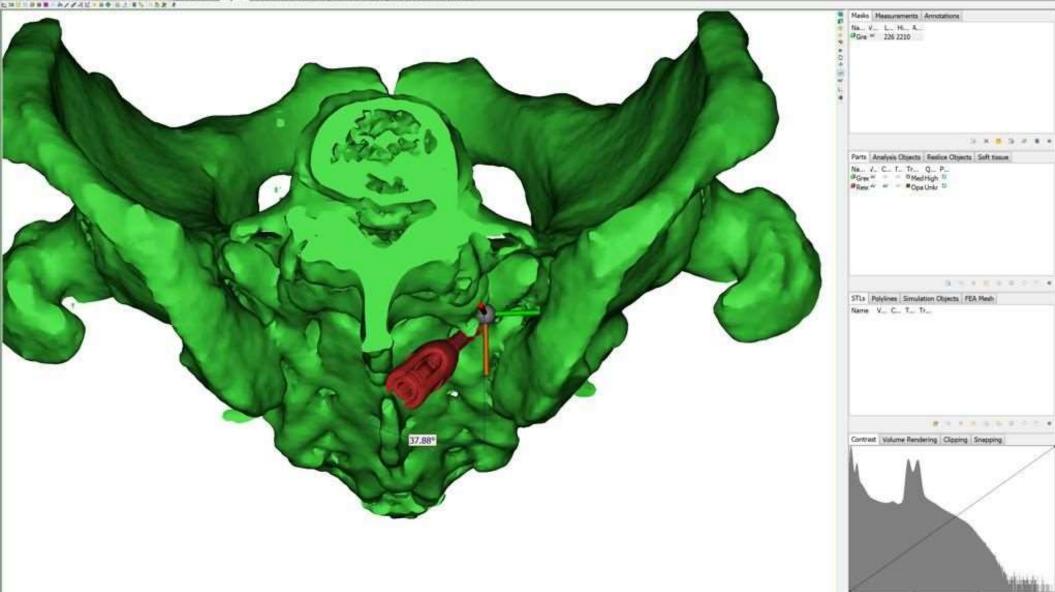


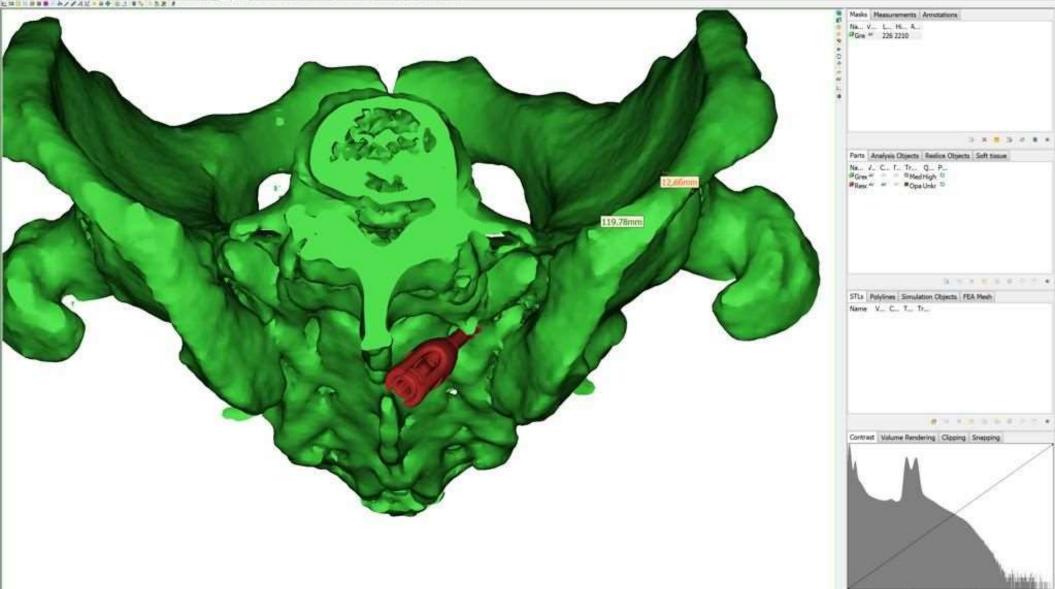


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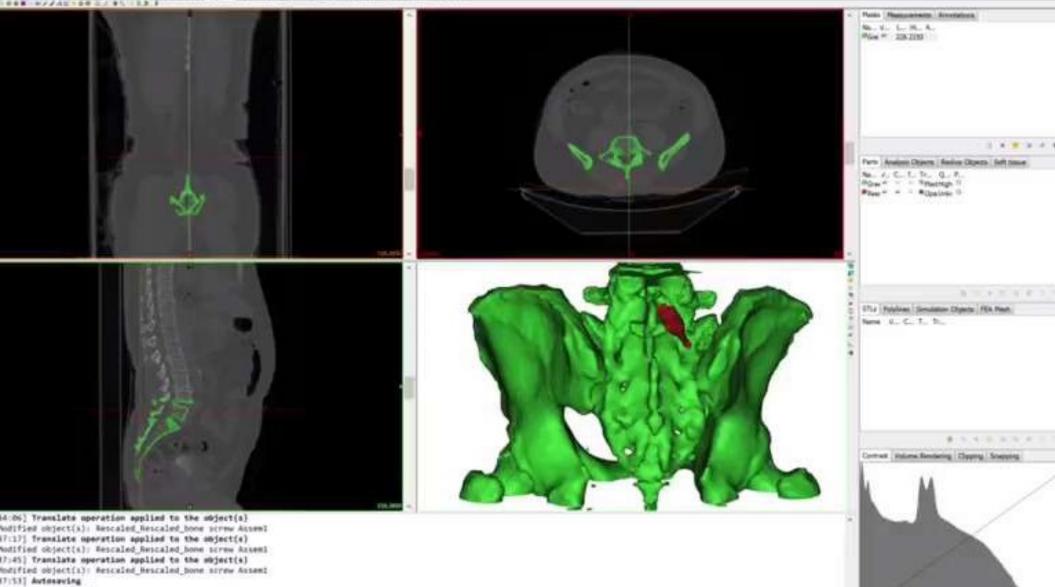




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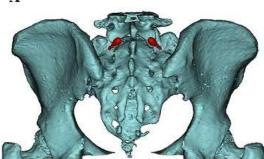
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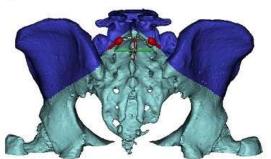
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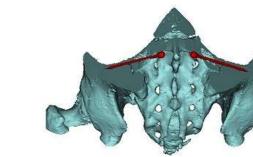


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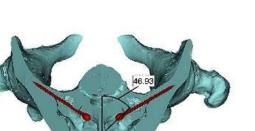


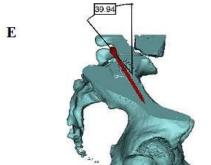


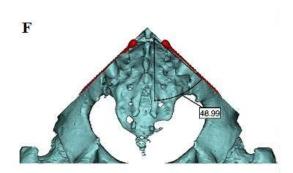




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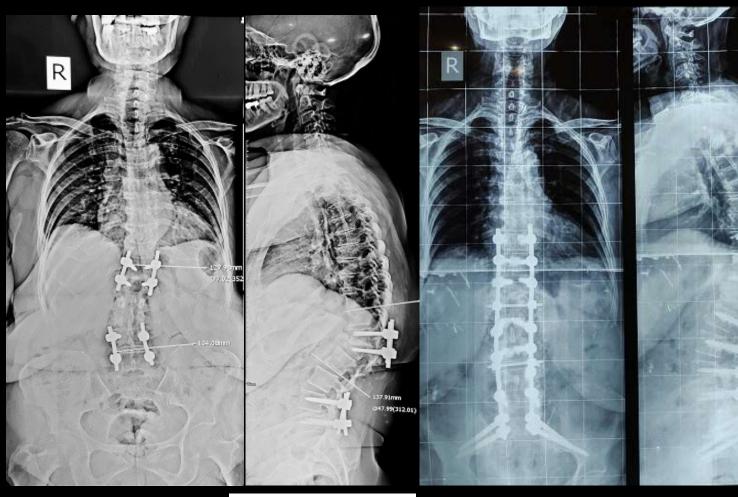


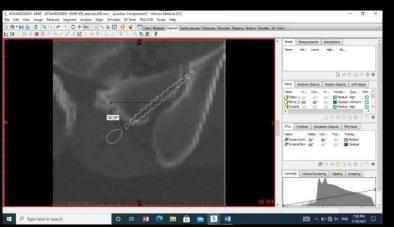




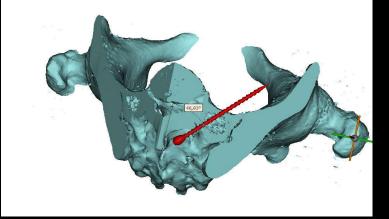
Revison Sx:

Adult Deg Kyphoscoliosis After FBSS



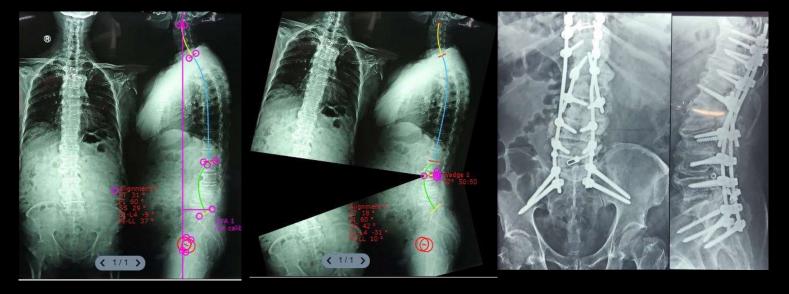






Revision Sx: Flat Back & FBSS

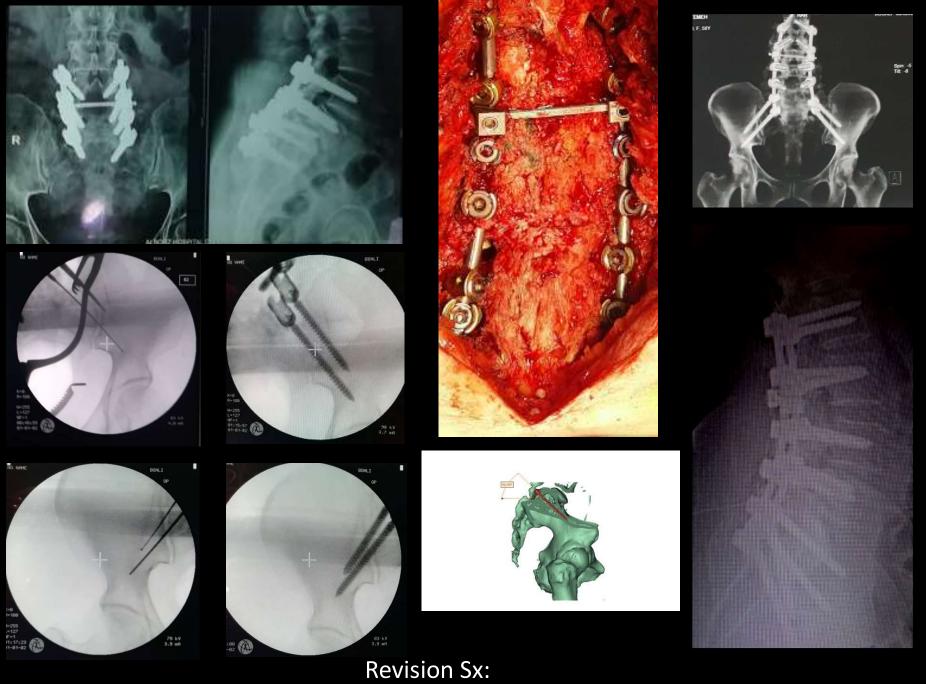




Preop

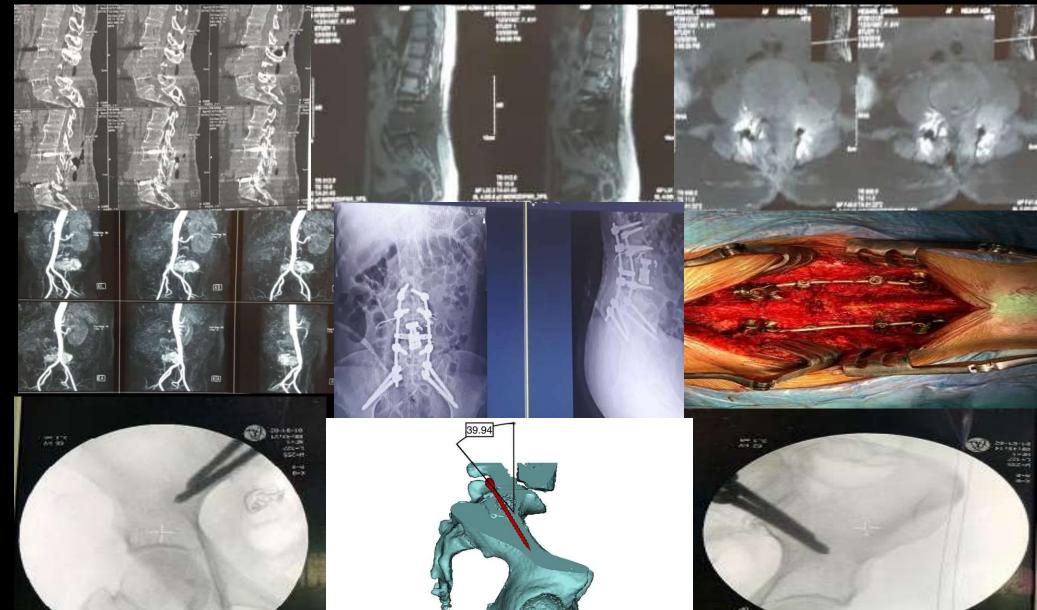
Preop SP Meaurements

Surgimap Simulated PSO Postop



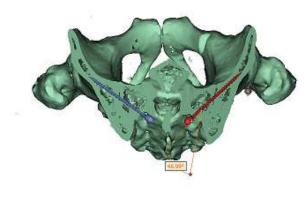
Revision Sx: High Grade Spondylolisthesis-4th Revision Sx

Highly Vascular L4 Met Revision Sx (Pre-op Embolization+ ASF + PSF)



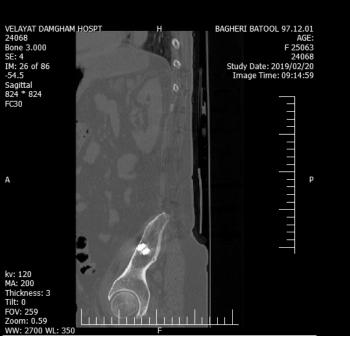


Revision Sx: L5/S1 Pseudartrosis **After Scoliosis** Surgery



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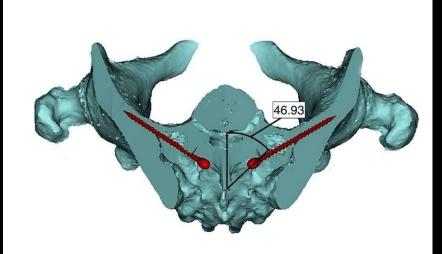
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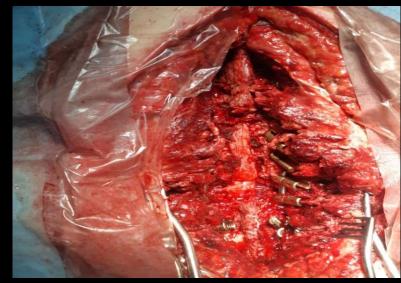


Adult Deg Kypho-Scoliosis









Take Home Message

Due to the tremendous speed of innovations in spine imaging with the application in pre-op planning, every spine surgeon need to keep up and be adapted, as the future of spine surgery would be DIGITALIZED!

Some pre-op low cost digital resources would be good alternatives to high cost intra-op technologies, e.g. O-arm and navigation, in low resource settings.