

Are you doing enough to protect your spinal referrals?

The volume of spinal procedures being performed in the outpatient setting has increased massively over the past decade, with a twofold increase in the incidence of outpatient ACDF cases alone from 2007 to 2016.¹

However, a recent study¹ of over 12,000 patients who were tracked longitudinally using the PearlDiver database found that compared to in-patients, those treated with ACDF in the outpatient clinic were:

> 50% more likely to need an anterior fusion within 12 months¹

> 70% more likely to require conversion to posterior fusion within 12 months¹

Avoid your referral rate being affected by latest data

These are alarming outcomes considering patient selection for the outpatient setting would naturally favor improved outcomes for ACDF compared to an inpatient cohort.¹ Surgeons are turning to cutting-edge technologies to support their ambulatory surgical care practice.

We spoke with Faheem Sandhu, MD, PhD, who specializes in minimally invasive and complex spinal surgery at both inpatient and outpatient clinics and said of his practice:

“Using the newest minimally invasive techniques enables me to provide relief for people who previously might not have been good candidates for spine surgery, such as older or obese individuals. This includes performing increasingly complex spinal fusions in our ambulatory surgical care center.

It’s important I have access to the best equipment, implants and biologics to support this change in care pathway. This latest study in The Spine Journal highlights the importance of choosing the most effective technologies when performing fusion surgery in ambulatory centers.”

Choosing the most effective bone graft can improve spine fusion outcomes by up to 60%^{2,3}

If there is one thing that you can do overnight to have the biggest effect on your fusion outcomes, it’s to evaluate your bone graft of choice. Kuros Biosciences has developed MagnetOs to deliver reliable fusion through predictable bone formation.^{4,5}

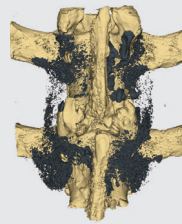
Success is in the surface

Unlike first generation bone grafts, the advanced surface of MagnetOs has needle-shaped features. They are submicron in size and ideal for the attachment and spreading of macrophages. When human macrophages are exposed to MagnetOs, they are polarized to the M2 phenotype, reliably leading to the formation of new bone instead of scar tissue.^{6,*}

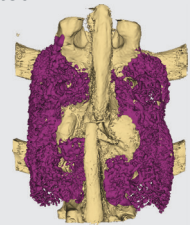
MagnetOs can promote bone in soft tissues without added cells or growth factors^{6,*,*}

This promotes bone formation simultaneously throughout the fusion bed, for a uniform, strong and stable fusion.^{4,5,7,*}

Vitoss® BA2X



MagnetOs™



Instrumented posterolateral fusion in sheep, 12w post-implantation (instrumentation has been subtracted from reconstruction; coloring highlights fusion mass containing new bone and graft: Grey = Vitoss BA2X, purple = MagnetOs)

Uniform, strong and stable fusion^{4,5}

In recent preclinical studies, multiple assessments at the 12-week mark showed MagnetOs had a 100% fusion rate,^{5,7,*} in comparison with a 33% fusion rate for both Vitoss BA2X & Novabone Putty.^{7,*}