LiFT-DV Surgical Technique Guide

(Ligamentum Flavum Trimmer - Direct Visualization)

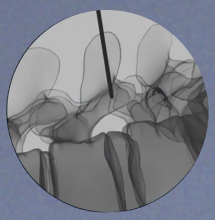
How the Procedure Works:

1. Patient Positioning and Fluoroscopic Imaging

The patient is positioned prone on a radiolucent table. Using intraoperative fluoroscopy, the surgeon identifies the target interlaminar space and confirms the appropriate entry point for portal (retractor tube) placement.

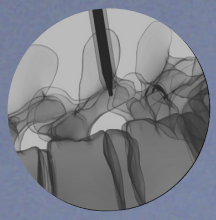
2. Placement of Localization Needle

A spinal needle is percutaneously inserted under fluoroscopic guidance to localize the optimal trajectory and target site on the posterior spinal elements.



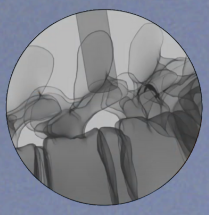
3. Portal (Retractor Tube) Insertion

A small working portal (retractor tube) is introduced over the localization needle and advanced to the target site. This serves as the access channel for instrumentation.



4. Portal (Retractor Tube) Preparation

Once the portal (retractor tube) is in position, the localization needle and obturator are removed, leaving the portal (retractor tube) in place to maintain access and minimize soft tissue disruption.



5. Initiation of Direct Visualization

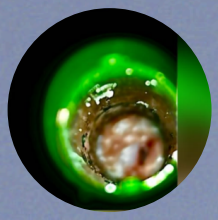
The integrated lights are turned on. Illumination and high-definition visualization allow the surgeon to directly assess the hypertrophied ligamentum flavum and surrounding neural structures.

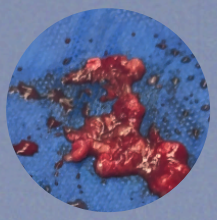
6. Targeted Ligament Resection

The LiFT instrument is introduced through the portal (retractor tube). Under direct visualization, the device is used to selectively debulk and excise hypertrophic ligamentum flavum, decompressing the affected neural elements.

7. Completion and Portal (Retractor Tube) Removal

Once adequate decompression is confirmed, the LiFT device and portal (retractor tube) are withdrawn. Hemostasis is ensured, and the small skin incision is closed using standard technique (e.g., suture, adhesive, or steri-strips).





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