

## Safety and Reproducibility of Sacroiliac Joint Fusion in an Ambulatory Surgery Center.

### Background:

The evolution of minimally invasive spine surgery has pushed many inpatient procedures to the outpatient ambulatory surgery center (ASC) setting. The potential for shorter recovery times, cost savings and decreased infection rates are major benefits of minimally invasive outpatient spine surgery. We report our early results with the sacroiliac joint fusion (SIJF) procedure performed in the outpatient setting.

### Methods:

A retrospective chart review was performed to look at 9 consecutive patients with regards to demographics, length of stay, comorbidities and 30 day readmission rates.

### Results:

All surgeries were performed by the senior author. 9 consecutive patients underwent an SIJF in an outpatient setting. 4 patients were male and 5 patients were female. The average age was 49.1 (range 39-57). All procedures were one sided SIJF, though one patient underwent bilateral procedures on separate days. The average BMI was 29.3 (21.1-32.4). 2 patients had commercial insurance and 6 patients had workman's compensation claims/liability claims. The average length of stay was 107.6 minutes (44-190). No patient required a blood transfusion or transfer to a hospital. Comorbidities include hypertension (6), former smoker (4), current smoker (3), hypothyroidism (2), GERD (2), anemia (2), history of breast cancer (1), hyperlipidemia (1), sleep apnea (1), and depression (1). The highest ASA score was 3. No infections were noted. No patient had to be readmitted within 30 days of the procedure.

### Discussion:

The potential to move SIJF to the outpatient setting utilizing advanced minimally invasive surgery presents a significant opportunity for patients and payers to benefit from decreased infection rates, quicker recovery and achieve cost benefits. There has been significant research to demonstrate the safety and reproducibility of lumbar decompressions, cervical fusion and cervical disc replacement in the outpatient setting. To our knowledge this is the first data on outpatient minimally invasive SIJF. Our early data suggest that in well selected patients, the SIJF procedure can be performed safely and reproducibly in the outpatient setting. Further research performed in a prospective multi-center study is needed to validate these early findings.