

# Inverted Y Approach to Lumbosacral region- Analysis of 525 cases over 10 years.

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## Introduction

Traditional approach to lumbosacral region utilizes midline incision, which often requires long incision to get sufficient exposure. We describe our experience with inverted Y approach to lumbosacral junction.

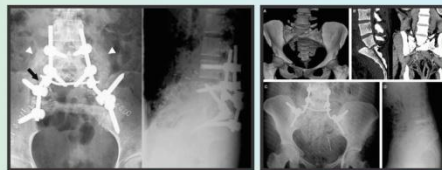
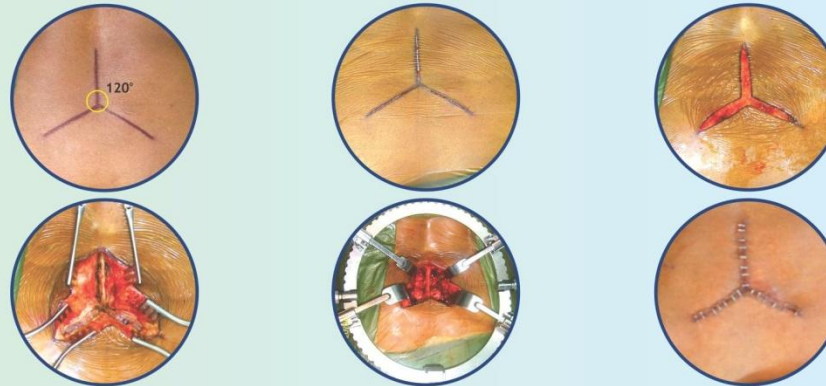
## Objective

To analyze the surgical steps, complications and results of inverted Y incision to approach lumbosacral region in a tertiary care referral center (Amrita Institute of Medical Sciences, Kochi) by file review.

## Materials and Methods

The 3 limbs of the "MercedesBenz" incision, is centered over the L5- S1 junction in the midline and radiate along the spinous process superiorly and either PSIS inferiorly, and are spaced approximately 120 degrees apart.

Total of 525 patients were included in the study with the range of age from 17 to 75 years and mean age being 51.24 years. Mean follow-up period was 26 months, with a range from 10 to 64 months. The surgeries included PLF, PLIF, TLIF and Iliolumbar fixations.



## Results

522 patients had primary wound healing and 3 patients had wound breakdown. Of these 3 patients, two had previous radiation treatment to lumbosacral region and one patient had multiple surgeries for spondylodiscitis earlier.

## Discussion

Elevate the distal-based musculo-fascio-cutaneous flap as a single layer to maintain the vascularity of the flap edges, there by preventing wound dehiscence.

Do not use the Mercedes Benz incision in the presence of an extensive skin or degloving (Morel-Lavallée lesion) injury and after local irradiation for tumors.

## Conclusion

Inverted Y Approach to lumbosacral region is a simple and safe technique with minimal wound complications.

## References

Ilio-lumbar Fixation—The Amrita Technique, Narayana K. Acharya, Binod Bijukachhe, Renjit J. Kumar and Venugopal K. Menon, (J Spinal Disord Tech 2008;21:493-499)