

Spondylolisthesis

Webinar for GPs

16 October 2024 / 8am – 8.30am



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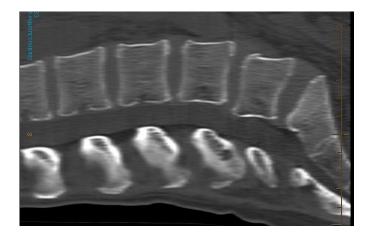
Dedicated to lifelong learning and sharing my expertise with others, I attend spinal conferences worldwide and regularly consult with colleagues about successful treatments.





Vertebral slippage







Types of spondylolisthesis

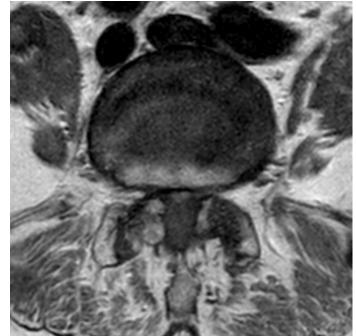
- Degenerative
- Isthmic spondylolysis pars defects
- Traumatic
- Infection
- Tumour



Degenerative Spondylolisthesis









▼ n.a.

₹ 82%

Symptoms

- Back pain worn facet joints
- Sciatica nerve root compression in lateral recess
- Neurogenic claudication central nerve compression



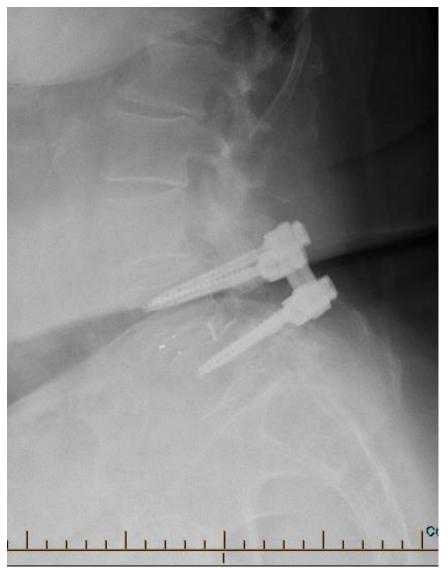


Natural history and non-operative management

- Generally worse over time
- Can try walking, core strength and hydrotherapy
- Transforaminal cortisone injections
- Most often at L4/5



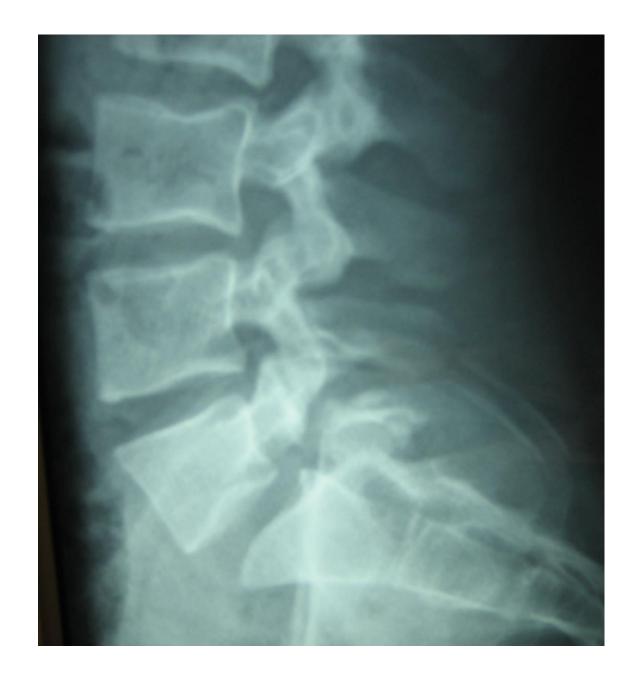
Surgery







Isthmic Spondylolisthesis







Development

- Childhood injury probably
- Stress fracture
- Fracture non-union
- Minimal symptoms at the time
- Become an issue in middle age
- Back pain and sciatica
- Most often L5/S1









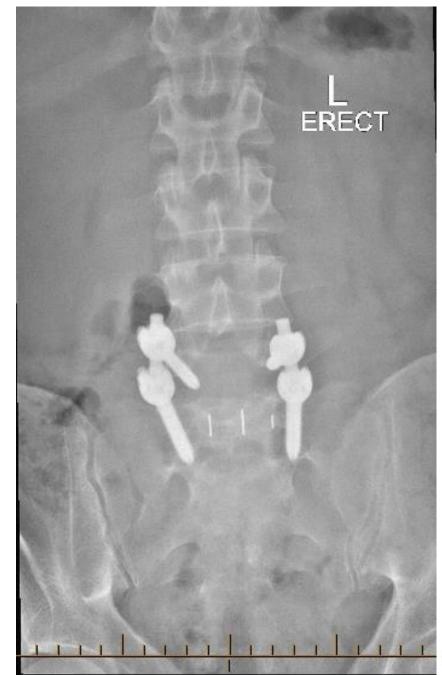


Natural history and management

- Usually, symptoms persist and progress
- Can watch
- When sciatic pain is significant, surgery is good
- Back pain alone, benefits surgery less certain
- Work on core strength









Summary

- In adults, spondylolisthesis will present with back pain and sciatica
- Common causes degenerative and isthmic spondylolysis
- Can try core strengthening
- Surgery works well when nerve pain predominates



A&D

- ✓ A recording of the webinar will be available on my website
- ✓ Further resources for GPs are available at https://spinalsurgeonsydney.com.au/for-referrers
- ✓ To receive future resources via email, send your name and email address to info@powspine.com.au



If you have any questions about a patient, please feel free to call me on $\underline{02\ 9650\ 4893}$. I will return your call and discuss how we can help.

You can also reach me via ralphstanford@powspine.com.au.

