



TITLE: O-Arm Technology in Spinal, Neurological, Orthopedic, or Trauma Surgery Settings: Clinical Effectiveness, and Benefits and Harms

DATE: 07 August 2013

RESEARCH QUESTIONS

1. What is the clinical effectiveness of O-arm technology used in spinal, neurological, orthopedic, or trauma surgery settings?
2. What are the benefits and harms associated with O-arm technology in patients undergoing spinal, neurological, orthopedic, or trauma surgeries?
3. What are the harms associated with the use of O-arm technology in operating room hospital staff?

KEY MESSAGE

One randomized controlled trial and nine non-randomized studies were identified regarding the clinical effectiveness, benefits, and harms of O-arm technology used in surgical settings.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2013, Issue 6), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2003 and July 29th, 2013. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

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RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials (RCTs), and non-randomized studies. One RCT and nine non-randomized studies were identified. Due to the large volume of relevant literature, non-comparative studies on O-arm effectiveness have been included in the appendix. Additional references of potential interest are also provided in the appendix.

OVERALL SUMMARY OF FINDINGS

Overall, studies agreed that the O-arm system was safe and accurate, with minimal radiation exposure, for spinal surgery and deep brain stimulation.¹⁻⁹ One study, on radiation exposure during orthopedic surgery, found that the O-arm delivered higher doses of radiation to operators than did the C-arm technology.¹⁰ Further details of the included studies are provided in Table 1.

Table 1: Summary of Included Studies			
Author, Year Study Type	Surgical Procedure	Comparator	Authors' Conclusions
<i>Effectiveness</i>			
Shin et al. 2013 ¹ RCT	Thoracic and lumbar spines	C-arm fluoroscopy	O-arm system was more accurate and safer than the fluoroscopy method for pedicle screw placement
Holloway et al. 2013 ² NRS	Deep brain stimulation	Computed tomography (CT)	O-arm system was as accurate as the CT scan
Hodges et al. 2012 ³ NRS	Spinal surgery	C-arm	O-arm system could reduce the need for pedicle screw revision
Houten et al. 2012 ⁴ NRS	Lumbar fusion	Fluoroscopy-guided method	O-arm system was safe and effective, improving overall accuracy and reducing operative time
Shin et al. 2012 ⁵ NRS	Thoracic and lumbar spines	C-arm fluoroscopy	O-arm system was more accurate and safer, but surgical time was longer than with C-arm fluoroscopy
Silbermann et al. 2011 ⁶ NRS	Lumbar and sacral spines	CT scan using free-hand	O-arm system showed greater accuracy than CT scan using free-hand
Nottmeier et al. 2010 ⁷ NRS	Upper cervical spine and occiput	C-arm	O-arm system was as safe and accurate as the C-arm method
<i>Radiation exposure</i>			
Nottmeier et al. 2013 ⁸ NRS	Spinal surgery	No comparator	Minimal radiation scatter from the O-arm system; a lead shield would protect the surgeon from any radiation exposure

Table 1: Summary of Included Studies

Author, Year Study Type	Surgical Procedure	Comparator	Authors' Conclusions
Abdullah et al. 2012 ⁹ NRS	Spinal surgery	No comparator	Minimal radiation exposure for the surgical team using O-arm system
Park et al. 2012 ¹⁰ NRS	Orthopedic surgery	C-arm system	O-arm delivered higher doses of radiation to the sensitive organs of the operator

NRS = non-randomized study; RCT = randomized controlled study

REFERENCES SUMMARIZED

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

1. Shin MH, Hur JW, Ryu KS, Park CK. Prospective Comparison Study Between the Fluoroscopy Guided and Navigation Coupled with O-arm(R) Guided Pedicle Screw Placement in the Thoracic and Lumbosacral Spines. *J Spinal Disord Tech.* 2013 Apr 3. [PubMed: PM23563342](#)

Non-Randomized Studies

Effectiveness

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Radiation Exposure

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APPENDIX – FURTHER INFORMATION:**Non-Randomized Studies – non-comparative**

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12. Collins KL, Patil PG. Flat-panel fluoroscopy O-arm-guided percutaneous radiofrequency cordotomy: a new technique for the treatment of unilateral cancer pain. *Neurosurgery.* 2013 Mar;72(1 Suppl Operative):27-34.
[PubMed: PM23037818](#)
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Radiation Exposure – model

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