



GUIDELINES FOR SUBMITTING ABSTRACTS

Please follow formatting guidelines to ensure your abstract file contains all the required information, and to facilitate its inclusion in the program. You must send your abstract file (including authors, author affiliations, title, and abstract body) as a Word Document or PDF by email to: hhoward@foreonline.org. Abstracts for talks at this year's meeting will **ONLY** be accepted if submitted on or before the registration deadline: **Friday, November 16, 2018.**

- Abstracts accepted for presentation will be presented at the podium.
- Podium presentations are 5 minutes in length with ample time for discussion.
- Submitting authors will receive acceptance or regret notices by **December 14, 2018.**
- Abstracts may include a single figure, image, table or graph uploaded in a separate submission page in JPEG format

You must submit your abstract file with the following information: **Conference, Title, Author, Affiliation, Email, Abstract** (500 words or less) and **Author Biography** (500 words or less).

Please use the example below to make sure your formatting is correct.

CONFERENCE: 22nd Annual Selby Spine Conference

TITLE: Deformity: Increasing Treatment Options: ALL Release by Lateral Approach for Anterior Column Reconstruction - Anatomy, Technique and Early Results

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ABSTRACT:
Introduction: Flat back deformity and sagittal imbalance causes important clinical symptoms. Posterior-based procedures, as osteotomies, are related to important morbidity and risks.

Methods: Radiological study with seventy-four patients on T2-weighted axial and sagittal MRIs. Surgical access was done through the retroperitoneal space and through psoas muscle, using continuous EMG guidance, discectomy, ALL release and hyperlordotic cage insertion.

Results: Disc AP diameter were greater than its adjacent vertebral bodies ($p < 0.001$). The aortic bifurcation occurred at L4 (61%); L3-4 (19%) and L4-5(17%). %),

Conclusions: Close relation of great vessels and the lumbar discs are found especially in the L4-L5 spine level. Anterior annulus and ALL should be retained for a safe L4-L5 discectomy, but the release of those structures can be safe if appropriate technique is adopted. Full investigation of the anatomical position of the vessels might be required before surgery is performed.

BIOGRAPHY:
Heather Howard is a Senior Program Manager in the Continuing Medical Education Department at the Foundation for Orthopaedic Research & Education.