Anal nerve risks with paracoccygeal lumbosacral fixation

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I commend your journal and authors Stefanski et al. [2] on the wonderfully educational research study titled, “The probability of finding nerve branches to the external anal sphincter”. The authors’ assessment of 110 cadavers provided detailed analysis regarding nerve branches to the external anal sphincter.

Since the time of the publication, there has been increasing interest in a relatively new surgical technique in this body region, specifically the paracoccygeal or transsacral approach to lumbosacral fixation surgery [1]. Based on the expertise that Stefanski et al. have in this region, it would be extremely interesting if they could comment on whether the paracoccygeal approach to lumbosacral fusion may place at risk the anal sphincter nerves that Stefanski studied. In this way, Stefanski’s anatomic expertise in this

area might transcend directly into the clinical realm and shed some light (whether that be reassurance or warning) regarding the new, paracoccygeal surgical approach.

Conflict of interest statement None.

References

1. Akesen B, Wu C, Mehbod AA, Transfeldt EE (2008) Biomechanical evaluation of paracoccygeal transsacral fixation. *J Spinal Disord Tech* 21(1):39–44
2. Stefanski L, Lampe P, Aleksandrowicz R (2008) The probability of finding nerve branches to the external anal sphincter. *Surg Radiol Anat* 30(8):675–678

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