capital region NEUROSURGERY

www.capitalregionneurosurgery.com

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An Informational Newsletter for Medical Professionals

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Comprehensive Care for

Brain Tumors
Arthritis of the Spine
Degenerative Disc Disease
Spinal Stenosis
Herniated Disc
Bone Spurs
Spondylolithesis
Low Back Pain
Neck Pain
Sciatica
Compression Fractures
Spine Tumors

On Site Services Include:

MRI, CT and X-ray
Pain Management
McKenzie-Certified PT

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XLIF: Minimally Invasive Spine Fusion Surgery

New approach means less pain, shorter hospital stay and faster recovery.

The XLIF - Lateral Interbody Fusion is a procedure that allows a neurosurgeon to access the spine from the side rather than the back or front. Approaching the spine this way results in less disruption of muscles, blood vessels and nerves; less blood loss; reduced time in the operating room; decreased pain; often times a reduced hospital stay, and a faster recovery.

The surgeons of Capital Region Neurosurgery are now using the lateral approach for many patients who need a spine surgery. Capital Region Neurosurgery is currently the only neurosurgical practice to offer XLIF in upstate New York .

"My patients have gotten out of the hospital sooner and their rehabilitation has progressed faster compared with traditional spinal fusions," explained Dr. Scheid, "If a patient is stable post-operatively, he or she can be back to normal function in approximately six weeks compared to three to six months with traditional fusion."

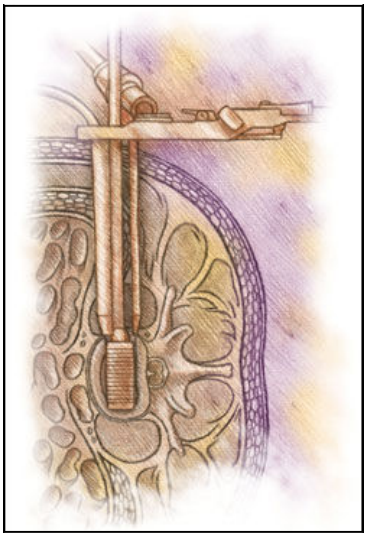
The less-invasive lateral approach is a breakthrough for spine patients, but it is of particular benefit for patients who want to return to their active lifestyles more quickly and easily, or those who cannot tolerate a larger, open procedure because of the increased risks associated with longer anesthesia time, greater blood loss, increased hospitalization, and a prolonged recovery.

We are open Monday thru Friday from 8AM to 5PM and on Saturdays for imaging procedures only.

We offer comprehensive, conservative treatment options for back and neck pain. Services include ***pain management services*** *and* ***minimally invasive procedures****, as well as* ***in-house diagnostic imaging*** *and* ***McKenzie-Certified physical therapy****.*

First treatments: Exercise/McKenzie-based Physical Therapy/Injections

When a patient experiences back pain that does not resolve in a week to ten days, NSAIDS medications, McKenzie-based physical therapy, and/or chiropractic care may be prescribed. Some patients will eventually require and benefit from steroid injections. When these conservative measures don't resolve back-related pain, surgery may be necessary.



Once the intervertebral implant is in position, the retractor is removed and final confirmation X-rays are taken. The small skin incisions are closed with a few stitches and a bandage.

When Surgery is Necessary

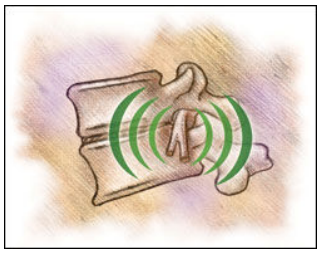
With lateral fusion, patients are positioned on their side on a special surgical table that flexes down from the middle, exposing the patient's opposite side for surgery. Two incisions are made — one over the side of the waist through which most of the procedure is performed, and the other behind the first, through which the neurosurgeon's finger guides the instruments into a safe position.

As tubes are advanced past the muscle on the side of the vertebrae, X-rays and nerve monitoring help to guide the tubes to the correct location on the spine as well as avoid nerves. Nerve monitoring assists neurosurgeons with implant placement by monitoring nerve activity throughout the procedure.

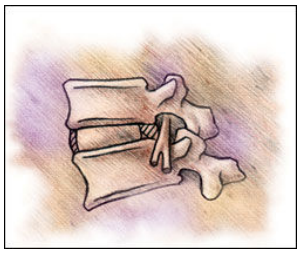
The biggest concern coming through the side is going through the hip flexor muscle. When going through the hip flexor muscle, a neurosurgeon needs to avoid the nerves that are inside the muscle. Nerve monitoring allows the neurosurgeon to get to the spine safely, with minimal risk and disruption of supporting muscle tissue to the spine.

After the tubes are in place, the neurosurgeon removes the intervertebral disc between the two vertebrae and prepares the disc space for fusion. The neurosurgeon then places a stabilizing implant into the empty disc space to restore proper disc height and correct spinal alignment. Then the retractor is removed, X-rays are taken and the skin incisions are closed.

Because the procedure is less disruptive than conventional posterior or anterior surgery, most patients are able to get up and walk around within a day of the surgery. In general, XLIF surgery results in faster recovery and return to normal activities.



Pre-Surgery



Post-Surgery

Images courtesy of NuVasive

There are many reasons that a neurosurgeon may choose to use the XLIF procedure to fuse the spine. The XLIF procedure has been used to treat a variety of spinal disorders including:

Spondylolisthesis
Degenerative scoliosis
Spinal deformities
Adjacent segment disease
Pseudoarthrosis
Degenerative disc disease
Foraminal stenosis requiring disc height restoration
Recurrent lumbar disc herniations
Thoracic disc herniations

NEWS

The 2nd ANNUAL**CRSS Race for Hope** to take place on Saturday, September 18, 2010. This is a **USA Track and Field sanctioned and certified 5K course** for runners and walkers.

Last year, our 1st Annual Race for Hope on Sunday, October 25th raised **$50,125** for patient services at St. Peter's Hospital Cancer Care Center. We had **over 400 runners and walkers** participate with just as many spectators. Our second year promises to be even more exciting with the addition of a post-race family fun day and concert with a goal to double our fund-raising this year to $100,000!

Dr. Edward Scheid's appearances on WAMC's Vox Pop/Medical Monday show with Dr. Alan Chartok are available as podcasts for download at http://www.wamc.org/prog-podcasts.html