

For more information go to:

www.AllAboutBackandNeckPain.com

As your doctor, I look forward to answering any questions you have about your back and neck.



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ADDDB/RPI

More surgical options

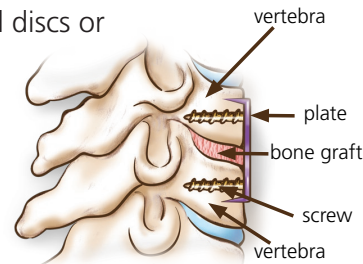
4 Spinal fusion

Spinal fusion joins two or more vertebrae to stop motion at a painful area. It is used for multiple herniated discs or for an unstable spine.

Bone grafts are inserted between the bones to encourage the body's ability to grow new bone and fuse the bones together.

Other devices such as small screws, plates, rods, an interbody spacer, or a cage can help stabilize your spine while the bones are fusing and your body is healing.

- Inpatient stay usually 3 to 4 days
- Pain medication is prescribed after surgery
- Need to avoid normal activity for at least 6 weeks until bones begin to heal and fuse
- Return to work generally in 4 to 6 weeks for desk jobs; it may take 4 to 6 months for more physical jobs



Cervical Fusion

5 Minimally invasive surgical fusion, or MIS

Minimally invasive surgical fusion, or MIS is done through small incisions in your back. The surgeon uses an endoscope, a lighted tube with an attached camera, and passes surgical instruments through small incisions.

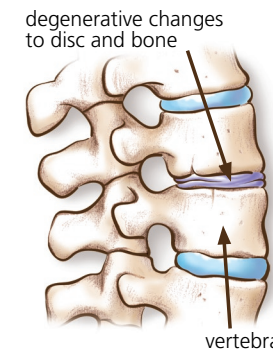
- May produce less postoperative discomfort than standard fusion
- May leave hospital in 2 to 3 days

6 Disc Replacement

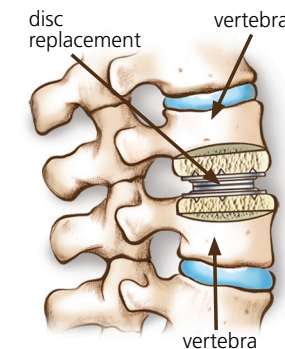
Disc replacement is a newer surgical technique that replaces the center or entire disc with an artificial one.

- Performed under general anesthesia
- Incision made through the abdomen to the spine
- Pain medication is prescribed after surgery
- Allows the spine to move
- After one level surgery (one disc is replaced), generally you may return to work in 6 to 8 weeks

Degenerated Disc



Disc Replacement



Surgical risks

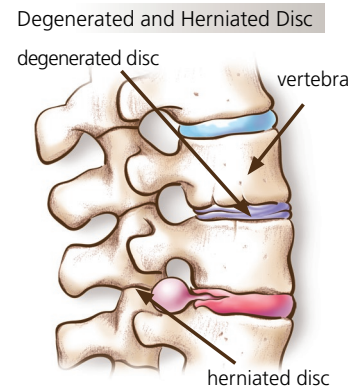
The risks for degenerative disc disease surgery are the same as for any major surgery. Complications such as infection, pain, nerve damage and disc inflammation can occur. Talk with your surgeon to make sure you understand the risks and benefits of the DDD treatment recommended for you.

*Understanding
Degenerative Disc Disease*

Q What is degenerative disc disease?

A Degenerative disc disease, or DDD for short, occurs when the discs, the cartilage “shock absorbers” between the vertebral bones, become thinner and more brittle.

Spondylosis is when the space between the vertebrae gets smaller. When the disc material bulges out or ruptures, it is called a **herniated disc**. Pain, numbness or weakness can be caused by the disc pressing on nerves or the spinal cord.



Q What causes DDD?

A Some wear and tear of the spine’s discs is normal. Other factors that can put you more at risk or “speed up” the damage include:

- **Genetics** — some families have more disc degeneration
- **Obesity** — too much weight places extra stress on the spine and the shock absorbing discs
- **Lack of exercise** — can result in weak trunk and abdominal muscles that don’t support your spine during movement
- **Work activities** — sitting for long periods of time, lifting or pulling heavy objects, bending, twisting or repetitive movements and exposure to constant vibration can harm the spine

- **Smoking** — tobacco use can deprive the spine of blood flow and nutrients needed to repair disc tissue

- **Injuries** — prior injuries, disc herniations or back surgeries can put you at increased risk for DDD

Q What are the symptoms?

A Degenerated discs do not always result in pain. When pain occurs, it’s often from weakened discs and other spinal structures becoming irritated and painful with movement. If the disc bulges or herniates, symptoms may worsen. You may have pain after physical activity or after sitting for long periods. Your pain may be sharp, throbbing or burning and may extend down into one or both legs. Your back may also feel stiff and you may experience numbness, tingling or weakness in your legs, feet or buttocks.

TERMS TO KNOW

- **Discectomy** — surgery to remove all or part of a degenerated disc.
- **Disc replacement** — surgery to replace a degenerated disc with an artificial one.
- **Herniation** — when the shock absorbing disc between the vertebrae ruptures or tears open.
- **Laminectomy** — surgery to remove part of the spinal bone and bone spurs causing pressure on the spinal cord or nerves.
- **Spinal fusion** — surgery that joins together two or more vertebral bones to stabilize the spine.

Q What are the treatment options?

A Returning to normal activities without pain is the goal of treatment. You may have tried nonsurgical treatments such as physical therapy, pain medications or a back brace. When symptoms do not improve within 6 to 12 weeks, it is time to consider surgical options.

Make informed choices

Surgery can relieve the pressure on spinal nerves and reduce your pain and other symptoms.

Talk to your surgeon about these 6 surgical treatments and about the best way to care for your back.

1 Laminectomy

Laminectomy removes all or part of the “roof” or lamina on the spinal canal to relieve pressure on nerves. It is very successful in relieving leg pain and numbness.

- Takes 1 to 3 hours
- Performed under general anesthesia
- A 2- to 6-inch incision in the back is closed with stitches or surgical staples
- Pain medication is prescribed for post-operative pain
- Improves leg strength and the ability to move more easily
- Return to work generally within a few weeks for desk jobs; it may take 2 to 4 months for more physical jobs

2 Discectomy

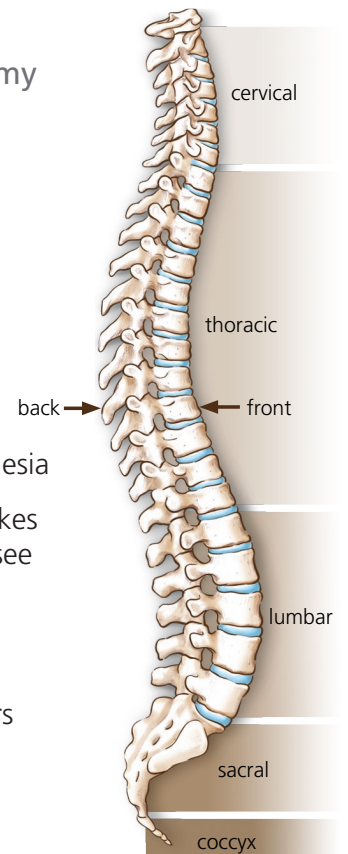
Discectomy removes all or part of the disc to relieve pressure on the nerves.

- Performed under general anesthesia or spinal anesthesia. Inpatient stay of 1 to 3 days; sometimes done on an outpatient basis
- Surgeon makes an incision in the back and removes all or part of the disc causing pain
- Pain medication is prescribed after surgery
- Return to work generally within a few weeks for desk jobs; it may take 2 to 4 months for more physical jobs

3 Microdiscectomy

Microdiscectomy is similar to discectomy, but involves a smaller incision and the surgeon looks through a microscope during the procedure.

- May be performed under spinal anesthesia
- Smaller incision makes it more difficult to see and remove large disc fragments
- May leave hospital within 8 to 12 hours
- May return to your normal activities sooner than with discectomy



Spine