

# Less invasive procedures aid back problems

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An estimated 10 million adults suffer annually from chronic back pain.

The majority have problems with degenerative and related conditions which result in instability and compression of the spinal nerves, causing back pain and radiating pain in the arms or legs.

Physicians usually first prescribe nonsurgical treatments, including lifestyle changes, bed rest, medication, physical therapy and steroid injections. When these treatments are not effective, some patients require spine surgery. It's estimated that more than 1 million patients undergo spine surgery each year in the U.S.

In general, surgery is performed to eliminate instability or nerve compression in the back due to degenerated discs and facet joints. Disc degeneration results in a lack of proper spacing between the vertebrae, which can cause severe and debilitating pain. Other conditions that may require surgery are the slippage of one vertebra over another or a change in the normal curvature of the spine, also known as scoliosis.



Surgery to reduce pain and restore function sometimes requires stabilization, or fusion, of vertebrae to reduce motion between the joints, adjust alignment, and restore disc height. During the procedure, the disc between the two vertebrae that are to be stabilized is removed and a spacer is implanted to restore the proper disc height and ensure correct spinal alignment. In some cases, screws, plates, or rods are also implanted into the vertebrae for additional stability.

Typically, fusion surgeries have been performed through large incisions with extensive muscle retraction required to access the spine and then perform the instrumentation and fusion. The disruption of the spinal muscles is a major source of post-operative pain and contributes to the long recovery time after back surgery. In recent years, minimally invasive approaches to spinal fusion have been developed to minimize this damage to the para-spinal musculature. These minimally disruptive approaches offer a surgical solution with less tissue trauma, potentially less pain, and faster recovery time. One of those minimally disruptive procedures is extreme lateral interbody fusion, also known as XLIF.

The XLIF procedure does not require entry through sensitive back muscles, bones, or ligaments. Instead, the spine is approached from the side through two, 1-inch incisions. This approach

enables all the same goals to be reached as with traditional fusion of complete disc removal and implant insertion but without any disruption of the para-spinal musculature. This technique requires the use of a specialized minimally invasive retractor-access port and also requires the use of sophisticated real-time nerve monitoring to safely access the spine without any large incisions.

Because it is less disruptive to surrounding tissues, the XLIF procedure requires less operative time and results in minimal surgical blood loss and quicker postoperative recovery than traditional approaches. XLIF has been used in thousands of patients in the U.S. and abroad to successfully treat a range of thoracolumbar conditions including degenerative disc disease, spondylolisthesis, scoliosis, adjacent-level and revision surgery.

It has been offered as a minimally invasive treatment option at Midwest Orthopaedics at Rush University Medical Center since 2004.

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