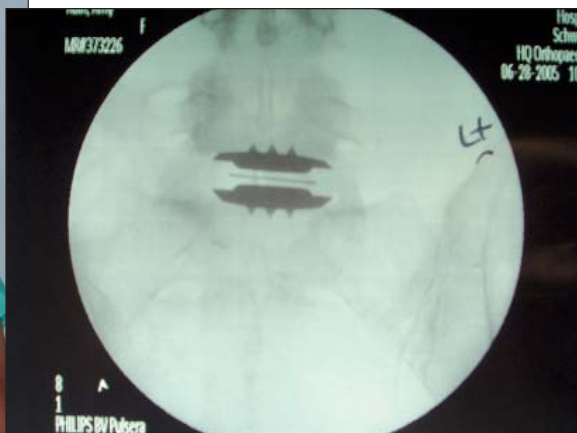


# Community Health Line

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## Artificial Disc Replacement the New Alternative in Spine Surgery



X-ray image shows the prosthetic disc in place.

Orthopedic spine surgeons Arnold Schwartz, MD (left), and Paul Alongi, MD, discharged Mrs. Ruth from the hospital just two days after disc replacement surgery.

A number of years ago, **Amy Ruth** was pulling up a carpet in her home when she herniated a disc in her lower back. Over time the pain became so severe, radiating down her leg, that she had difficulty walking. In 1999 she underwent a surgical procedure called a laminectomy to remove fragments of the disc that were impinging on her sciatic nerve.

The laminectomy provided relief from the leg pain, but over the next six years the disc continued to degenerate to the point where the cushion between the vertebrae that the disc normally provides had completely worn away, leaving vertebral bone rubbing against bone and resulting in severe, chronic back pain. Until recently, the only surgical option for Mrs. Ruth would have been a procedure known as a spinal fusion, in which the bones above and below the damaged disc are fused together. One of the potential problems with this surgery is that it can leave the patient with limited mobility. Another potential pitfall is the risk of degeneration in adjacent parts of the back because a fusion alters the mechanics of the spine.

Mrs. Ruth had another choice. She was a candidate for disc replacement, the latest generation of artificial joint replacement surgery.

"Disc replacement is similar to a hip or knee replacement in that the damaged disc is replaced with a mobile prosthesis," explained **Arnold Schwartz, MD**, attending orthopedic spine surgeon. Dr. Schwartz was among the first surgeons on Long Island trained to perform this complex procedure. This summer, Mrs. Ruth became the first patient to undergo disc replacement surgery at Huntington Hospital.

While the goal of disc replacement surgery is to alleviate back problems, surgeons operate through an incision in the patient's abdomen. This approach requires the assistance of a highly skilled vascular surgeon to help negotiate past the major blood vessels that supply the lower extremities. **William Martin, MD**, Huntington Hospital's Chief, Division of General Surgery, assisted Dr. Schwartz with this part of Mrs. Ruth's surgery.

"We took out the remaining disc material and opened up the disc space to put the prosthesis in place," Dr. Schwartz noted.

"Before the surgery, I was in too much pain to even do small

chores like vacuum or garden," recalled Amy Ruth, who works in the medical records department of a Long Island hospital. "I had taken a lot of time off from work because I couldn't sit for long periods. I had to take pain medication to go to bed at night."

After researching her options, Mrs. Ruth was anxious to undergo the disc replacement procedure, which she believed would be superior to a spinal fusion.

"It seemed to me that replacing the damaged disc with a new part would be better than fusing the bones together," she said.

Two days after her surgery, Mrs. Ruth was discharged from the hospital with no need for physical therapy and no restrictions on her activities.

"She can walk and even swim this weekend," said Dr. Schwartz. Within weeks, she had experienced total relief of her back pain.

Dr. Schwartz commented that not everyone is a candidate for disc replacement surgery, which was only approved by the Food and Drug Administration in late 2004.

"Patient selection is important," he said. "This surgery is best used for the active, middle aged person who is incapacitated with back pain and finds that the pain interferes with their quality of life."

Just as surgeons need to carefully select the patients on whom they perform this procedure, patients should carefully select the facility where they undergo disc replacement. Huntington Hospital's new surgical pavilion is well equipped and staffed to offer sophisticated spinal surgery.

"We have all of the necessary elements in place to provide patients with access to complex surgical procedures such as this," Dr. Schwartz said. "We have the technology to do these procedures, we have access to highly skilled general and vascular surgeons to assist us with the approach, and we have an outstanding team of dedicated operating room staff who are trained in this type of surgery. In addition, the anesthesia department is excellent, we have a dedicated orthopedic unit staffed by nurses and therapists who are excellent caregivers in the post operative period, and we have the total support of the hospital to do these complicated procedures."