

## did you know?

Now there's a new option for patients suffering from low back and leg (radicular) pain due to contained disc herniations, especially for those who have failed conservative treatments and are interested in trying minimally invasive options prior to considering traditional back surgery.

The procedure is called Percutaneous Discectomy. It is performed under x-ray using local anesthetic (sometimes with light sedation). It is much less invasive than traditional surgical treatments.

## frequently asked questions

What type of pain can be treated?  
Low back and leg pain due to contained disc herniations.

How does the procedure work?  
The DEKOMPRESSOR® discectomy probe removes disc tissue which may relieve painful pressure on the surrounding nerves.

Will the procedure hurt?  
There should be no pain generated by the DEKOMPRESSOR® discectomy probe. This advancement in technology requires only a tiny puncture in the skin; similar to a simple injection.

How long does the procedure take?  
The total procedure time is generally 15 minutes to 1 hour.

What physician training is required to perform this procedure?  
Board certification in a specialty such as interventional pain management, orthopedic surgery, neurosurgery, radiology, or physiatry is typical. Physicians should be experienced with discography.

Can my pain be cured?  
In some cases, pain may be eliminated. In most cases, percutaneous discectomy followed by appropriate follow up care will reduce pain to a tolerable level.

**stryker**®

### Description

The DEKOMPRESSOR® is a single use disposable discectomy probe that passes through and works in conjunction with an introducer cannula to remove intervertebral disc nucleus pulposus material.

### Intended Use

The Dekompressor® Percutaneous Discectomy Probe is intended for use in aspiration of disc material during Percutaneous discectomies in the lumbar, thoracic and cervical regions of the spine.

### Contraindications

1. Traumatic spinal fracture, infection, tumor, pregnancy, and severe co-existing medical disease are contraindications.
2. The probe is not appropriate for treating patients who present with pain originating from structures other than herniated discs. Patients presenting with free fragments, severe bony stenosis, or severely degenerative discs should be excluded.
3. The procedure should be performed under local anesthesia or conscious sedation to allow patient monitoring for signs of segmental spinal nerve irritation. General anesthesia is contraindicated.
4. Patients with severe and rapidly progressing neurological deficits should be excluded.

### Potential Complications

Potential complications include: infections, bleeding, nerve damage, worse pain, failure of technique, paralysis, idiosyncratic reaction, anaphylaxis, & death.

Joint Replacement

Trauma

Spine

Micro Implants

Orthobiologics

Instruments

Interventional Pain

Navigation

Endoscopy

Communications

Patient Handling Equipment

EMS Equipment

To schedule a consultation, please contact:

Physicians Facility  
1 Address Drive  
Your City, ST 12345 USA  
t: 123 456 7890  
f: 123 456 7890  
toll free: 800 123 4567  
email: doctor@facility.com

For more information, visit [www.dekompressor.com](http://www.dekompressor.com) or contact your local Stryker Sales Representative.

1000-204-920 Rev. B

Stryker Instruments  
4100 East Milham Avenue  
Kalamazoo, MI 49001 USA  
t: 269 323 7700 f: 800 999 3811  
toll free: 800 253 3210

**stryker**®

Interventional Pain

# Suffering from Back Pain?

DEKOMPRESSOR®

**Percutaneous Discectomy Probe**

an important advancement for patients suffering from low back or leg pain due to contained disc herniations



# The latest technology for the treatment of back pain



## before your procedure

Here are some guidelines to help you prepare for your procedure. Your physician may recommend other specific instructions.\*

- You should bring any recent x-rays, MRI films, and reports to your procedure.
- Notify your physician of your current medications and your daily dosages including; blood thinners (such as coumadin, lovenox plavix, etc.), vitamins, and herbal supplements.
- Notify your physician of any of the following; allergies to medications or iodine, current infections, high blood pressure, asthma, diabetes, or abnormal conditions you may be experiencing including colds or respiratory problems.
- Do not take aspirin or ASA containing products (including Alka-Seltzer or Pepto-Bismol) for 5 days prior to your procedure.
- Do not take herbal remedies including ginkgo biloba for 5 days prior to your procedure.
- Do not take NSAIDS (such as ibuprofen) for 3 days prior to your procedure.
- Do not take food or drink 6 hours prior to your procedure except necessary and allowable medications with sips of water.
- Arrive at least 30 minutes prior to your scheduled procedure time.
- Be prepared to review and sign a consent form.
- Arrange for transportation home from another person following your procedure.

## what to expect on your procedure day

- You will be admitted to an exam or changing room.
- An IV may be started for your safety. Once placed, the IV can be used to administer conscious sedation medications or other medications, if desired and appropriate.
- The physician or physician assistant will review all current prescriptions, MRI's, X-rays, and reports.
- The procedure should be performed under fluoroscopy (live video X-ray) to verify the positioning of the probe during the procedure.
- Prescriptions for post-procedure therapy, medications, and follow-up instructions should be reviewed with you by a member of the health care staff or your physician.

## about the cost

Percutaneous Discectomy is covered by most insurance plans including group health, worker's compensation, and insurance plans covering motor vehicle related accidents. Co-pays and deductibles will vary based on the specific plan. It is often important for patients to play an active role in getting their procedures pre-approved for coverage by their insurance carriers. Many providers will negotiate a cash pay option for patients without insurance coverage including; the physician, the anesthesiologist, and the outpatient facility.

## typical post-procedure recommendations\*

- You will spend about 15 minutes in a recovery room where monitoring is continued immediately following the procedure.
- You will need to arrange transportation home from another person.
- You should apply periodic ice on the treatment area 1 to 2 hours per day for 3 days.
- Plan on bed rest with gentle stretching for 1 to 3 days. Limit sitting or walking to less than 30 minutes at a time.
- Limit driving, bending, twisting, and lifting of weights over 10 pounds for 3 days.
- Prescription or non-prescription pain and anti-inflammatory medications may be required for 3 to 30 days.
- Plan on a slow return to your normal routine.
- You may be able to return to work in about 3 days depending on your job function.
- A stretching program under the direction of your physician, physical therapy, and chiropractic care should begin after 7 days.
- Limited physical activity may begin following 30 days.
- Plan on conservative physical activity for up to 3 months.
- Back braces or supports are not necessary but may improve your recovery.
- Your physician may recommend other specific post-procedure instructions.
- Recovery time varies with each patient.

\*This information is not meant to be substituted for the advice provided by a physician or other medical professional. You should consult with a physician or medical professional to determine what instructions may be appropriate for you.