## Important Information

The disc decompression procedure, like any surgical treatment, has some risks. Not all patients will find relief for their back and leg pain and relieved symptoms may recur over time. Please consult your physician about the risks and potential complications of the procedure. Many additional factors may prevent your physician from recommending the procedure for your condition. Such factors may include, but are not limited to, very narrow disc height, severe disc herniation, spinal instability, very advanced stages of disc degeneration, or various general health concerns.

If the disc decompression procedure is recommended for you, we advise you to openly discuss your treatment expectations with your physician, as he or she is best suited to ensure your expectations are reasonable given your personal condition.

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# Your guide to Targeted Disc Decompression

## Heat-Based Treatment for Herniated Discs

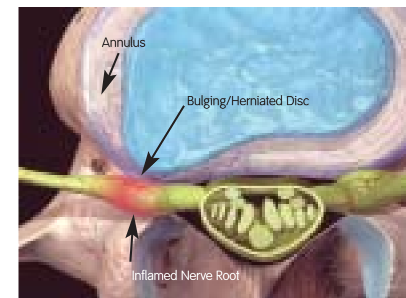
If you have low back or leg pain associated with contained herniated disc, your doctor may suggest Targeted Disc Decompression procedure. This procedure may help you get relief if physical therapy and other conservative treatments have not worked to reduce your pain. Read this pamphlet to learn more about Targeted Disc Decompression and how it might work for you.

## About Spinal Discs

The spinal vertebrae, which encircle and protect the spinal cord, are separated by spinal discs. These discs are like soft cushions, absorbing shock as a person moves and giving the spine the flexibility to bend and move.

Each disc has a spongy center (nucleus) surrounded by tough outer rings (annulus). With age, poor posture, or injury, spinal discs may weaken, developing cracks or fissures in the annulus. These fissures are a chronic source of pain in many patients. Additionally, the spongy nuclear tissue will frequently bulge or herniate into these annular fissures. The bulging disc may press on nerve roots leaving the spinal canal resulting in leg pain.

Targeted Disc Decompression is designed to help treat patients with a bulging or contained herniated disc that causes lower back or leg pain.



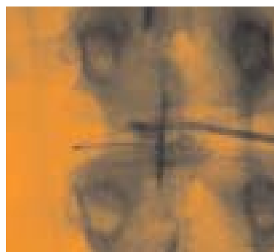


Figure 1. Catheter placed in the disc.

## Getting Ready for the Procedure

If approved by your physician you may be following the guidelines below.

One week before the procedure:

Stop all anti-inflammatory medication, aspirin and aspirin-containing compounds.

CONTINUE heart, blood pressure or diabetes medications, or other medications prescribed by a physician.

Be sure to tell your physician if:

You are taking blood thinners or have a history of bleeding disorder.

You are allergic to iodine (for example, shellfish or IVP dye).

You have an infection in any part of your body.

Rest well the night before the procedure. You should not eat the day of your procedure although you may drink small amounts of clear liquids. Make arrangements to have someone drive you to and from the medical facility.

## The Procedure

Targeted Disc Decompression is usually performed on an outpatient basis. An IV (intravenous) line will be placed in your arm to give you fluids and medication. After you are in position on the table, x-ray equipment will identify the area affected. Your lower back skin and muscle tissue will then be numbed with local anesthetic.

Your physician will place a needle into your disc under x-ray guidance. Generally, you may experience mild discomfort during this part of the procedure.

The next step is to thread the ACUTHERM® decompression catheter through the needle into the disc shown in Figure 1. Some patients have reported a mild discomfort in their back when the catheter moves through the disc.

Once the catheter position is confirmed by x-ray, the heating element is activated shown in Figure 2. The heat is slowly increased to a target temperature and is kept at that temperature for a few minutes. During the procedure you may feel pain in your back. Your physician will ask you questions during the procedure to ensure that any pain you feel is well controlled.

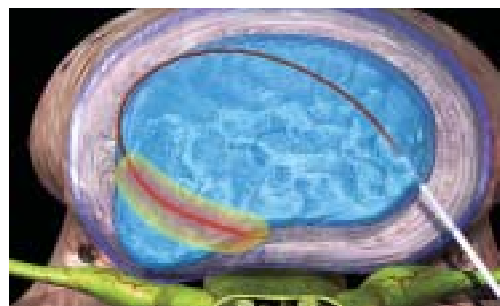


Figure 2. Catheter heating in the disc.

Once the heating protocol is completed, the catheter and needle are removed. Your physician may inject an x-ray dye into the disc for diagnostic purposes. At the end of the procedure, a small bandage will be placed on your back, and you will rest in a recovery area until you are ready to go home.

## After the Procedure

Following is a general post operative plan. Only follow the advice of your physician who will guide you through the best postoperative plan for your condition.

Plan to rest for one to three days after your disc decompression in a comfortable position (i.e., lying down or reclining), limit sitting or walking to 10–20 minutes at a time.

Return to Work at the advice of your physician

*Sedentary work: you may return in roughly one week, however, you may still be sore after your disc decompression. Be aware of sitting restrictions listed below.*

*For other job types, the decision will be made by your physician.*

Driving: None for the first five days, then attempt to limit your driving to 20–30 minutes for the first six weeks after your disc decompression. Make sure your vehicle has good lumbar support. You may need a pillow to help maintain your lumbar lordosis (normal low back curve).

As a passenger, recline the seat and try to limit driving times to less than 45 minutes for the first six weeks. It is okay to recline and be driven home the day of your procedure.

Sitting: Limit to 30–45 minutes at any one time for the first six weeks, in a chair with good support. Avoid sitting on soft couches or chairs. Use a pillow or towel to maintain your lumbar curve when sitting. Standing and walking about as breaks between sitting periods or short periods of lying down are helpful.

Lifting: Limit to 5–10 lbs. for the first six weeks.

No bending or twisting of the low back for the first six weeks.

Housework: No bending or twisting for the first six weeks.

No chiropractic, manipulation, massage (unless otherwise instructed), inversion traction, or traction for the first 12 weeks.

Exercise

*Walk daily beginning at the end of the first week for approximately 20 minutes. Increase to 20 minutes twice per day if tolerated, then progressively increase to one hour a day by the end of week four. If leg symptoms increase at any point, back down on the duration of walking.*

*You may do gentle leg stretches (hamstring, pyriformis) with your back flat on the floor (be sure you know how to do these properly).*

*Abdominal brace exercises can be begun at one week, with your back flat on the floor.*

*No swimming for the first four weeks.*

Formal physical therapy will usually begin at four weeks postop.

Do not use a treadmill or a stairmaster for the first three weeks unless otherwise instructed.

Anti-inflammatory medications and/or pain medication may be prescribed by your physician, if needed, to control discomfort associated with your normal back and leg pain. Icing one to two times per day is advisable to reduce any low back discomfort.