

Long Term Postoperative Management

In the second, third, and fourth months postoperatively you should continue to maintain good body mechanics. Do not bend or lift improperly. Your physician and physical therapist will help you resume an exercise program to improve your strength and flexibility. If you plan to return to athletic pursuits, special advanced training will probably help you achieve this goal.

Your physician may allow you to resume sporting activity four to five months after the procedure. Advice regarding your return to activities will be individualized to your case by your physician.

Important Information

The IDET* procedure, like any surgical treatment, has some risks. Not all patients will find relief for their back pain and relieved symptoms may recur over time. Please consult your physician about the risks and potential complications of the IDET procedure. Many additional factors may prevent your physician from recommending the IDET 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 IDET 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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What Is the IDET* Procedure?

With age, or due to injury, cracks or fissures may develop in the wall of the intervertebral disc. Filled with small nerve endings and blood vessels, these fissures are a chronic source of pain in many patients. Additionally, the inner disc tissue (nucleus) will frequently bulge (herniate) into these fissures in the outer region of the disc, likewise stimulating pain sensors within the disc.

The IDET procedure is a minimally invasive treatment in which the physician applies controlled levels of thermal energy (heat) to a broad section of the affected disc wall. Therapy may result in contraction or closure of the disc wall fissures or a reduction in the bulge of the inner disk material.

Who May Benefit?

The IDET procedure acts exclusively upon the tissues of the disc itself, and should not be expected to relieve symptoms arising from other spinal structures, such as nerve roots or spinal joints. It is therefore very important for your physician to diagnose that the disc is the primary source of your back pain. In addition to a clinical examination, your physician may use Magnetic Resonance Imaging (MRI) or injections of dye into the disc (discography) to confirm the diagnosis. Once satisfied that one or more discs are the primary source of your lower back pain, your physician may recommend the IDET procedure.

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IDET*
Intradiscal Electrothermal
Therapy

Important information
about your spinal procedure



Fissured Disc

Herniated Disc

Preoperative Preparation

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

One week before the procedure:

Stop all NSAID's, 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. You should arrange to have someone drive you to and from the medical facility. Due to the sedative medications given during the procedure, you should not drive until the day after your treatment.



Figure 1: Guided by x-ray imaging, a needle is inserted through the back and into the intervertebral disc.

The Procedure

The IDET* procedure is usually performed on an outpatient basis. An IV will be placed in your arm and you will be given a light sedative. 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 (Figures 1 and 2). Generally, you may experience mild discomfort during this part of the procedure.

The next step is to insert the electrothermal treatment catheter (SpineCATH*) through the needle. Some patients have reported a mild discomfort in their back when the SpineCATH catheter moves through the disc. When the SpineCATH catheter position is confirmed by x-ray, the heating element is activated (Figure 3). The heat is slowly increased and will last for 14 to 17 minutes. As the heat increases into the treatment range, you might experience your typical disc-related symptoms. Your physician will ask you questions during the procedure to ensure that any pain you feel is well controlled.

Once the heating protocol is completed, the SpineCATH catheter is 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.

Course of Recovery

Many patients experience an increase in their typical pain (back, back and leg) after the procedure. The post-operative pain gradually subsides over the first seven days. Most patients return to at least the preprocedure pain level between the first and second weeks after the procedure.

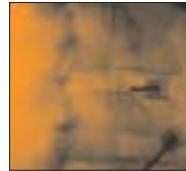


Figure 2: X-rays showing the needle advancing into the disc.

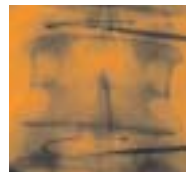


Figure 3: X-ray imaging shows the SPINECATH catheter positioned and heating the intervertebral disc.

The heat treated disc requires time to heal. Symptom improvement is typically gradual, and some patients do not notice symptom relief for as long as 12 to 16 weeks following the procedure. Remain patient and be careful.

Immediate Postoperative Management

In the first three days after your procedure (the immediate post-operative period), you may experience a moderate increase in your normal back pain. With the advice of your physician, rest, ice, pain medication and anti-inflammatories will minimize possible discomfort during this time. Non-steroidal anti-inflammatories may be prescribed by your physician.

Any unusual or new symptoms (for example, fever, numbness) should be reported to your physician immediately by telephone. Do not expect your usual preprocedure symptoms to immediately disappear.

You should not exert yourself during this time, even if you experience a marked reduction in your usual preprocedure pain, because exertion may negatively affect the overall outcome. No housework, lifting or bending should be done. Short walks (15 to 20 minutes) may be advised by your physician, but generally the first few days should be spent resting.

You should discuss with your physician your plan to return to work. If your work is sedentary, you can typically return one to five days after the procedure.

Your condition will be continually assessed during scheduled follow-up visits with your physician.

Mid-Term Postoperative Management

For the first month following the procedure, your disc continues to heal. You may begin to feel a reduction in pain. However, pain reduction may occur over three to four months.

During the first month, you must treat your back carefully. With the advice of your physician, restrict bending, twisting or heaving lifting. No sports activities including running, biking, golfing, tennis, skiing, etc are allowed. Limit your sitting time to tolerance levels and limit long car rides and plane flights to only what is absolutely necessary. You do not have to abstain from sexual activity, but be careful not to exert your back.

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

Rehabilitation Exercises

Your physician will guide you regarding rehabilitation exercises after your procedure. If you have been performing strenuous exercises before the procedure, you will not immediately return to that level of exercise, but to a more moderate level that will be gradually increased as you improve. Be sure to ask your physician for a postoperative rehabilitation exercise program.