

Dr. George Rappard Presents Results on Endoscopic Back Pain Treatment at the Annual Meeting of the American Society of Spine Radiology

Endoscopic lumbar discectomy is a safe, minimally invasive surgery treatment for patients with moderate to severe back pain caused by a herniated disc. Patients exhibited marked improvement in pain scores.

Miami, Florida ([PRWEB](#)) February 18, 2014 -- Los Angeles Minimally Invasive Spine Institute Neurointerventional Surgeon, Dr. George Rappard, presented his results for the endoscopic treatment of back pain due to herniated disc at the annual meeting of the American Society of Spine Radiology (ASSR), held from February 13-15, 2014, in Miami, Florida. At the ASSR annual meeting, leading physicians in the minimally invasive treatment of spine pain from around the world gather to present ground breaking results and exchange ideas. Dr. Rappard's presentation centered on his results performing endoscopic discectomy for the treatment of severe back pain and sciatica. Endoscopic discectomy involves the use of a specially designed endoscope placed through a tiny incision in the back. The endoscope is a tiny 6 or 7 millimeter tube with a high resolution lens and camera. Through the endoscope the surgeon can view very high resolution video from inside the spine while operating through a small opening in the endoscope. Using precision micro-instruments, Dr. Rappard was able to precisely remove only the damaged portion of his patient's disc, leaving the healthy portion behind. Dr. Rappard states, "Our success in treating back pain is due in large part to cutting edge technology, including a micro energy probe used to perform thermocoagulation. Thermocoagulation is a process where the energy probe targets not only the damaged disc, but also painful inflammation caused by the disc herniation. This new technology is as effective and more accurate than the lasers we used to use." Patients return home the same day and are encouraged to increase their activity as soon as the day after surgery.

Patients in Dr. Rappard's study suffered from moderate to severe back pain proven to be due to disc herniation. All patients had symptoms despite physical therapy and medications. Pain scores were obtained and were based on a subjective scoring of the patient's own pain. The average score prior to surgery was consistent with severe pain. Patients in the study tended to suffer from back pain more than leg pain. At an average follow up of 96 days patients self-reported their pain levels by answering a questionnaire. A startling 94% success rate in treating back pain was announced. Dr. Rappard reported that 27 disc herniations were treated in the study and that the study would be on-going, with future presentations planned as the study grows.

The disc is a cushion between the vertebrae of the spine. In many people, the disc can be injured by motor vehicle accidents and strenuous activity. Disc herniation is an important cause of back pain and is the usual cause of sciatica, a condition where a nerve is pinched and pain is felt in the buttocks or legs. Approximately 40% of all Americans report having had an episode of back pain in the last 3 months. Roughly 1/3 also report sciatica, or leg pain. Dr. Rappard notes that in the U.S., doctor's office visits are more common for back pain than they are for headache and allergy. In the 18-44 year old age group lumbar disc injury is among the most common reason to visit a doctor or go to the emergency room.

Currently available treatments for sciatica and back pain include injections of the spine. While this can provide pain relief while the back is healing, in some patients pain will continue. Also, about 30% of patients will suffer from a subsequent episode of back pain. Fusion, the surgical joining of one vertebra to another, is the most common surgical treatment for back pain in the U.S. However, the procedure is quite extensive, with a prolonged recovery and only about a 60% satisfaction rate. Endoscopic discectomy with thermocoagulation provides doctors with a minimally invasive treatment option for the treatment of disabling back pain and

sciatica. Unlike fusion, the normal stability and motion of the spine is maintained. This allows a more natural functioning and movement of the spine. A more natural function also means that patients can resume chiropractic care or start extensive therapy within a week or two, instead of several months as in lumbar fusion.

The Los Angeles Minimally Invasive Spine Institute provides state of the art comprehensive and minimally invasive spine therapies, including cutting edge research. Institute care is delivered in a compassionate and accessible community based setting. Since the Institute specializes in ultra-minimally invasive procedures, care is delivered in an efficient, convenient and cost sparing out-patient environment. The Institute is the first in California to perform endoscopic minimally invasive lumbar fusion and is one of just a handful of comprehensive endoscopic surgery centers on the West Coast.



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