

Dr. George Rappard Presents Results on New Endoscopic Back Pain Treatment at the 21st Annual Meeting of the International Spine Intervention Society

The Los Angeles Minimally Invasive Spine Institute reports that endoscopic lumbar rhizotomy is a safe, minimally invasive surgery treatment for patients with moderate to severe back pain caused by arthritis of the lumbar spine facet joints. Further studies are planned.

New York, New York ([PRWEB](#)) July 19, 2013 -- Los Angeles Minimally Invasive Spine Institute Neurointerventional Surgeon Dr. George Rappard presented his results for the endoscopic treatment of back pain at the 21st annual meeting of the International Spine Intervention Society, held from July 16th-20th in New York, New York. The minimally invasive procedure, endoscopic rhizotomy, involves the use of a specially designed endoscope to be placed through a tiny incision in the back. The endoscope is a tiny 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. The endoscopic rhizotomy procedure involves the use of the endoscope to cause a long-term anesthesia of the painful lumbar facet joints. Patients return home the same day and can resume normal activity such as work and exercise within days.

Dr. Rappard's results concern the treatment of back pain caused by arthritis of the facet joints, important joints in the back of the vertebra that join each vertebra together. Over time the facet joints become degenerated and are a cause of back pain in up to 30% of patients, including patients who continue to have pain after other spine surgery procedures. Historically, facet mediated back pain has been treated with conservative measures such as medications and therapy. Injections of the actual facet joints can be performed but the results are fleeting. Fusion, the surgical joining of one vertebra to another, is a surgical treatment for back pain but the procedure is quite extensive, with a prolonged recovery and only about a 60% satisfaction rate. Endoscopic rhizotomy might provide doctors with a minimally invasive treatment option for the treatment of disabling back pain, and a relatively innocuous option to spinal fusion.

Patients enrolled in the study suffered from moderate to severe back pain. All patients had symptoms despite physical therapy and medications. All patients had had previous injections of steroids and anesthetics but had ultimately returned to their painful state.

There were no complications or adverse events in this study. 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. Pain scores dropped an average of 41% after surgery and continued to drop in the post-operative period. At an average follow up of 94 days pain scores had dropped 73%. Patients were asked to answer a questionnaire with a series of questions used to score their overall disability from back pain. At the first post-operative visit the average disability score was noted to drop 37%.

Rappard notes that although long term results are still lacking and the number of patients enrolled was small, the results thus far shows promise that endoscopic lumbar rhizotomy may be an effective and safe treatment for patients who are unresponsive to conservative care. Future planned studies will increase the number of patients enrolled and will evaluate long-term effects.



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.



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