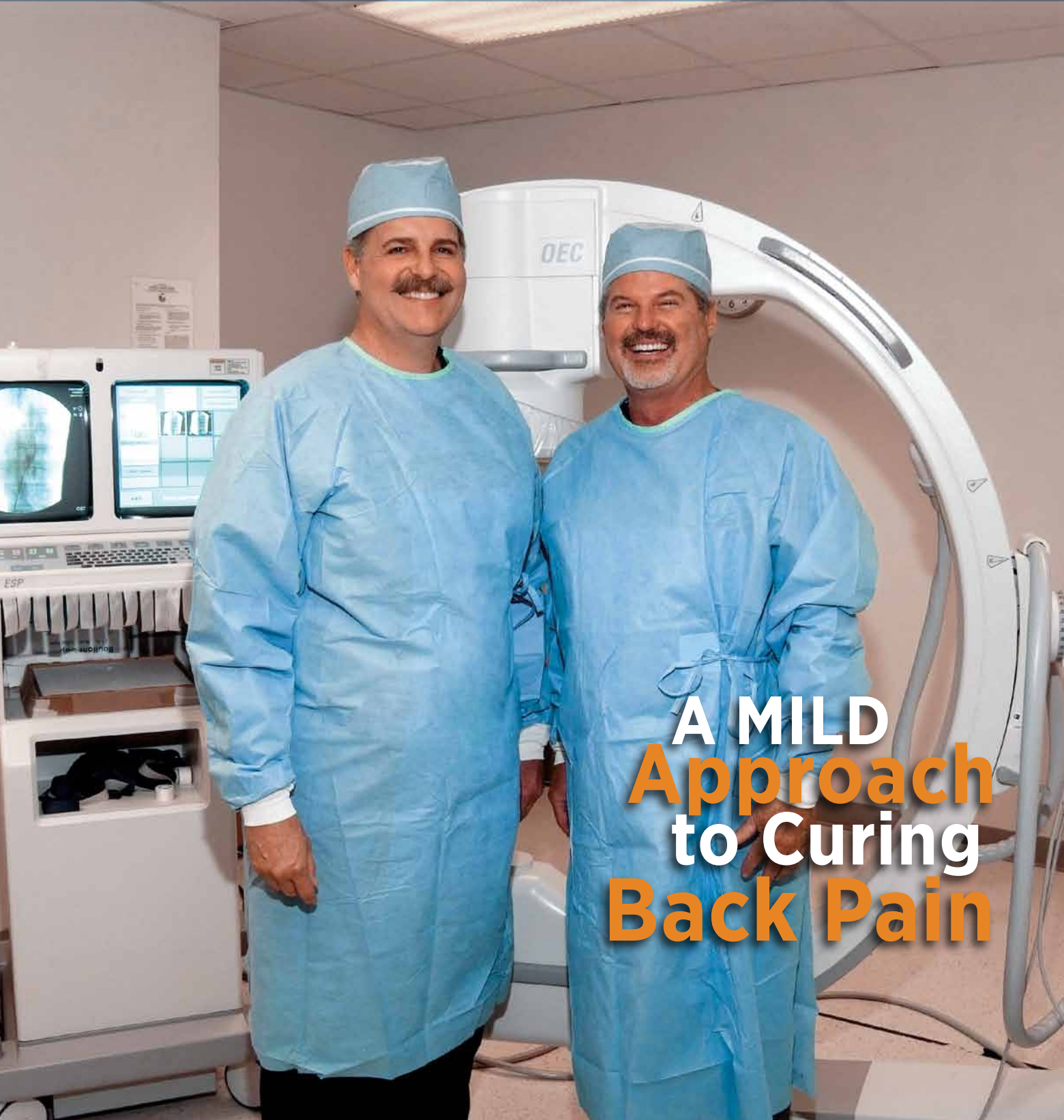


KANSAS CITY BI-STATE

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**A MILD
Approach
to Curing
Back Pain**

A MILD Approach to Curing Back Pain

PATIENTS OFTEN ASK physicians, “Why do my legs and back hurt so much?” Their discomfort may be accompanied by numbness or a “pins and needles” sensation in the legs. They find walking or standing for even five minutes to be excruciating. After testing, doctors diagnose their condition as lumbar spinal stenosis (LSS).

Physicians are seeing symptoms specific to lumbar spinal stenosis becoming more and more common due to the

MILD is performed on patients with significant back pain due to lumbar stenosis.



aging population. These symptoms consist of lower back and buttock pain worsening with standing and walking, and relieved with sitting or bending forward. They can get temporary relief if they bend forward and rest on a shopping cart or the kitchen sink.

Normal aging discs degenerate and bulge, and facet joints and ligaments thicken, producing spinal canal narrowing or stenosis. This narrowing pinches nerves and constricts blood flow, causing the classic symptoms of spinal neurogenic claudication. Common treatments for LSS include pain medication, physical therapy, chiropractic treatments, epidural steroid injections or open surgery.

Now, a new minimally invasive, image-guided procedure is available to remove tiny pieces of tissue and bone that are constricting the nerves and blood flow causing pain. It's called Minimally Invasive Lumbar Decompression (MILD).

“This is a previously unavailable procedure to treat the cause of spinal stenosis in the most minimally invasive way possible,” says Daniel Bruning, M.D., a triple-board-certified pain management physician who, along with his partner, Kimber Eubanks, M.D., was the first to be trained to perform the MILD in the Kansas City area. Dr. Eubanks explains, “There are no implants, sutures or staples involved. Patients may gain immediate relief within hours of receiving the MILD procedure.”

In addition to the above symptoms, physicians can make the diagnosis necessary to be a candidate for the MILD procedure by noting thickened ligamentum flavum on the MRI. This, unfortunately, is not always commented upon by radiologists reading the MRI and may not be in the report. Normal ligamentum flavum in the lumbar spine is 2.5 mm thick. In spinal stenosis, it can be up to 7 mm or more thick. By reducing the thickness of this ligament, the stenosis cause and symptoms can be alleviated. The posterior approach to the ligament avoids nerve roots and vascular structures, and therefore causes no scarring and has minimal risk.

The ideal candidate for the MILD procedure has failed conservative management as outlined above and has had epidural steroid injections without satisfactory results. Many of these patients are older and have heart and/or lung conditions that do not make them candidates for large, open spinal decompression laminectomy-type of surgeries. The MILD procedure may be the best option for these patients.



Thickened ligamentum flavum causing spinal stenosis can be reduced using the MILD procedure.

The procedure is accomplished with the patient under light sedation. Utilizing local anesthesia and under fluoroscopic X-ray guidance, a working portal the size of a No. 2 pencil is placed down to the lamina on one side of the vertebral interspace. Utilizing special tissue sculptors, a small bit of bony lamina and then a portion of the ligamentum flavum is removed. All other structural elements of the spine are left intact. The portal is removed, and the site is covered with a Band-Aid. Usually this is performed bilaterally for maximum decompressive effect.

Patients usually require only a short recovery and can go home the same day. Extended rest and long rehabilitation are not required, as is often necessary with the bigger open surgeries.

Outcome studies show that about 70% of MILD patients show 50-70% improvement in spinal stenosis symptoms. There have been no adverse or major complications in any of the procedures performed nationwide to date. Unlike major open spine surgeries, there have been no blood transfusions, dural tears or readmissions to the hospital. Additionally, in clinical studies, patients' disability, mental and psychological scores improved. The procedure improved patients' ability to participate in the activities of daily living. Both doctors note that when they can get people standing and walking longer that it improves mental health as well. "This is looking like an amazingly safe procedure, especially in the population that cannot tolerate the general anesthesia and recovery required for surgical procedures on the spine," says Dr. Bruning. "It fills an empty void in treatment between epidural injections and major open surgery," states Dr. Eubanks. ■

**See Reverse Side for Patient
Information Tear Off Sheet**



In the MILD procedure, a small amount of bone and ligament is removed under fluoroscopic imaging.

Closure of the MILD procedure requires only a Band-Aid and no sutures.



PATIENT INFORMATION SHEET ABOUT THE MILD PROCEDURE

Purpose of MILD procedure: to relieve pain due to lumbar stenosis.

Cause of spinal stenosis: Lumbar spinal stenosis results from a narrowing in the lower (lumbar) spinal canal caused by the growth of bone or tissue. As this space in the lower spinal canal shrinks, increasing pressure is placed on the nerves that go through it to the legs. This pressure causes pain, numbness or weakness in the lower back, buttocks, legs and feet.

Symptoms of spinal stenosis:

Low back/buttock pain, with or without leg pain, worsens with walking/standing, limiting activity relieved by sitting or bending forward, such as leaning on kitchen counter or shopping cart.

Diagnosis of spinal stenosis: MRI evidence of spinal stenosis with ligamentum flavum thickening (do not rely on radiologist report).

Treatment options for spinal stenosis: In the past, after failing conservative therapy, patients were referred for surgical decompressive laminectomy that might have required spine fusion. Fusion is necessary when removal of supporting structures during the open decompression causes instability of the spine.

Ideal candidate for the MILD procedure: has completed conservative care, such as physical therapy, acupuncture, exercise and chiropractic treatments. In addition, the patient should have tried a course of epidural steroid injections without adequate relief of pain.

MILD procedure: Under local anesthesia and minimal sedation, a tube the diameter of a pencil is placed in the back down to the outside of the spine. This allows the doctor to stay outside the spinal canal while removing tiny pieces of tissue and bone that are pressing on the nerves. For many people, this removes the source of the pain. The MILD requires only an adhesive bandage for closure.

Safety of the MILD procedure: Clinical studies have shown no major adverse events or complications. Unlike open spinal procedures, there have been no blood transfusions or bleeding problems, and there have been no reports of nerve injury,

spinal membrane punctures, infections or readmissions to the hospital for any delayed complications.

Effectiveness of the MILD procedure: About 70% of MILD patients show 50-70% improvement both in pain scores and improvement in quality of life. This is about the same improvement seen with open spinal procedures.

Summary: Patients with lumbar stenosis who before needed open surgery, an invasive pump or stimulator can now try MILD with an excellent chance of improvement and much less risk than was ever thought possible.

For more information about getting the MILD procedure done in the greater Kansas City area, visit www.kcpaincare.com.

5.1 mm

Through an incision the diameter of a pencil, the physician uses an image-guided device to restore space in the spinal canal and relieve pressure on the nerves.



Daniel Bruning, M.D.



**Over 25 Years Each
of Experience
(913) 901-8880
Triple Boarded in
Pain Management**



Kimber Eubanks, M.D.