

Spinal Surgery News

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An American study confirms the benefit of back braces in treating adolescent scoliosis

Company news

Titan Spine reaches milestone of 18,000 Endoskeleton interbody fusion devices implanted

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Feature article

Could unpublished clinical trials be withholding potentially field-altering information?



BMI Healthcare offer IDD therapy for disc herniation

Therapy helps relieve pressure on the damaged disc



A Coventry-based neuro and spinal surgeon has said he is delighted with results he has been achieving by the use of an Intervertebral Differential Dynamics (IDD) unit.

Mr Amjad Shad, pictured, of BMI Meriden Hospital, said that IDD therapy was proving to be an excellent method of non-surgical treatment of some kinds of disc herniation.

He explained: "It is always preferable to use non-invasive methods to treat herniated discs and sciatica. Surgical procedures are typically considered when the patient has exhausted non-surgical options and remains in pain with a lack of function.

"As part of conservative care, IDD therapy offers a non-invasive spinal decompression option for patients with an identifiable disc herniation. Treatment involves precise mechanical decompression of targeted segments of the spine in a manner not possible with traditional traction.

"Before opting for spinal surgery, surgeons should have a discussion with the patients about any non-surgical options as well as the relative risks and benefits of surgery."

IDD therapy involves being "harnessed" to a motorised table and having the effected part of your spine very gently stretched so that pressure on the damaged disc is relieved.

Thirty-seven-year-old Jay Singh is one person who has benefited from the treatment. A damaged disc in his lower back left him in crippling pain and almost unable to use his left leg and foot.

He had been told an operation was almost inevitable until he met Mr Shad who prescribed 12 sessions of IDD therapy.

"The effect was amazing," said Jay. "I could feel a difference almost immediately. After three sessions I was able to come off painkillers and after six I could feel movement in my leg and foot for the first time in weeks."

After his recommended 12 sessions Jay, under the guidance of a physiotherapist, started some gentle exercises and brisk walks and is now back playing football and training in the gym.

Save our spines

Animal study shows basic fibroblast growth factor protects injured spinal cord motor endplates

In current studies, the degeneration and protection measures in the distal end of the injured spinal cord and target organ muscle effector have scarcely been investigated. The distal end of the spinal cord and neuromuscular junction may develop secondary degeneration and damage following spinal cord injury because of the loss of neural connections. The effect of basic fibroblast growth factor on motor neurons in the anterior horn of the injured spinal cord, and on the number of neuromuscular junctions in target organs, remains elusive.

Jianlong Wang and team from Third Xiangya Hospital of Central South University established a rat model of spinal cord injury using a modified Allen's method, which was injected with basic fibroblast growth factor solution via the subarachnoid catheter. The researchers found after the injection, rats with spinal cord injury displayed well-recovered motor function, spinal glial scar hyperplasia was not apparent, and anterior tibial muscle fibres slowly, but progressively, atrophied, indicating the distal motor neurons and motor endplate degenerated.

These findings, published in the *Neural Regeneration Research*, indicate that basic fibroblast growth factor can protect the endplate through attenuating the decreased expression of calcitonin gene related peptide and acetylcholinesterase in anterior horn motor neurons of the injured spinal cord.

