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Spinal stenosis surgery

Outpatient full-endoscopic spinal surgery under local anesthesia. No plates, no screws, no fusion – No kidding.

The next generation of advanced outpatient therapy for lumbar spinal stenosis is now available at Synergy Spine Center. Many centers advertise “minimally invasive” and “endoscopic” surgery for spinal stenosis, but not all minimally invasive and endoscopic treatment options are the same. Even fewer have been proven safe and effective in rigorous prospective, randomized, controlled clinical trials¹. Synergy Spine Center offers *full endoscopic* surgical correction for most patients with spinal stenosis through a lighted tube no larger than a pencil. Because the incision is tiny and there is no procedural pain, patients are alert and responsive during the procedure and are able to give valuable feedback about nerve function and relief of pinched nerve symptoms immediately. Unlike other “minimally invasive” methods, full-endoscopic surgery is performed with continuous fluid irrigation in a bloodless surgical field under high definition video magnification. This provides optimum surgical visualization when compared to large-tube surgical systems that use operating microscopes or surgical magnifying glasses under general anesthesia.

Recent population studies show that spinal stenosis is at least 3 times more common than previously thought affecting between 14 and 40% of the population of patients over the age of 60 depending on severity². Patients with severe spinal stenosis are more than 3 times as likely as patients without spinal stenosis to suffer back pain, usually in association with hip or leg pain that limits mobility and the enjoyment of regular activities. Many of these patients previously faced the prospect of major open surgery for unrelenting pain and disability. Spinal stenosis is the most common cause for spinal surgery for patients over the age of 60. Bone spurs, scar tissue, and arthritis changes cause the normal cylinder shaped spinal canal and nerves to take the shape of an hourglass at the point of nerve compression.

Surgery for spinal stenosis has increased more rapidly than any other type of lower back surgery during the latter 20th century. On a national scale, 1 out of 5 patients with uncomplicated spinal stenosis still undergo fusion operations, a 15 fold increase over the five year period from 2002-2007³ with no documentation of improved outcomes. Despite no evidence of increased benefit from fusion surgery for uncomplicated spinal stenosis, patients with spinal stenosis who undergo fusion operations face twice the risk of life threatening surgical complications, readmission to the hospital, and death. The majority of patients with uncomplicated spinal stenosis don't need fusion operations and may be treated successfully with safer decompression operations . At Synergy Spine Center, uncomplicated spinal stenosis is treated with modern full-endoscopic spinal surgery on an outpatient basis under local anesthesia with mild sedation. Patients never have fusions, hospitalization, or the complications associated with major surgery. Simple as that.

Reference:

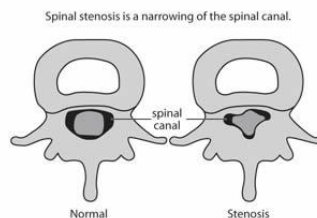
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2 Kalichman L, Cole R, Kim D, Ling L, Suri P, Guermazi A, Hunter D., Spinal stenosis prevalence and association with symptoms: the Framingham Study. Spine Journal 9:545-550, 2009

3 Deyo RA, Mirza SK, et.al. Trends, Major Medical Complications, and Charges Associated With Surgery for Lumbar Spinal Stenosis in Older Adults. JAMA 303:1259, 2010



Pencil-sized spinal endoscope



Spinal Stenosis



Lumbar Stenosis