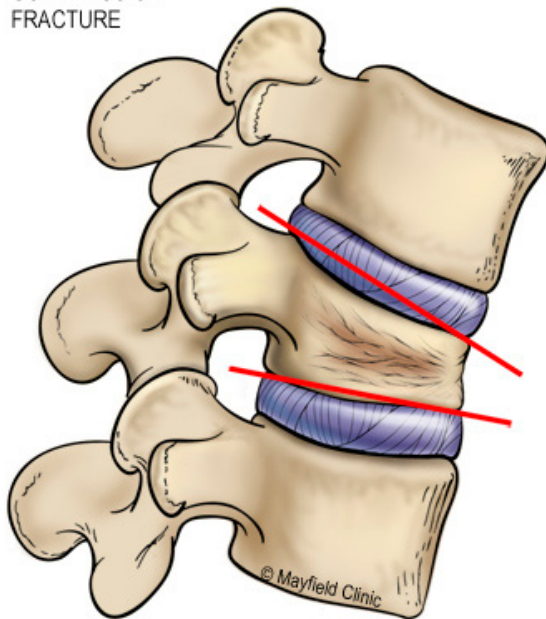


KYPHOPLASTY AND VERTEBROPLASTY

Kyphoplasty and vertebroplasty are procedures commonly used to treat an injury called a vertebral compression fracture, which occurs when the body collapses inward to produce a wedged-shaped spinal fracture. The condition that describes a humped spine that forms as a result of this type of fracture is called kyphosis. When left untreated, fractures within the spinal column will heal in a collapsed position. This can result in chronic spinal pain and dysfunction. By filling fractures in with cement using noninvasive injections, doctors are able to help patients heal in a controlled way that can prevent long-term damage.

COMPRESSION
FRACTURE

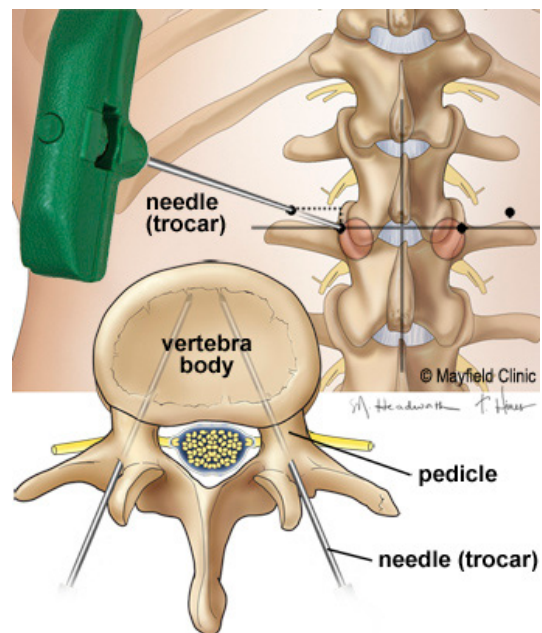


CANDIDATES FOR A KYPHOPLASTY OR VERTEBROPLASTY

Certain risk factors make some people more vulnerable to

vertebral compression fractures. For example, a person with weakened bones due to osteoporosis may be at constant risk for fractures. Cancer of the bone marrow also increases odds for compression fractures. Generally, anyone suffering from osteoporosis, tumors, multiple myeloma (marrow cancer), or benign vascular tumors may be considered a candidate for kyphoplasty and vertebroplasty.

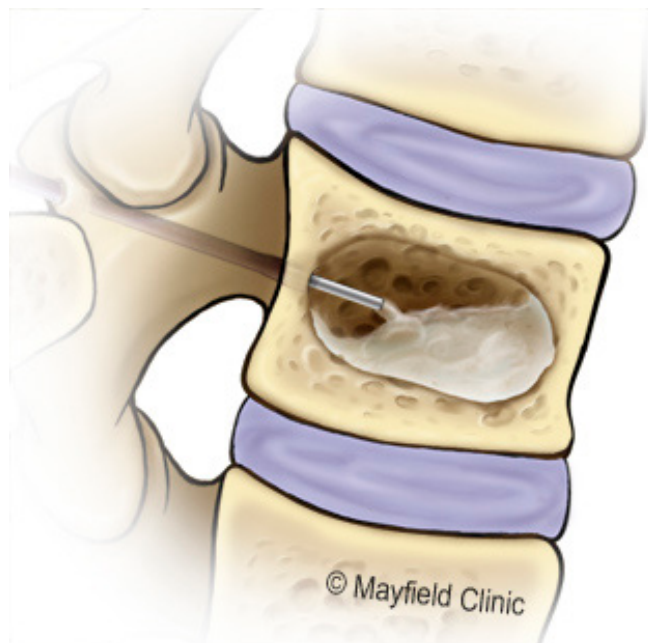
Certain factors can also disqualify a patient from being an ideal candidate for kyphoplasty and vertebroplasty. This can include bone infections, bleeding disorders, tumors in the spine, and allergies to certain medications. Older fractures may not benefit from these procedures as much as fresh fractures because bones harden with time. In fact, doctors are increasingly suggesting kyphoplasty and vertebroplasty within a week of a fracture, whenever possible, to ensure better results.



KYPHOPLASTY AND VERTEBROPLASTY

WHAT ARE KYPHOPLASTY AND VERTEBROPLASTY?

Vertebroplasty and kyphoplasty are noninvasive procedures that can correct spinal fractures by filling a fractured bone with cement. These procedures do not require surgical incisions because doctors are able to treat the bone using only a small incision that does not need to be closed with stitches. While similar, the two procedures use slightly different delivery methods. With a vertebroplasty procedure, a physician uses imaging guidance to inject a cement mixture directly into the fractured bone. A kyphoplasty uses a removable balloon that is inserted into the fractured bone to open space before injecting cement. The purpose of both procedures is to fuse fragments in order to strengthen the vertebra, to provide stability and pain relief.



RESULTS OF KYPHOPLASTY AND VERTEBROPLASTY

Patients who undergo vertebroplasty and kyphoplasty procedures generally see increased function that allows them to return to their previous activity levels without the need for further rehabilitation or medical intervention. Most patients also enjoy pain-free living within days of the procedure. The increased activity enjoyed after correcting a fracture can help to build muscle strength, increase mobility, and reduce risk for illness.

WHAT ARE THE RISKS OF KYPHOPLASTY AND VERTEBROPLASTY?

While kyphoplasty and vertebroplasty are considered very safe, they do come with risks. The two most common complications that are specific to kyphoplasty and vertebroplasty are cement leakage and nerve damage. In addition, general complications that include blood clots, bleeding, and negative reactions to anesthesia are also possible.

O: 727.605.1770

F: 727.605.1080

scheduling@premierneurosurgery.com