

## Did you know?

There is a new option for patients suffering from pain due to contained disc herniations. Now those who have failed conservative treatments have minimally invasive options prior to considering traditional back surgery.

The procedure is called Percutaneous Discectomy and is much less invasive than traditional surgical treatments. It is performed under live x-ray using local anesthetic or sometimes light sedation.

## Frequently asked questions

### What type of pain can be treated?

Low back and radicular pain due to contained disc herniations.

### How does the procedure work?

The DEKOMPRESSOR® discectomy probe removes disc material which may relieve painful pressure of the disc on surrounding nerves.

### Will the procedure hurt?

There should be little pain experienced with the DEKOMPRESSOR® discectomy probe. This advancement in technology only requires a small needle to be placed through the skin similar to a single injection.

### How long does the procedure take?

The total procedure time is generally 15 minutes to 1 hour.

### What training is required for the physician to perform this procedure?

Board certification in a specialty such as interventional pain management, orthopedic surgery, neurosurgery, radiology, or psychiatry.

### Can my pain be cured?

In some cases, pain may be eliminated. In most cases, percutaneous discectomy, followed by appropriate follow up care, will reduce pain to a tolerable level.

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#### Joint Replacements

#### Trauma, Extremities, Deformities

#### Craniomaxillofacial

#### Spine

#### Orthobiologics

#### Instruments

#### Interventional Pain

#### Navigation

#### Endoscopy

#### Communications

#### Imaging

#### Patient Handling Equipment

#### EMS Equipment

#### Description

The DEKOMPRESSOR® is a single use disposable discectomy probe that passes through and works in conjunction with an introducer cannula to remove intervertebral disc nucleus pulposus material.

#### Intended Use

The Dekompressor® Percutaneous Discectomy Probe is intended for use in aspiration of disc material during Percutaneous discectomies in the lumbar, thoracic and cervical regions of the spine.

#### Contraindications

1. Traumatic spinal fracture, infection, tumor, pregnancy, and severe co-existing medical disease are contraindications.
2. The probe is not appropriate for treating patients who present with pain originating from structures other than herniated discs. Patients presenting with free fragments, severe bony stenosis, or severely degenerative discs should be excluded.
3. The procedure should be performed under local anesthesia or conscious sedation to allow patient monitoring for signs of segmental spinal nerve irritation. General anesthesia is contraindicated.
4. Patients with severe and rapidly progressing neurological deficits should be excluded.

#### Potential Complications

Potential complications include: infections, bleeding, nerve damage, worse pain, failure of technique, paralysis, idiosyncratic reaction, anaphylaxis, & death.

To schedule a consultation, please contact:

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#### Interventional Pain

# Suffering from Back Pain?

#### DEKOMPRESSOR®

#### Percutaneous Discectomy Probe



An important advancement for patients suffering from pain due to contained disc herniations

# The latest technology

## for the treatment of back pain

### Before your procedure\*

Here are some recommendations to help you prepare for your procedure.

- Bring any recent x-rays, MRI films, and reports to your procedure.
- Notify your physician of current medications and daily dosages including; blood thinners (ex. Coumadin, lovenox plavix, etc.), vitamins, and herbal supplements.
- Notify your physician of any of the following: medication or iodine allergies, current infections, high blood pressure, asthma, diabetes, or abnormal conditions you may be experiencing including colds or respiratory problems.
- Do not take aspirin or ASA containing products (including Alka-Seltzer or Pepto-Bismol) for 5 days prior to your procedure.
- Do not take herbal remedies including ginkgo biloba for 5 days prior to your procedure.
- Do not take NSAIDS (such as ibuprofen) for 3 days prior to your procedure.
- Do not eat or drink 6 hours prior to your procedure except necessary medications with sips of water.
- Arrive at least 1 hour prior to your scheduled procedure time.
- Be prepared to review and sign a consent form.

### What to expect on your procedure day

- You will be admitted to an exam or changing room.
- An IV may be started for your safety. Once placed, the IV can be used to administer conscious sedation medications or other medications, if desired and appropriate.
- All current prescriptions, MRI's, X-rays, and reports will be reviewed.
- The procedure should be performed under fluoroscopy (live X-ray) to verify the positioning of the probe during the procedure.
- Prescriptions for post-procedure therapy, medications, and follow-up instructions should be reviewed with you by a member of the health care staff or your physician.

### About the cost

Percutaneous Discectomy is covered by most insurance plans including group health, worker's compensation, and insurance plans covering motor vehicle related accidents. Co-pays and deductibles will vary based on the specific plan. It is often important for patients to play an active role in getting their procedures pre-approved for coverage by their insurance carriers. Many providers will negotiate a cash pay option for patients without insurance coverage including; the physician, the anesthesiologist, and the outpatient facility.



### Post-procedure recommendations\*

- You will be placed in a recovery room with continuous monitoring for a short period of time.
- You will need to arrange transportation from the procedure facility.
- Periodically apply ice on the treatment area 1 to 2 hours per day for 3 days.
- Plan on bed rest with gentle stretching for 1 to 3 days.
- Limit sitting or walking to less than 30 minutes for 1 to 3 days.
- Limit driving, bending, twisting, and lifting of weights over 10 pounds for 3 days.
- Prescription or non-prescription pain and anti-inflammatory medications may be required for 3 to 30 days.
- Plan on a slow return to your normal routine.
- After 7 days, a stretching program should begin under the direction of your physician, physical therapy, and chiropractic care.
- Plan on conservative physical activity for up to 3 months.
- Back braces or supports are not necessary but may improve your recovery.
- Recovery time varies with each patient.

\*This information is not meant to be substituted for the advice provided by a physician or other medical professional. You should consult with a physician or medical professional to determine what instructions may be appropriate for you.