

“Not my grandmother’s back surgery anymore”

Advanced Orthopedic Center

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Geri Shattuck was suffering from excruciating back pain.

“The pain began months ago and progressed to the point where I couldn’t stand for more than 10 minutes at a time,” remembers Geri. “Rachael Ray’s *30 Minute Meals* weren’t working for me anymore. I’d have to sit down,” she says with a laugh.

“And I couldn’t walk even 50 feet.”

Geri says that as her back continued to degenerate, the people around her began questioning her about it.

“When I told them about my back, everyone — *everyone* — warned me against having back surgery,” she recalls. “People were saying, *Don’t do it! It’s scary. Everything can go wrong.*”

But Geri knew she had to do something. She finally sought the help of the orthopedist who had performed a knee replacement for her some time ago.

“He ordered x-rays and an MRI of my back,” recounts Geri, “and once he saw the report, he referred me to Dr. Hess.”

Samuel Hess, MD, is with Advanced Orthopedic Center of Port Charlotte and Punta Gorda.

“Geri actually presented with two problems,” notes Dr. Hess. “She was suffering with disc degeneration between the second and third lumbar vertebrae, commonly known as a collapsed disc, and she also had significant foraminal compression, or disc compression on the nerves.”

The foramen is that area of the spine where the nerve roots exit the spinal canal.

“As soon as Dr. Hess reviewed my medical report, he knew exactly what was wrong,” says Geri. “The first treatment he tried was epidural steroid injections, but they provided no relief.”

An epidural steroid injection is the injection of powerful anti-inflammatory medicine into the epidural space, the area where the nerves pass through.

“When that didn’t help, we discussed a new technique Dr. Hess is using for back fusion,” says Geri. “He discussed the entire procedure with me.”

“Geri was the perfect candidate for a procedure called XLIF, which stands for eXtreme Lumbar Interbody Fusion,” says Dr. Hess. “That would be a patient who has foraminal stenosis or compression on the nerve with significant pain because of a collapsed disc who does not need a direct decompression from the back and whose nonoperative pain management has failed.”

XLIF

The XLIF procedure was developed to access the spine for fusions with as little disruption for the patient as possible.

Dr. Hess explains, “XLIF is a minimally invasive spine surgery procedure that was developed several years ago with

the help of a Brazilian colleague of mine, Luis Pimenta. Surgeons have been performing XLIF in the United States for about four years now. The procedure allows us to overcome the obstacles of the traditional procedure, which required long incisions through either the anterior [abdomen] or posterior [back muscle]. The XLIF enables us to avoid dissection

MaXcess retractor helps create the disc space needed for instrument access. The retractor protects all the soft tissues but still allows us lighted visibility to the disc space.”

With the disc space visible and accessible, the surgeon removes the diseased disc and prepares the space for fusion.

“We then place a *spacer*, or intervertebral implant, into the empty disc space to



Geri’s back is so much better that she is able to enjoy boating again.

or retraction of the sensitive back muscles, bones, blood vessels, and nerves, thereby reducing the incidence of complications. It provides a much safer surgery by protecting those structures and allows for a more complete disc removal and implant insertion compared with traditional posterior procedures.”

XLIF is performed by positioning the patient on his or her side, which allows the surgeon to reach the patient’s intervertebral disc space through the muscle on the side of the vertebrae (psoas muscle).

“The entire surgery is performed through two very small incisions approximately one and a half inches in length,” continues the doctor, “one toward the back and one on the side in the hip area. A neuromonitoring system by NuVasive called the NeuroVision Nerve Avoidance System helps guide us to the disc space and away from nerves in or near the approach pathway. We monitor this closely to avoid endangering the nerve.

“Another piece of equipment called the

restore the proper disc height and provide the needed support,” educates Dr. Hess.

Decision time

Geri made her decision.

“After all the negative advice I had on back surgery, I met a woman in Dr. Hess’s waiting room who had been through back surgery,” notes Geri. “She said it was the best thing she’d ever done and highly recommended it.

“I was amazed. I found that once I began talking with patients who had recently had back surgery, they were very positive about it.”

Geri scheduled her surgery.

“Once I made the decision, the process went very quickly,” she says. “Dr. Hess is very attentive. He is concerned



Samuel J. Hess, MD, completed his medical degree at Temple University School of Medicine and his orthopedic residency at the renowned Albert Einstein Medical Center, both in Philadelphia. After finishing a spine fellowship at the Maryland Scoliosis and Spine Center, he joined Advanced Orthopedic Center where he treats general orthopedics with a major emphasis on surgery of the spine. Dr. Hess has been extensively trained and certified in a new technology that provides replacement of lumbar discs.

about his patients and really works with them.

“I thought the entire thing was rather incredible.”

Geri had her surgery on Monday, November 20, 2006.

“They got me up out of bed on Tuesday,” she says, “and on Wednesday a therapist came to see me. He wanted me to walk down the hall with a walker, so we did. I asked him how far he wanted me to go, and he just kept going, so I did, too. He said, *You’re doing extremely well. I’m going to get you a cane.*”

“So he got me a cane, and I walked with it. Then the therapist took my cane from me, and I just walked along without any walking assistance accessories whatsoever.

“It was incredible. Here I had put the surgery off forever thinking it was going to be this horrible thing — you hear all these terrible stories — and there I was just trotting down the hallway.”

Geri was released from the hospital later that day.

“I wasn’t really scheduled to leave on Wednesday, but I felt really fine and my vitals were all working beautifully so they released me,” she says.

According to Dr. Hess, patients’ discs should be fully fused within 6 to 12 weeks following surgery.

“Until then, we have them wear a brace,” informs the doctor. “It prevents them from moving in ways that would compromise their interbody spacer. We don’t want them doing heavy lifting, twisting, or bending until they are fully fused. Then they are clear to do almost anything.”

“Dr. Hess is extremely positive,” observes Geri. “He is a good patient’s doctor. He’s honest, forward, and tells his patients everything.

“Overall, this surgery has been such a positive experience for me. My husband says I’m standing straight for the first time, and I’m a tiny bit taller with my new disc.

“I’m even back to cooking with Rachael Ray,” she jokes. “They’ve really come a long way. This isn’t my grandmother’s back surgery anymore.” **FHCN**—Kris Kline

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The staff of Advanced Orthopedic Center welcomes new patients and is happy to answer questions about joint replacement, joint revision, sports medicine, and surgery of the spine. To schedule an appointment, please call the office located at **1641 Tamiami Trail, Suite 1**, in Port Charlotte at **(941) 629-6262** or the office at **350 Mary St., Suite F**, in Punta Gorda at **(941) 639-6699**.



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