

# Filling The Gap

The Laser Solution Between Spinal  
Injections and Spinal Surgery

By: Dr. M. Scott White, D.C.



Before anything else, I want to give you your \$10 worth of information--actually information that is priceless. Whether you use this information to select a different type of surgery other than what you are thinking (getting the same results and saving tens of thousands of dollars that insurance won't pay) or toss the idea of surgery aside for a totally non-invasive procedure that is 86 to 94% effective (at least as effective as surgery and much less expensive with absolutely no negative side effects or risk).

My name is Dr. M. Scott White, D.C. and I have been intimately involved with spinal health care for 29 years. I have personally owned and managed a Pain Management Clinic (where our anesthesiologist administered steroid injections, etc.), three Chiropractic Clinics and two Laser Clinics. In the next few paragraphs, I am going to speak to you frankly about what I have observed and give you one doctor's honest opinion about spinal problems and the use of Pain Management, Spinal Surgery and an amazing, real, alternative. I am going to talk to you the same way that I would communicate to a close friend or relative. There is going to be a gushing forth of my educated, experienced heartfelt thoughts, so hold on!

As I previously stated, I owned a Pain Management Clinic. For four years, we performed steroid epidurals, intraforaminal injections, spinal blocks, etc. Yes, if the proper medication is injected into the correct area, temporary relief can be attained. But please keep in mind, nothing your Pain Management doctor does will permanently fix your condition. Nothing. And why do you think a patient can be given no more than three shots a year? Because steroids are not good for you! Actually, steroid injections are very bad for you.<sup>i</sup> To attain short term pain relief, you will accelerate tissue degeneration and propel yourself closer to the possible need for surgery.

Everyone (including surgeons) agrees that spinal surgery has to be the last resort. There is a reason for that! The truth is that almost every post-surgical patient that I speak to wishes they would have never had spinal surgery. Spinal surgery is not the pot of gold at the end of the health rainbow, it is a last ditch effort to do something when "everything else has failed." Surgery is simply another treatment, a very serious treatment that can hurt you. Complication rates for spinal surgery are high; about 3 or 4 out of 10 patients will suffer some form of postoperative complications.<sup>ii</sup> About 2 out of 1,000 patients die within 60 days after a spinal surgery procedure.<sup>iii</sup> Cutting is cutting, whether you cut with a scalpel, a laser beam or a piece of glass. There is nothing natural about cutting part of your spine or the surrounding tissue. Scar tissue will definitely develop over time after cutting. "Minimal Invasive Spinal Surgery" is simply cutting less. Damage and tissue destruction will always occur, even with Minimal Invasive Spinal Surgery. Open back surgery is a horrible thing. YouTube<sup>®</sup> it, and you can see for yourself. It is an amazing testimony to the God-given natural healing ability of the human body that anyone ever walks away from it. Less tissue damage occurs with Minimal Invasive Spinal Surgery, however many patients get short term pain relief only to need regular open back surgery later. It can be very difficult to see the entire problem and fix it utilizing small incisions.

Now, about Minimal Invasive Laser Spine Surgery. Only about 20% of patients at Laser Spine Surgery Clinics even get Laser! Hear me! If you go the Laser Surgery route, you may

pay between \$20,000-\$30,000 for (basically) regular Minimal Invasive Spine Surgery! With the exception of a few conditions, Surgical Laser is an unnecessary and useless augmentation! Some have called the Laser addition to Minimal Invasive Spine Surgery simply an advertising ploy!<sup>iv</sup> Please think about these things. So, if you are set on surgery and don't want the open back variety, forget Laser Surgery and go for regular Minimal Invasive Surgery. Please be advised, however, except for rare exceptions, only one type of Minimal Invasive Surgery (microdiscectomy, otherwise known as percutaneous manual nucleotomy) is normally covered by insurance. If you are hell-bent on surgery, insist on the type of Minimal Invasive Surgery that is covered by insurance. (Most minimal invasive procedures are deemed "experimental" and are not covered). There, I just saved you about \$25,000! However, there is a much better alternative to any type of spinal surgery!

For 24 years I have performed a procedure called Spinal Disc Decompression. I have personally performed more of these procedures than possibly anyone in the world! For the past five years, we have combined Disc Decompression Therapy with specific types of Deep Tissue Laser. The results can be incredible. There are no negative side effects. None. No one has ever died from this procedure. No one has ever been paralyzed from this procedure. I have never seen a patient injured or get worse from this treatment. Almost everyone gets better. No one has ever gotten an infection from this procedure. The effects are long lasting and in most cases, permanent. The cost of the procedure is between \$4,500 and \$6,000. Insurance does not cover the procedure, but let's face it, the cost is way less than Laser Spine Surgery or most Minimal Invasive Spine Surgery.

Facing surgery? Surgery must be a last resort, right? Well, it isn't a last resort unless you've tried Deep Tissue Laser combined with Disc Decompression Therapy.

Okay, here is the last condensed part of your \$10 value. My personal cell number is (571) 274-8595. I see a lot of patients each day, but I will take time to talk to you about your condition if you wish to discuss your case with me. If you decide to do our procedure, I will take \$100 off of your bill just for having purchased and read this paper! If you wish to schedule a No Charge Consultation to see if you are a good candidate for our Transdermal Laser Procedure, call (703)-730-0200 and tell the receptionist that you purchased and read this report.

If you feel compelled, continue reading. You have completed, however, the critical life changing part of my message.

"Surgery must be the last resort." Every physician, of any type, will agree with that statement. Those words have fallen from the lips of family medical doctors, physical therapists, pharmacists, chiropractors, anesthesiologists, neurologists and even orthopedic surgeons. The thought is echoed by back pain sufferers, family members, friends and every other human not previously mentioned. The reason for the "end of the road" orientation of spinal surgery along a patient's journey toward pain relief is quite obvious: spinal surgery is an extremely serious matter. Everyone on planet Earth knows it. One study involving 108,419 spinal surgery recipients revealed a mortality (death) rate of 1.8 deaths per 1,000 surgeries.<sup>v</sup> Yes, that's correct: 197 people out of 108,419 died due to their spinal surgery. One might be tempted to

think that the number of deaths that occurred over the study period seems small compared to the number of procedures. One's perspective would most likely change if one of those deaths belonged to a loved one or friend. The fact is that none of those 197 deaths would have happened without spinal surgery. Spinal surgery caused the death of 197 patients. 197 people checked into a hospital, had spinal surgery and died during or within 60 days of the procedure.

Another study revealed ten deaths (within 30 days) out of 3,475 spinal surgeries.<sup>vi</sup> The point is that some people die as a result of undergoing spinal surgery.

Okay, let's forget statistics for a moment and just think about the prospect of spinal surgery. Whether you get cut with a scalpel, a laser beam or a piece of glass, you are getting cut! Tissue damage is occurring. Period. Any foreign object placed in your body (metal screws, metal plates or plastic parts) is, well, foreign!

Check your gut feeling about spinal surgery. Why are we even having this discussion? Why do people enter into the idea of spinal surgery reluctantly? Why is the common consensus that surgery should be the last resort? I think we all know the answer to those questions.

Before continuing to show you some very revealing statistics and educated comments about spinal surgery, minimal invasive spinal surgery and laser spine surgery, I wish to express that there is an actual viable, reliable, non-invasive and safe alternative to spinal surgery. The procedure is as effective as spinal surgery (more effective in most cases) and the long term effectiveness is generally much better and can even be permanent. So, as we look at some extremely distressing information about spinal surgery, please keep in mind that an amazing treatment is available that can make "the last resort" unnecessary.

While we are discussing "the last resort," let's talk a minute about that fuzzy area in patient treatment when someone throws their arms heavenward and proclaims that all else has been done and the time for the last resort has arrived. Who the heck gets to make that call? What are the qualifications necessary to make that determination? I'll let you in on a little secret: no doctor has all the answers. Most doctors know their field of expertise very well, and not much else. That's the truth. Most spinal surgeons (and general medical doctors) know nothing about Deep Tissue Laser and Disc Decompression Therapy. I find this especially ironic considering that it is rare that I don't significantly help almost every patient who finds their way to me by utilizing these non-invasive procedures. I have successfully used Disc Decompression Therapy to treat Spinal Stenosis, Disc Herniations and Degenerative Disc Disease for over 23 years! I have seen thousands of patients. Our success rate is 86-94%. Isn't it strange that the physicians you have seen haven't mentioned the non-invasive Disc Decompression procedure? Why do you think that is? I'll let you figure that one out. Possibly they don't know.

The medical toolbox contains four basic items: oral medication, physical therapy, steroid injections (pain management) and surgery. What about a different toolbox? What if there are other tools in a different toolbox? It is extremely naïve to think that there is only one toolbox, right?

Having been in private practice for almost three decades, I will tell you that there are multiple

toolboxes out there in the real world, but only one that is accepted by the mainstream medical community. Why? Needless to say, to get something other than what is in the traditional toolbox, you must look other places. There is a huge gap to be filled between steroid injections and spinal surgery. Unfortunately, most other treatment options for advanced spinal conditions are not effective for sustainable pain relief. Our treatment, however, is usually very effective. We utilize a combination of non-invasive procedures that fill that gap. No cutting and no drugs. The treatment that I am referring to is so effective that, in the majority of cases, the need for spinal surgery becomes unnecessary.

It is my professional opinion that spinal surgery is a viable option in some cases, but only in very few cases and as the last resort! After all, isn't that what everyone agrees on? I have personally recommended spinal surgery on occasion. However, if our procedure is not performed, obviously all has not been done yet. Thank God for spinal surgery when all else has been attempted without success, but for most spinal problems involving spinal stenosis, disc herniation and disc degeneration, our technique is an extremely effective alternative.

I have written this report to educate prospective spinal surgery candidates on important information pertaining to the various types of spinal surgery. I will also describe our spinal procedures and give statistical information pertaining to their implementation. I believe the true value in the evidence contained within this report is the honest, unadulterated understanding of the three basic types of spinal surgery along with the realization of a non-invasive alternative that in most cases is much better than surgery.

Let's first look at traditional "open back" spinal surgery. This is the most common type of spinal surgery. Most insurances cover open back surgery. This procedure allows the surgeon the best access to all spinal structures. This is the easiest procedure for the doctors. However, this technique causes the most tissue destruction and therefore, the greatest potential for the most trouble when trouble occurs.

The incision for open back surgery is usually five to six inches. Instruments called "retractors" are used to pull muscle away from the spine. This causes damage (that was not there before) to the soft tissue. In many cases this precipitates problems and pain in areas that were previously healthy and asymptomatic prior to surgery. Also, if a bone graft is taken from another area (to do a fusion) such as the hip, pain at that area may occur and persist, even becoming permanent in some cases. The main point here is that collateral damage to previously normal tissues is highly likely.

Open back surgery usually causes more pain (more tissue destruction) and longer recovery times than minimal invasive surgery. Also, general anesthesia is necessary for open back surgery. Greater risks of mental and physical complications are present with the use of general anesthesia. The age of the patient seems to have a significant bearing on complications from general anesthesia. The older the patient was the greater expectation of possible complications. An article in the German Medical Association's International Science Journal cited seven deaths for every million general anesthesia procedures. That's death occurring from anesthesia alone (surgery had no part in it). That doesn't sound too bad, right? How about this little stat....they

also cited 1 in 20 people having undergone general anesthesia died within one year. The death rate skyrocketed to 1 in 10 within one year after general anesthesia for people over 65!<sup>vii</sup>

Now, let's look at regular Minimal Invasive Spinal Surgery (MISS). First of all, MISS is not an accepted form of spinal surgery among the vast majority of spinal surgeons. Please hear me clearly! When you are considering MISS, you are entering an area of non-traditional medicine that has not been studied extensively.

Some good news is that some statistics show decreased infection rates for MISS (0.07% compared to an average of 4.5% for open back surgery).<sup>viii</sup>

The obvious reason in the reduced infection rate for MISS is the size of the incision. However, therein lays a major disadvantage. The smaller the incision is, the smaller the view for the surgeon. Spinal surgery is, unfortunately, not an exact science. There is actually quite a bit of educated guesswork in what and where to cut. The MISS folks seem to be very guarded about their statistical information, but it appears multiple surgeries occur with some regularity due to what we are talking about. However, general anesthesia is not necessary with MISS, and that's a definite plus.

MISS reduces the normal hospital stay for spinal surgery by about half in most cases. A hospital stay of 2-3 days is typical for MISS compared to 5-7 days for traditional open back surgery. Patients are usually able to return to work sooner with MISS. Most people can return to part time work within 1-2 weeks and full time in 4-6 weeks. This reflects shorter recovery times compared to open back surgery.<sup>ix</sup>

MISS does require post-operative physical therapy. Basically, it is the same protocol as open back post-operative therapy.

Now let us focus our attention on Laser Spine Surgery. Laser is being utilized for many medical applications these days. It is quite exciting. We all know about the successes of Laser eye surgery. Kidney stone surgery is being performed with Laser. However, the term, "Laser Spine Surgery" is considered by some to be deceptive. Some have suggested that the "sex appeal" of Laser has been elicited as a marketing tool to promote clinics that are simply performing regular Minimal Invasive Spinal Surgery. This has to be a consideration. The appeal of "Laser" spinal surgery may navigate you into a very expensive (out of pocket) procedure that may be nothing more than a typical Minimal Invasive Spinal Surgery that, in certain cases, may be covered by health insurance.

Bone cannot be safely cut away with Laser because the heat generated could potentially hurt nerve tissue in close proximity. If bone tissue must be removed, something other than a Laser has to remove it. When utilized, Laser is simply used to dissolve fat tissue (and some fatty tumors) and ablate (or destroy) certain nerve tissue (usually at articular capsule areas).

Spinal surgery may sometimes afford temporary short term pain relief at a great long term cost. Failed Back Surgery Syndrome (FBSS) is the name given to a subset of post-surgical patients who have new or persistent pain after spinal surgery. The incidence of Failed Back Surgery Syndrome is 20-40%! Listen folks, up to 4 people out of 10 spinal surgeries have new or

persistent pain after their procedure! Do you feel lucky?<sup>x</sup>

Before I explain our non-invasive procedure involving Deep Tissue Laser and Disc Decompression Therapy, please look closely at the charts provided. I have included two charts from the Orthopedic Technology Review (Vol. 5 No 6, November/December 2003). The study was performed by Thomas A. Gionis, MD and Eric Groteke, DC. You will see an amazing success rate of 86 to 94%! Most of the cases used in the study (reflected on the charts) were disc herniations with or without spinal degeneration. I want you to understand that these statistics and success rates are consistent with my personal treatment of thousands of similar cases over the past 24 years.

Diagnosis MRI Findings	No. of Cases	Female Patients	Male Patients	Positive Result	No Result	% of Success
Single Herniation Lateral	67	26	41	63	4	94
Single Herniation Central	22	11	11	20	2	90
Single Herniation w/ Degeneration	24	5	19	24	0	100
Single Herniation Lateral w/ Degeneration	32	14	18	29	3	91
Multiple Herniations w/o Degeneration	57	21	36	39	18	68
Multiple Herniations w/ Degeneration	17	2	15	13	4	77
<b>TOTAL</b>	<b>219</b>	<b>79</b>	<b>140</b>	<b>188</b>	<b>31</b>	<b>86</b>

Diagnosis MRI Findings	Improved Gait	Sluggish to Normal Reflexes	Improved Sensory Reception	Improved Motor Limitation	Abnormal to Normal Straight Leg Raise Test	Improved Spinal Range of Motion
Single Herniation Lateral	98%	98%	96%	90%	92%	95%
Single Herniation Central	100%	100%	94%	92%	96%	90%
Single Herniation w/ Degeneration	99%	96%	90%	84%	94%	90%
Single Herniation Lateral w/ Degeneration	94%	97%	94%	88%	90%	92%
Multiple Herniations w/o Degeneration	96%	94%	94%	81%	82%	92%
Multiple Herniations w/ Degeneration	92%	94%	88%	82%	80%	82%
<b>AVERAGE IMPROVEMENT</b>	<b>96%</b>	<b>96%</b>	<b>93%</b>	<b>86%</b>	<b>89%</b>	<b>90%</b>

I wish to discuss again for just a moment why your doctor or surgeon has not told you about or recommended Deep Tissue Laser combined with Disc Decompression Therapy. With success rates that are better than surgery, why wouldn't they at least tell you about it? The kindest suggestion I would put forth would be that most medical doctors don't know about Deep Tissue Laser or Disc Decompression Therapy. Quite frankly with most doctors, if health insurance doesn't cover a procedure, it is almost as if it doesn't exist! Unfortunately, alternative spinal treatments like Deep Tissue Laser and Disc Decompression Therapy are not taught in most medical schools. The reality is that the "accepted" treatment for spinal conditions is as follows: oral medication, physical therapy, steroid injections (pain management) and then surgery. Period. No matter how effective anything else may be.

Now for an explanation of the Deep Tissue Laser and Disc Decompression treatment.

Deep Tissue Laser does not cut. Deep Tissue Laser is powerful (a Class IV device; 10-12 watts). The Laser beam penetrates about five inches into the human body. Human cells produce increased energy in response to the Laser. Blood supply to poorly enervated regions (like discs) increases, thereby causing healing to occur in stagnant decaying areas (like arthritic joints).<sup>xi</sup>

Cellular regeneration is another result of Deep Tissue Laser. The Deep Tissue Laser can actually have a biostimulatory effect on the cells that produce cartilage and bone. I am trying to express the fact that Deep Tissue Laser can cause cellular regeneration and production of healthy cells!<sup>xii</sup>

The Deep Tissue Laser and Disc Decompression Protocol can be used in cases of failed back surgery.

The actual Laser procedure normally lasts about 10 minutes (two five minute sessions). There are no negative side effects. Special glasses are worn to protect eyes. The Laser can sometimes cause a warm sensation, but not always. There is no pain associated with the treatment.

Disc Decompression Therapy is performed either immediately before or immediately after Deep Tissue Laser. The procedure is performed on a computerized table that allows mechanical separation of vertebral segments. The "pull" is very gentle and specifically directed to the compromised regions. Vertebral segments are separated approximately 3-5 millimeters creating a negative pressure between the vertebrae. Disc bulges or herniations can resorb back into the disc space due to the negative pressure created. Also, dehydrated (narrowed) discs can be rehydrated or thickened.

The Deep Tissue Laser and Disc Decompression Therapy protocol is usually a total of 25 sessions performed at a frequency of 2 times a week. Therapy usually spans 12 weeks. Most cases of Spinal Stenosis, Disc Herniation or Spinal Degeneration will realize positive changes within 4 visits! As stated previously, the achieved results are generally permanent. There is an accelerated program for patients that are not within driving distance of the clinics. An accelerated protocol is usually accomplished in one week utilizing up to 4 treatments each day. Special rates are available at nearby hotels.

In conclusion, I wish to restate the obvious: Spinal Surgery, of any type, is a very serious consideration. Some patients die. Up to 40% of surgical patients have complications.

Deep Tissue Laser combined with Disc Decompression Therapy is 86-94% successful in the treatment of serious spinal conditions such as Spinal Stenosis, Disc Herniation and Spinal Degeneration. No one has ever died from this non-invasive procedure. There is a 0% complication rate. The procedure is much less expensive than most Minimal Invasive Spinal Surgery.

Please feel free to contact The Laser Spine Clinic (Dr. M. Scott White) at any time for additional information. The phone number is 703-730-0200.

Please visit our website at [www.LaserSpineAssociates.com](http://www.LaserSpineAssociates.com).

---

<sup>i</sup> Septic and Aseptic Complications of Corticosteroid Injections, *Dtsch Arztebl Int.* Jun 2012; 109(24): 425-430.

<sup>ii</sup> [Laserspineinstitute.com](http://Laserspineinstitute.com), Failed Back Surgery Syndrome Statistics Don't Tell the Whole Story

<sup>iii</sup> Rates and Causes of mortality..., Smith JS, Saulle D, Chen CJ, Lenke LG, Polly DW Jr, Kasliwal MK, Broadstone PA, Glassman SD, Vaccaro AR, Ames CP, Shaffrey CI.

<sup>iv</sup> [Spine-health.com](http://Spine-health.com), Laser Disc Decompression for Spinal Stenosis: Does It Work?

<sup>v</sup> Authors Smith JS, Saulle D, Chen CJ, Lenke LG, Polly DW Jr., Kasliwal MK, Broadstone PA, Glassman SD, Vaccaro AR, Ames CP, Shaffrey CI. *Journal Spine (Phila Pa 1976)*. 2012 Nov 1; 37(23):1975-82. DOI: 10.1097/BRS.0b013e318257fada.

<sup>vi</sup> Andrew J. Schoenfeld, Leah M. Ochoa, Julia O. Bader, Philip J. Belmont. Risk Factors for Immediate Postoperative Complications and Mortality Following Spine Surgery: A Study of 3475 Patients from the National Surgical Quality Improvement Program. *The Journal of Bone & Joint Surgery*, 2011:1577 DOI:10.2106/JBJS.J.01048

<sup>vii</sup> TIME, Under the Knife: Study Shows Rising Death Rates from General Anesthesia, [Worldcrunch.com](http://Worldcrunch.com), Aug. 04, 2011

<sup>viii</sup> Statistics provided by Laser Spine Institute®

<sup>ix</sup> [www.smiss.org/faq-about-minimally-invasive-spine-surgery](http://www.smiss.org/faq-about-minimally-invasive-spine-surgery)

<sup>x</sup> [www.neuromodulation.com/failed-back-surgery-syndrome-definition](http://www.neuromodulation.com/failed-back-surgery-syndrome-definition), Sep 17, 2013

<sup>xi</sup> *Photochem Photobiol.* 2012 Jan-Feb;88(1):161-6. doi:10.1111/j.1751-1097.2011.01032.x Epub 2011 Dec 16

<sup>xii</sup> *Wien Klin Wochenschr.* 2008; 120(3-4):112-7. Doi: 10.1007/s00508-008-0932-6.

*Lasers Med Sci.* 2012 Nov 24. Laser and Light –emitting diode effects on pre-osteoblast growth and differentiation. *In Vivo.* 2004 Sep-Oct; 18(5):585-91 Effect of Low-Level Laser on osteoarthopathy in rabbit.

<sup>xiii</sup> *Spine (Phila Pa 1976)* 2006 Jul 1;31(15):1658-65.

*Spine (Phila Pa 1976)*. 2005 Jan 15;30(2):181-7.