

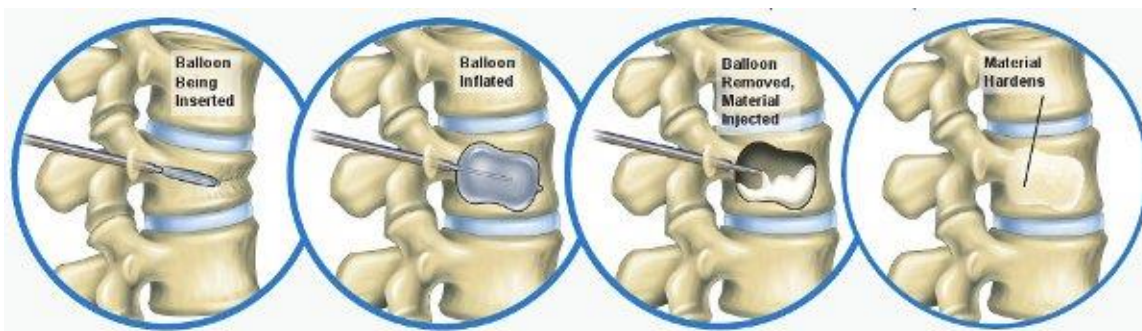
# Kyphoplasty

The goals of a kyphoplasty surgical procedure are designed to stop the pain caused by a spinal fracture, to stabilize the bone, and to restore some or all of the lost vertebral body height due to the compression fracture.

•**Kyphoplasty is a type of Vertebral Augmentation for Compression Fractures**

## Performing Kyphoplasty Surgery

1. During kyphoplasty surgery, a small incision is made in the back through which the doctor places a narrow tube. Using fluoroscopy to guide it to the correct position, the tube creates a path through the back into the fractured area through the pedicle of the involved vertebrae.
2. Using X-ray images, the doctor inserts a special balloon through the tube and into the vertebrae, then gently and carefully inflates it. As the balloon inflates, it elevates the fracture, returning the pieces to a more normal position.
3. The balloon is removed and the doctor uses specially designed instruments under low pressure to fill the cavity with a cement-like material called polymethylmethacrylate (PMMA). After being injected, the pasty material hardens quickly, stabilizing the bone.



**Kyphoplasty surgery to treat a fracture from osteoporosis is performed at a hospital under local or general anesthesia. Other logistics for a typical kyphoplasty procedure are:**

- The kyphoplasty procedure takes about one hour for each vertebra involved
- Patients will be observed closely in the recovery room immediately following the kyphoplasty procedure
- Patients may spend one day in the hospital after the kyphoplasty procedure

Patients should not drive until they are given approval by their doctor. If they are released the day of the kyphoplasty surgery, they will need to arrange for transportation home from the hospital.

### **Before Surgery**

- 1) Stop taking all aspirin and non-steroidal anti-inflammatory medications (e.g. Advil, Naproxyn, Relafen, etc.) one week before surgery.
- 2) Shower the night before surgery.
- 3) Do not eat after midnight, the night before surgery.
- 4) If you are allergic to iodine, shellfish, or any medications, tell your doctor.
- 5) If you have any questions about other medications, ask your doctor.

## **Candidates for Kyphoplasty**

Kyphoplasty cannot correct an established deformity of the spine, and certain patients with osteoporosis are not candidates for this treatment. Patients experiencing painful symptoms or spinal deformities from recent osteoporotic compression fractures are likely candidates for kyphoplasty. The procedure should be completed within 8 weeks of when the fracture occurs for the highest probability of restoring height.

## **Risks and Complications of Kyphoplasty**

Some general surgical risks apply to kyphoplasty, including a reaction to anesthesia and infection. Other risks that are specific to the kyphoplasty procedure and vertebroplasty include:

- Nerve damage or a spinal cord injury from malpositioned instruments placed in the back
- Nerve injury or spinal cord compression from leaking of the PMMA into veins or epidural space
- Allergic reaction to the solution used to see the balloon on the X-ray image as it inflates

## **When to call the office?**

- If temperature is above 101F
- If wound is draining, particularly if the drainage is yellow or foul smelling
- If pain increases significantly
- If weakness in the lower extremities develops

An appointment with Dr. Lowe or Sam will be made 1 week from your surgery date. At this visit, you can expect examination of the wound and physical functionality, possible x-rays, and medication adjustments if needed.

### **What can I do to ensure a successful surgery?**

1. Exercise as directed. Walking after surgery will benefit your heart, lungs and musculoskeletal system following your surgery. It can also be great for dealing with the emotional strife that may follow a major procedure. Gradually increasing your exercises and stopping when there is added pain is the recommended method.
2. Healthy sleep habits. Getting enough sleep is essential to help repair the body. Many patients find it helpful to sleep in a recliner during the first few weeks.
3. Healthy eating. A diet with sufficient amounts of protein is important. Also drink plenty of fluids. The bowel is often slow to “wake up” after anesthesia and pain medications can be very constipating. Adding a stool softener or laxative may be helpful.
4. NO SMOKING!!! Numerous studies have demonstrated poor recovery rates in smokers compared to non-smokers. Smoking has also been shown to accelerate existing degenerative disc disease. Continuing to smoke may lead to the need for more surgery. Nicotine is the main culprit which means that using nicotine replacements such as patches or gum will not alleviate the problem. We can provide a prescription to help with smoking cessation.