By Peter van der Meer, MD, Chair of Radiology

EACH YEAR, ABOUT ONE MILLION AMERICANS SUFFER DEBILITATING COMPRESSION FRACTURES OF THE SPINE. In addition to being painful, these fractures can cause shortening of the spine and forward leaning posture, called kyphosis. A minimally invasive procedure called kyphoplasty offers quick pain relief and the potential to restore bone height and correct the kyphosis. This is accomplished by injection of the fracture with surgical cement, a kind of superglue.

The main reason to do kyphoplasty is pain relief. It’s effective and safe and patients often go home the same day of the procedure. Kyphoplasty is most successful in people with osteoporosis and is an immensely important treatment option for elderly people with very painful fractures. Seniors who can’t get out of bed because of a compression fracture are at high risk for complications including blood clots in the legs or lungs, pneumonia, constipation, depression and loss of muscle mass and bone mass. The loss of bone mass can increase the likelihood of future fractures. So we aim to get these patients up and walking again as soon as possible. Kyphoplasty is great treatment for them. You do the procedure in the morning, they walk in the afternoon.

A patient undergoing kyphoplasty is sedated and lies face down on a special x-ray table. A local anesthetic is given to numb the back. After making a small incision in the back, the physician, guided by real-time X-ray images, advances a thin tube into the fractured vertebra. Through the tube, a special balloon is inserted into the interior of the vertebra. Once correctly placed, the balloon is inflated. This pushes bone out of the way and “jacks up” the collapsed vertebra. The goal is to restore the vertebra to its original shape as much as possible. When this is achieved, the balloon is deflated and removed, and the cavity is filled with a quick-setting bone cement.

The procedure takes about 30 minutes per fracture. Patients stay in bed and are observed for several hours after the procedure. When sedatives wear off, they are encouraged to get up and move around.

Depending on their overall condition, many patients go home the same day, or are discharged after an over-night hospital stay. Once discharged, they may resume normal activities.

In terms of achieving pain relief, kyphoplasty is as effective as a similar procedure, called vertebroplasty. Nine out of ten patients experience significant pain relief within 24 hours. Vertebroplasty is done without balloons, and does not offer the potential to restore bone height. It’s a good procedure if there is little or no height lost with the fracture. Patients are individually assessed to determine which procedure is most appropriate for their fracture.

For more information about kyphoplasty and Vertebroplasty, call 663-4150.

Dr. Peter van der Meer specializes in skeletal disorders and performs more kyphoplasties than any New England physician.

“It still feels great to see someone smile and stand up straight a few hours after a procedure that was necessary because they were in a wheelchair.”

Minimally Invasive Procedure provides QUICK RELIEF

The Elliot
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