

Orthopaedic Connection

Vertebroplasty. The Results.

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

Last time I tried to give you an overview of Vertebroplasty. Spine fractures are a large part of my practice and I'm sure I don't see the majority of those that occur.

Actually, the problem has to be put in even greater perspective. Approximately two thirds of all vertebral fractures go undiagnosed. It is difficult in patients to determine the cause of symptoms sometimes. A vertebral fracture may in some cases not cause pain which the person feels is significant. When pain is present it can range from mild to severe, but may disappear over several weeks.

Back pain is very common in older persons so they may not think it is anything unusual. Add to this the often complex causes of back pain.

Under diagnosis can be compounded by the family physician seeing so many patients who have back pain. If complaints don't seem justified then even plain x-rays may not be ordered. Plain regular x-rays are ordinarily all that are needed to make the diagnosis. As always, my advice is that MRI and specialty x-ray studies not be done before plain x-rays. In most cases MRI and other studies may not be needed.

Results of Study

A study was reported in the New England Journal of Medicine. It was funded by the National Institutes of Health. 131 patients with spinal fractures who were determined to be candidates for vertebroplasty were assigned to two different groups. One group received bone cement in the vertebra. The other group had a procedure, but no cement was injected. All patients had agreed to the study and did not know if they had had bone cement injected or not. The patients had no clue if they had received real surgery or not.

After a month both groups saw a significant decrease in disability and pain. In another study the results were similar at three months after the procedure.

While both studies were small they point to the fact that many patients will get better over time with rest, medication and possibly a back support or brace thereby sparing them surgery.

Positive Benefit

In selected patients who are having a disabling amount of pain there is no question vertebroplasty can help stabilize the vertebra and relieve the severe pain.

- The key is to choose the proper patient who will benefit from vertebroplasty. Many factors should be considered. I feel very confident deciding who might benefit, but all doctors don't feel that way. They may send their patient to someone who does the procedure and more than likely the procedure will be done.

There is definitely a place for vertebroplasty, but we need to be thoughtful and knowledgeable about who we refer.

Kyphoplasty

This is a procedure similar to vertebroplasty. In this case a small balloon is inserted into the vertebra first. The balloon is inflated in the bone and then filled with bone cement.

The procedure is more often used to try to restore the height to some extent of the collapsed vertebra. It tries to prevent the round back deformity that often accompanies compression fractures. Bone strengthening medications must be taken as well.

Kyphoplasty tends to help prevent additional fractures by keeping the spine in a more upright position.

Check out our office teaching website www.orthopodsurgeon.com and Your Orthopaedic Connection for more information about vertebroplasty and kyphoplasty.

Our goal is simple - To help people return to more pain free, functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush