

Spinal Fusion

For an appointment call
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Approximately 80 percent of all Americans will experience back pain or spinal injury during their lifetimes. These injuries can cause minor discomfort, a restricted range of motion, or constant, debilitating pain. Since spine and back problems are different for everyone (depending on a person's size, weight, and extent of injury), so are the forms of treatment. In many of these cases, surgery is not necessary. However, in cases involving spinal tumors, infections, nerve problems, or significant degenerative disease, surgery is often the best course of treatment.

Causes and Treatment Options

The majority of spine pain is related to degenerative disease. Often, a combination of age-related degenerative disease and injury can result in significant back pain. The cushioning between vertebrae can also collapse and pinch nerves in the back, increasing the pain and discomfort. Once vertebrae have collapsed, a surgical procedure called spinal fusion may be the best course of treatment for most patients. The vertebrae at the base of the spine take the biggest burden and are the cause of pain in 75 percent of patients undergoing spinal fusion surgery.

Traditional surgery for spinal fusion to stabilize collapsed vertebrae requires a large incision: either on the abdomen or at the base of the spine depending on the particular procedure. Patients stay in the hospital for more than seven days, are slow to regain function, and experience significant postoperative discomfort. Rehabilitation therapy may take up to one year.

Minimally Invasive Surgery Used to Repair Damaged Vertebrae

With laparoscopic technology, minimally invasive surgery is now an option for some spinal fusion surgeries.

Surgeons perform the procedure through four tiny incisions, each

about a one-inch long. A surgical instrument called a laparoscope is inserted through the incisions. A video camera at the end of the laparoscope allows the surgeon to see a magnified view of the damaged vertebrae on a video monitor. The surgeon then manipulates surgical instruments, brought to the operative site through small, hollow tubes, to stabilize and repair the vertebrae segment so that it will no longer be painful.

In most cases, the patient is home in approximately two days and experiences minimal discomfort. Physical rehabilitation can be performed on an outpatient basis over several weeks rather than over the course of one year as with traditional surgery.

The Minimally Invasive Surgery Center

The University of Chicago Hospitals Minimally Invasive Surgery Center at Louis A. Weiss Memorial Hospital is at the forefront of laparoscopic surgery. Surgeons here are pioneers in advancing minimally invasive diagnostic and therapeutic surgical procedures, many of which are now performed all over the world. For example, Constantine Frantzides, MD, Director of the Minimally Invasive Surgery Center, was the first in the world to pioneer eight different new laparoscopic procedures.

Specialists from general surgery, obstetrics and gynecology, urology, ophthalmology, orthopaedics, plastics, thoracic, and vascular surgery all work together to offer a full spectrum of minimally invasive surgeries from gallbladder and hernia procedures to surgery of the spine, spleen, stomach, colon, and other organs. These specialists also collaborate to apply laparoscopic technology to other procedures that currently require traditional open surgery.

For a consultation or second opinion with one of our minimally invasive surgical specialists, contact your primary care physician or call toll-free 1-888-UCH-0200.

OVERVIEW

Laparoscopic, or minimally invasive, surgery to repair damaged vertebrae offers many benefits over traditional open surgery, such as:

- **Reduced hospital stay from more than seven days to approximately two.**
- **A quicker return to work and other activities.**
- **Only four tiny marks as opposed to two large scars.**
- **Minimal postoperative pain.**