

# Back in step after spine surgery

Every morning, **Ken Loge** walks four miles before breakfast. He's done it for years. It's what keeps this 88-year-old man youthful.

Last June, during his usual walk, he came upon a man lying by the street. "He'd sat down to rest, fell over, and couldn't get up, so I tried to help him," Ken says.

Standing behind the fallen man, Ken hooked his arms beneath the man's arms and began to lift. "As I lifted him into a sitting position, I heard a distinct 'pop' in my back," Ken says. "Needless to say, I couldn't help him up and barely made it home myself." By the end of the day, Ken could hardly stand, the pain in his back was so great.

Ken had a compression fracture on the fifth lumbar vertebra, right above his tailbone, accompanied by some nerve damage. He had to use a wheelchair for a period of time before advancing to a walker and then a cane. Finally, he had a surgical procedure, called a kyphoplasty, to repair the damage.

"Kyphoplasty is a minimally invasive technique," says **Dr. Rick Bransford**, UW assistant professor of orthopaedics and sports medicine.

"Through a straw-like tube we insert a small balloon into the compressed vertebrae and blow it up to try to recreate the anatomy of the compressed vertebral body." The balloon is then removed and cement is injected through the tube to fill in the defect and mechanically increase the strength of the fractured vertebra. This generally also alleviates pain.



Dr. Rick Bransford

Kyphoplasty is one of several new techniques that surgeons are now using at the **UW Medicine Regional Spine Center**, including a novel comprehensive reconstructive surgical approach for



Being a good samaritan, Ken Loge tried to lift a man who had fallen down, but his 88-year-old back had other ideas. Kyphoplasty helped to relieve his compression fracture so Ken could walk pain-free.

patients with tumor disorders of the spinal column and state-of-the-art reconstructive surgery for patients with inflammatory spinal disorders, such as rheumatoid arthritis.

"There is a new lumbar disc replacement, called Prodisc, that may appear next year," says

**Dr. Dheera Ananthakrishnan**, UW assistant professor of orthopaedics and sports medicine, and Ken's orthopaedic surgeon at the VA. (Puget Sound Veteran's Affairs Health Care System). "It's used mainly for low back pain thought to be related to disc degeneration. They've been using it in Europe for about 10 years."



Dr. Dheera Ananthakrishnan

Clinical trials are also underway for a cervical Prodisc. UW Medical Center will

begin participating later this year.

"The cervical ProDisc is an alternative to spine fusion surgery that preserves motion while relieving the symptoms of a herniated cervical disc," says Dr. Ananthakrishnan. Spine surgeons from the university will soon travel to Germany, where they've been using this technique for a few years, she says.

"People are living longer than ever before but our bodies wear out," says Dr. Ananthakrishnan. "Take care of them and they'll last longer." Just like Ken has done.

"I persisted in my walking," Ken says, "which helped my body prepare for surgery and to heal that much faster."

More information about spine surgeries is available on the UW Department of Orthopaedics and Sports Medicine Web site at: [www.orthop.washington.edu/back\\_spine](http://www.orthop.washington.edu/back_spine). Consultations are available at the Bone & Joint Center: 206-598-4288.