

# Kyphoplasty

A.O.S

ADVANCED ORTHO & SPINE

**Kyphoplasty** is a very common operation performed in patients that have a fractured vertebrae (back bone). This operation is most commonly performed in elderly patients that have fractured a vertebrae in the middle or low back. Patients with osteoporosis are at increased risk of fracturing a bone, most commonly their hip, wrist or back. Osteoporosis is the thinning of the bone structure that often comes with age. The bone becomes brittle and often takes little to no trauma to break.

A fractured vertebrae is very painful. We can diagnose the broken bone with an x-ray, but often a MRI is necessary. Once we make the diagnosis, we have a few different options. We can treat the fractured back bone non-surgically as these fractures will heal in 2-3 months. We can use a back brace, pain medications and activity restrictions to allow the patient to heal naturally. However, many patients have severe debilitating pain despite an attempt to treat the fracture non-surgically. In these patients, Kyphoplasty can be a great option.

Kyphoplasty is a minor 20 minute operation performed in the operating room with the patient under general anesthesia. We make 2 very small incisions and essentially perform the entire surgery through 2 medium sized needles. We use special x-ray machines to safely see the bones and perform the minimally invasive surgery. Through the needles, we essentially insert a bone glue into the fractured vertebrae which will harden within 5 minutes. This bone glue stabilizes the broken bone. It is this stability that will decrease the patient's pain. The surgery itself is very safe and it is not painful. On average, we expect 70-80% improvement in the patient's pain. In most instances, patients can go home the same day. There are minimal restrictions after this surgery and stitches are not necessary since the incisions are so small. Kyphoplasty is the most minimally invasive and minor spine surgery we perform, and it can be an excellent surgery for those patients that have intractable pain secondary to a fractured vertebrae.

## **FREQUENTLY ASKED QUESTIONS**

### THE DAY OF SURGERY : What to expect?

You should receive thorough instructions from the hospital or surgery center regarding your surgery experience. We realize surgery can be a very stressful and anxiety provoking experience, and we want to make it as smooth and stress free as possible. You will typically arrive 1-2 hours prior to your surgery start time. Do NOT eat or drink anything after midnight the day of surgery. The preoperative nurse can answer any questions regarding certain medications such as blood pressure and diabetes medicines prior to your surgery. You will meet your surgeon prior to surgery. Please ask any remaining questions at that time. Prior to surgery you will also meet the anesthesia team and the operating room nurse. We are extremely confident that our team will take great care of you during surgery.

### AFTER SURGERY : What to expect?

Most often, the surgery itself is not very painful. We expect some immediate improvement in the pre-operative pain. Most patients tell us that the severe stabbing pain is gone fairly quickly because the broken back bone is stabilized.

### INCISION CARE : What does it look like?

Your surgeon will most likely close the wound with an incision sealant called derma-bond. There will be NO stitches or staples. No dressings. You can get the incision wet right away. We simply ask that you do not soak the incision in a bath, hot tub or pool until your first post-operative visit. Do NOT apply anything to your incision area. The derma-bond glue will peel off in 1-2 weeks after surgery.

### BRACING after SURGERY : Is it needed?

We typically do not prescribe a brace after Kyphoplasty. The bone glue will offer the needed stability and pain relief in most cases.

### BACK MOVEMENT after Surgery : Is it possible?

Yes, we encourage you to move and bend as much as tolerated. If certain activities and movements increase your pain, we ask that you refrain from these until the pain decreases.

### PAIN MEDICATION : How long will I need pain medicine?

This varies for each patient. We hope the surgery is successful in eliminating the need for pain medicines. Some patients do need mild pain killers for the first few weeks after surgery. Pain medicines are often associated with constipation. Patients often require regular stool softeners if they are going to be on a pain medication.

### DRIVING : When to resume?

This varies for each patient. We ask that you be off your pain medicine. It may be as soon as 3-5 days after surgery that you may safely drive. For some patients it takes much longer.

### ACTIVITIES After Surgery : What should I expect?

After Kyphoplasty, it is possible to return to normal activities very quickly. Typically, there are no restrictions after this surgery.

### PHYSICAL THERAPY : Is it needed?

This varies from patient to patient. At your first post-operative check-up 2-3 weeks after surgery, your surgeon will determine if physical therapy will be beneficial. We have a highly experienced therapy team that can assist in your recovery process to help with pain, range of motion, and strength.

### RETURN TO WORK : What is typical?

This again varies between patients. Patients that work sedentary jobs can go back as soon as 14 days after surgery. Laborers/heavier jobs may require 6-12 weeks off work.