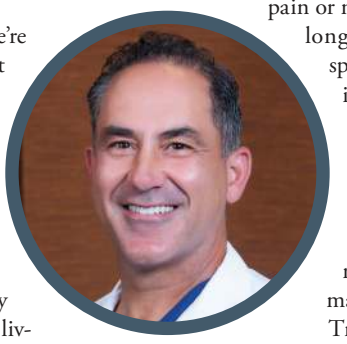
SPINE CARE AT ITS BEST

At the **Spine Institute of San Diego**, advanced techniques in disc replacement surgery provide lasting relief and mobility for those suffering from neck and back pain.

Some studies show that two out of three Americans may experience neck pain at least once during their lifetime.[1] Patient education, pain control, and physical therapy are the first lines of treatment. But for some adults with disc damage, neck pain, or neurological symptoms, first-line nonsurgical treatment may not be enough.

For those patients, the Spine Institute of San Diego and the world of medical technology have more to offer. The Mobi-C® by Zimmer Biomet is a surgically implanted cervical artificial disc replacement that features patented mobile bearing technology designed to allow the replaced disc to self-adjust and facilitate motion similar to the natural cervical spine. Dr. Ramin Raiszadeh is the director of clinical research and a practitioner of minimally invasive spine surgery at the Spine Institute, a regional magnet for high-caliber spinal care.

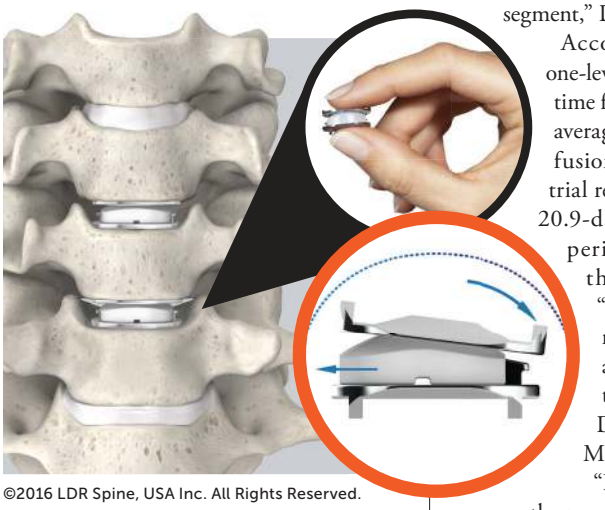
"With this technology, we're able to administer the most minimally invasive techniques for desired benefits," says Dr. Raiszadeh. Due to the proximity of vascular and neurological structures, there are serious risks with the use of the device[2], including an inability to resume activities of daily living; however, Dr. Raiszadeh says, "The amazing thing about Mobi-C is that it may allow the patient to return back to their original function and mobility as expeditiously as possible."



Dr. Ramin Raiszadeh

Preserving Spinal Mobility

Neck and back pain vary in intensity from patient to patient.



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When discs between the spine's bones become loosened or dislodged, it puts pressure on the surrounding nerves, causing radiating pain or numbness. Thankfully, the long-term outcome for most spine-related pain is promising: Many patients recover through physical therapy and lifestyle changes. However, some patients experience agony that physical therapy may not relieve—and these patients may be eligible for surgery.

Traditional spine surgery involves removing the wayward disc and fusing the bones on either side of the gap. While this alleviates pressure on the spinal cord, it also locks the spine into place at the point of fusion, which limits motion and adds pressure on adjacent levels.

However, the Mobi-C cervical disc is designed to maintain neck motion. With a polyethylene mobile core and titanium plates, this artificial disc replacement takes the place of the damaged disc and is free to twist and slide left-to-right and front-to-back.[2] "Decompressing the spinal cord allows for spinal integrity and motion in the vertebral segment," Dr. Raiszadeh says.[2]

According to Mobi-C's IDE one-level trial, the return-to-work time for Mobi-C patients was, on average, 7.5 days sooner than for fusion patients. The two-level trial results indicated an average 20.9-day sooner return-to-work period for Mobi-C patients than for fusion patients. "Moreover, patients' happiness improves expeditiously after this surgery compared to fusion surgery," adds Dr. Raiszadeh, as shown by Mobi-C's seven-year results.

"I'm passionate about using the macro and micro abilities of my 15 years of training to take pressure off the spinal cord," he concludes. "Seeing people walk or pick up a cup of coffee after I've treated them is the most rewarding experience."

spine institute of SAN DIEGO

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IMPORTANT PATIENT INFORMATION

[1] Rubin DI. Epidemiology and risk factors for spine pain. *Neurol Clin.* 2007;25(2):353-371. doi:10.1016/j.ncl.2007.01.004

[2] Risks associated with a cervical artificial disc device, including the Mobi-C®, include but are not limited to: bone formation that may reduce spinal motion or result in fusion, decreased strength of extremities, new pain, decreased reflexes, and cord or nerve root injury. Mobi-C® should only be used by surgeons who are experienced with anterior cervical spinal procedures and have undergone hands-on training in the use of this device. Only surgeons who are familiar with the implant components, instruments, procedure, clinical applications, biomechanics, adverse events, and risks associated with the Mobi-C® should use this device. A lack of adequate experience and/or training may lead to a higher incidence of adverse events, including neurological complications. Due to the proximity of vascular and neurological structures to the implantation site, there are risks of serious or fatal hemorrhage and risks of neurological damage with the use of the device. Care must be taken to identify and protect these structures.

Patient selection is extremely important. In selecting patients for total disc replacement, the following factors can be of importance to the success of the procedure: the patient's occupation or activity level, prior injury or other ongoing illness, alcoholism, or drug abuse; and certain degenerative diseases (e.g., degenerative scoliosis or ankylosing spondylitis) that may be so advanced at the time of implantation that the expected useful life of the device is substantially decreased.

Results are not necessarily typical, indicative, or representative of all recipient patients. Results will vary due to health, weight, activity, and other variables. Not all patients are candidates for this product and/or procedure. Only a medical professional can determine the treatment appropriate for your specific condition. Appropriate post-operative activities will differ from patient to patient. Talk to your surgeon about whether disc replacement is right for you and the risks of the procedure, including the risks of infection, implant wear, loosening, breakage, or failure, any of which can require additional surgery. For additional product information, talk to your surgeon or visit www.cervicaldisc.com.