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The Spinal Column

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Volume 2 | Issue 6
June 2009

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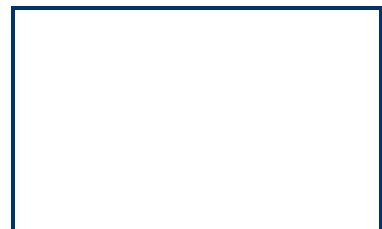
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What's New at LSI

Internet Resources Educate Spine Patients





Now more than ever, back and neck pain sufferers turn to the Internet to research their symptoms and find a solution. LSI has entered many aspects of the online world to better educate patients on treatment options.

» [Learn more...](#)

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LSI Research Introduced at International Spine Society Conferences

Over the last year, Director of Strategy and Research and recent NASS inductee, John Polikandriotis, Ph.D., and his department worked diligently to analyze data collected from LSI procedures and patient outcomes. Recently, three abstracts were chosen to be presented at two international spine society conferences.

» [Click here for more information.](#)

» [Read the Abstract Summaries](#)

Patient Spotlight

Back to Big Game Fishing

Fox Sports Network and ESPN professional big game fisherman, Captain Norm Isaacs, felt his career was in jeopardy as he suffered from debilitating back pain. Not willing to give up his true passion, he came to LSI for treatment and returned back to the life on the water!

» [Full story...](#)

» [Watch an Interview with Capt. Norm Isaacs](#)



Wellness 101

Ask the Doctor

Q: I am considering getting injections for aggravating pain in my lower back. What is the effectiveness of epidural shots for temporary (months) relief caused by my condition, spondylolisthesis?

» [The Answer](#)

» [Learn About Other Spine Conditions](#)



Fighting Depression Caused by Chronic Pain

Has your back or neck pain caused you to become a bit sluggish or not interested in things you loved to do? You could be suffering from symptoms of depression. Take advantage of the summer months with longer days and fun activities to fight this unbearable emotion.

» [More info...](#)

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HTML TextVolume 2 | Issue 6
June 2009**Internet Resources Educate Spine Patients**

The online world has become a leading source in patient decision making and finding the best options to cure spine-related symptoms.

Patients are able to find a chiropractor, research symptoms, attend online physician consultations, inform others about personal experience through blogs and educate themselves, by registering for webcasts, on the best course of action to cure their pain.



With the wealth of information provided on the World Wide Web, how does one decide which medical recommendation to follow?

Does a patient follow guidance from a blogger?

Take advice given by a physician during a webcast?

Follow ideas developed during a social forum conversation?

To make an educated decision regarding proper health care, a patient should conduct research. At LSI, we have found that many of our patients thoroughly research our facilities and surgical process before scheduling an evaluation. As the leader in minimally invasive endoscopic spine procedures, we have remained on the forefront of this surgical approach and consistently seek convenient ways to better educate our prospective patients.

Our website

When a patient browses through our website, they follow a pathway through our history, biographies of our renowned physician and surgical staff, animations of the procedures we

perform, video of LSI's Five Day Experience and stories of those who have taken the journey.

www.LaserSpineInstitute.com

Bill's Blog

A blog from our CEO and former LSI patient, Bill Horne, was launched earlier this year to provide a different perspective and create a community of people sharing the same obstacles and triumphs. Patients have the opportunity to communicate directly with Bill, as well as, access medical information and stay abreast of LSI developments.

<http://blogs.laserspineinstitute.com/>

Webcasts

LSI conducts educational seminars throughout North America teaching spine anatomy and treatment options as well as the advantages of outpatient endoscopic spine surgery. To increase our reach, we conducted our first live webcast in May, hosted by our Medical Director, Dr. Michael Perry. Over 750 viewers received a brief overview and had their questions answered.

<http://webcast.laserspineinstitute.com/archiveviewer.html>

Social Networking

In order to reach the larger community of people suffering from back and neck pain, LSI has begun to participate in many social media sites such as Facebook and Twitter. These sites offer an open forum for discussion of symptoms, conditions and treatment options for the millions of back and neck pain sufferers around the world.

<http://www.facebook.com/pages/Laser-Spine-Institute/34857182462>

<http://twitter.com/laserspine>

When conservative treatment has failed and surgery becomes the only option, the best decision is often made based on the proper research and information gathering. It is essential to review recommendations from medical professionals and compare them with the research collected, whether from online resources or other media.

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June 2009LSI Research Introduced at
International Spine Society Conferences

A few months ago, *The Spinal Column* published an article on LSI's ongoing research and publication efforts. Over the last year, our medical and research teams have worked side-by-side to capture and analyze data related to LSI patient experience and outcomes. The purpose of this data is to (1) confirm LSI's commitment to providing evidence based medicine and (2) provide published information for prospective patients during their surgical decision process.



James St. Louis, D.O.

Recently, LSI's Director of Strategy and Research and recent NASS inductee, John Polikandriotis, Ph.D., submitted three abstracts, developed from the data collected from hundreds of LSI patients, to two of the largest spine-related medical societies, The North American Spine Society (NASS) and The American Academy of Neurological and Orthopedic Surgeons (AANOS). NASS selected one abstract for presentation by John Polikandriotis, Ph.D., along with LSI Chief Spine Surgeon Dr. James St. Louis, while AANOS selected all three.

John Polikandriotis,
Ph.D.

One of the abstracts to be presented analyzes safety and complications results against strong patient satisfaction results. This study reports that LSI's infection rate is less than 0.2% vs. 4.0% for the industry while maintaining high levels of customer service such that 99.8% of patients would recommend this facility to a friend or family member.

In addition, the remaining abstracts describing lumbar and

cervical spine long-term outcomes were also selected. These studies report that within six weeks of surgery, 80% of LSI's lumbar and cervical patients have returned to their daily activities.

The upcoming presentations are just the beginning for LSI in the commitment to delivering the best patient service and healthcare available today. Our medical and research teams have several plans and initiatives underway to follow these initial research achievements and provide the most up-to-date research to the community.

[Read the Abstract Summaries](#)

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Abstract Summaries

Abstract One

This paper evaluates the safety, surgical complications and patient satisfaction of outpatient minimally invasive spine surgery performed at Laser Spine Institute (LSI) in Tampa, Florida. A total of 1,690 consecutive minimally invasive outpatient procedures performed from August through December 2008 at the Tampa surgical center were evaluated. Out of these procedures, 80.6% of them were endoscopic laminotomies and foraminotomies. The remaining 19.4% of the procedures included plasma disc decompression, percutaneous laser decompression, thermal facet ablation and hardware removal. A retrospective chart review was performed and complications as well as patient satisfaction ratings were reported. In terms of complications, this study reports that LSI's infection rate is less than 0.2%. This is in strong contrast to the 4.0% reported industry average. Impressively, this dramatically low infection rate is kept while maintaining high levels of patient service. For example, in response to the patient satisfaction survey question, "On a scale of one to ten, how would you rank your overall experience at this facility?", 82.2% gave an excellent score, which was defined as either a 9 or 10. In response to the patient satisfaction survey question, "Would you recommend this facility to a friend or family member?", 99.75% stated that they would recommend the facility. It has been concluded that minimally invasive spine surgery can be safely and successfully performed in an outpatient setting while maintaining the highest levels of patient satisfaction.

Citation

2009. Polikandriotis, J.A. OUTPATIENT ENDOSCOPIC MINIMALLY INVASIVE SPINE SURGERY: FEASIBILITY, SAFETY AND PATIENT SATISFACTION. Presented at the American Academy of Neurological and Orthopedic Surgeons (AANOS) Annual Scientific Meeting. Montreal, Canada

Abstracts Two and Three

Introduction

These papers analyze the safety and success of minimally invasive endoscopic cervical and lumbar laminotomy and foraminotomy decompression procedures performed on an outpatient basis at Laser Spine Institute (LSI) in Tampa, Florida. A retrospective chart review including a 6 week, 12 week, 6 month and 12 month patient follow-up was performed. In addition, complications and return to work/daily activities were reported.

Cervical Summary

A total of 105 consecutive outpatient endoscopic cervical laminotomy and foraminotomy decompression procedures were performed from October 2007 through January 2008 at the Tampa surgical center were evaluated. Of the 105 patients in this study, a total of 87 patients (82.9%) completed an in house pre-operative questionnaire or completed a 6 week, 12 week, 6 month or 12 month questionnaire by phone or mail. Of the 105 procedures performed, there were no mortalities, code blues, medication errors, hospital admissions, or infections. Two of the

105 patients, representing less than 2%, had a dura leak, but neither required a return to surgery. The average blood loss was 32.1cc, and the average operative room time was 84.2 minutes.

Lumbar Summary

A total of 644 consecutive outpatient endoscopic lumbar laminotomy and foraminotomy decompression procedures were performed from October 2007 through January 2008 at the Tampa surgical center were evaluated. Only patients with previous lumbar spine surgery were excluded from this data set, leaving 402 patients. Of the 402 patients in this study, a total of 312 patients (77.6%) completed either the in-house pre-operative questionnaire or completed a 6 week, 12 week, 6 month or 12 month questionnaire by phone or mail. Of the 402 procedures performed, there were no mortalities or hospital admissions, less than 2% of patients experienced a dura leak, and 1 patient had a perioperative infection. The average blood loss was 29.9cc, and the average operative room time was 85.4 minutes.

Cervical and Lumbar Metrics

The following self-reported outcome metrics were measured in the studies:

1. The Visual Analog Scale (VAS), which measures pain,
2. The Oswestry Disability Index (ODI), which measures spine disability,
3. The Short Form-36 (SF36), which measures general quality of life and
4. Return to work and return to daily activities status.

In both studies, the results conclude that patients reported significant decreases in their pain and spine disability metrics while their overall quality of life metrics drastically appreciated over time. In addition, the studies show that within 6 weeks of LSI surgery, 80% of both cervical and lumbar patients returned to their daily activities. It has been concluded that endoscopic laminotomy and foraminotomy decompression of the cervical and lumbar spine can be safely and successfully performed in an outpatient setting.

Citations

2009. Polikandriotis, J.A. OUTPATIENT BASED MINIMALLY INVASIVE LUMBAR ENDOSCOPIC LAMINOTOMY/FORAMINOTOMY SPINAL DECOMPRESSION SURGERY: FEASIBILITY, SAFETY AND CLINICAL RESULTS. Presented at the American Academy of Neurological and Orthopedic Surgeons (AANOS) Annual Scientific Meeting. Montreal, Canada and the North American Spine Society (NASS) Annual Scientific Meeting. San Francisco, CA

2009. Polikandriotis, J.A. OUTPATIENT BASED MINIMALLY INVASIVE CERVICAL ENDOSCOPIC LAMINOTOMY/FORAMINOTOMY SPINAL DECOMPRESSION SURGERY: FEASIBILITY, SAFETY AND CLINICAL RESULTS. Presented at the American Academy of Neurological and Orthopedic Surgeons (AANOS) Annual Scientific Meeting. Montreal, Canada.

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Back to Big Game Fishing

It is hard to describe a man like Captain Norm Isaacs. If you were to meet him, you would quickly realize that a life with back pain was not an option for Norm. He has lived an exciting life from signing a contract with the New York Yankees right out of high school to working as a flight instructor to becoming a professional big game fisherman.

Since 1986, Norm has dedicated his life to his career of professional big game fishing and shows on Fox Sports Network

such as Big Game Fishing the World, Big Game Bites and Inside Big Game Fishing. Big game fishing involves tremendous physical strength and balance hooking up fish like 800 pound marlin which would be a difficult task for anyone to accomplish.

Living an active lifestyle for many years, Norm experienced low back pain and pinched nerves down his right leg that worsened over time. He was diagnosed with degenerative disc disease, bulging disc, foraminal & spinal stenosis and facet hypertrophy. Between fishing excursions, Norm tried several different forms of conservative treatment, such as chiropractic, physical therapy and acupuncture to relieve the aggravating pain.

He was apprehensive at the thought of spine surgery and concerned that it would affect his career and true passion for fishing. Norm knew that after failing conservative treatment, this was the best option. Once he came to LSI, he was pleasantly surprised by the atmosphere, caring staff and five-star service he received throughout his outpatient treatment.



In September 2008, Dr. James St. Louis performed a laminotomy & foraminotomy and a few days later, Norm was amazed at the difference. He commented, "You don't realize how much you missed feeling good – until you feel good!"



Ten months after his surgery, Norm stressed that his back is no longer bothered by bending down and picking up fish or spending days on the boat. He mentions that LSI is "nothing short of a miracle." Excited about his life after the surgery, he commented on his experience saying,

"Absolutely a life changing experience. I'm back on the boats. I'm back to doing the things I normally do. I'm back to playing golf and I'm not hurting."

You can catch Captain Isaacs in action on Fox Sports Network, Sundays at 10:30 AM EST pain free and doing what he loves or visit his website, <http://www.biggamefishingtheworld.com/>.

[Watch an Interview with Capt. Norm Isaacs](#)

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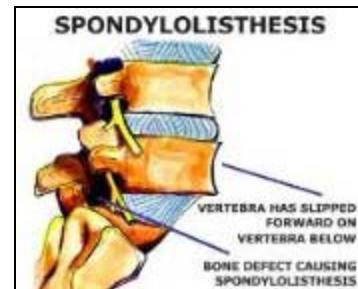
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Ask the Doctor

Q: I am considering getting injections for my symptoms. What is the effectiveness of epidural shots for temporary (months) relief from the pain caused by my condition, spondylolisthesis?

A: Great question. I will attempt to answer this question in a two parts.

1. What is Spondylolisthesis?
2. What is an Epidural Steroid Injection? What is the success rate and what are the potential risks involved?



The word spondylolisthesis is derived from the Greek words "spondylo," meaning spine, and "listhesis," meaning to slip or slide. Spondylolisthesis is a descriptive term referring to forward or backward slippage of vertebrae. There are four grades of slippage ranging from Grade 1 at 25% up to Grade 4 of 75% and above. Most cases are Grade 1 and only the severe cases can cause instability of the spine. The degree of stability can be easily measured with a flexion/extension x-ray which can be done at LSI or by your physician.

There is a range of treatment options available for those suffering from spondylolisthesis, such as simple rest, pain medications, bracing, or surgery, if necessary.

Epidural steroid injections (ESIs) are a common treatment option for typical symptoms derived from spondylolisthesis, such as low back pain and sciatica. An ESI delivers steroids directly into the epidural space encircling the dural sac, which surrounds the spinal cord and nerve roots in the spine. Sometimes additional fluid, local anesthetic and/or saline solution, is used to help 'flush out' the area.

Studies show approximately 50% of patients find relief from ESI treatments. At times, the injection alone is sufficient to provide relief, but commonly, a series of ESIs combined with a rehabilitation program to provide additional benefit. The effects of an epidural steroid injection tend to be temporary, lasting from a week to up to a year, but can deliver substantial benefits for many patients.

There are several risks associated with epidural injections, and although relatively rare, it is important to discuss with the professional conducting the procedure. For instance, Most experts recommend that no more than 3 ESIs be given in a 12-month period. According to our research, minor side effects may include: tenderness in area of the injection, nausea, dizziness and headaches. More serious side effects are very rare, but can include, bleeding, infection, nerve root injury, and meningitis.

If a patient is still experiencing the same pain after ESI treatment, the patient can still have surgery. In the majority of cases, a fusion is not necessary to treat spondylolisthesis. The LSI surgical team commonly treats patients with spondylolisthesis. The renowned staff of medical professionals use advanced diagnostic testing, flexion/extension x-rays and thorough physical evaluation to determine the best minimally invasive surgical procedure for the patient, which can be completed in an outpatient setting.

[Learn About Other Spine Conditions](#)

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HTML TextVolume 2 | Issue 6
June 2009**Fighting Depression Caused by Chronic Pain**

A common emotion linked to chronic back and neck pain sufferers is depression. The type of depression found with spine patients is referred to as "clinical or major depression." A diagnosis of depression is four times more likely to be given to chronic pain sufferers than the general population.

Depression linked to chronic pain is as serious as any other depression and should be treated appropriately by doctors, counselors and the use of medication. There are medications especially designed to treat pain and depression simultaneously. Symptoms felt by these patients have surpassed pure sadness or simply feeling down. In order to fight depression, a patient must examine their symptoms and learn how to combat this overwhelming emotion.

It is difficult to provide a fixed definition for symptoms related to clinical or major depression. Some patients suffer sporadically and others are overcome with emotion. A proper measure of the affect depression has on a patient is their activity level whether it decreases or becomes nonexistent. Once the symptoms are identified, it is easier for the patient to cope.

The summer months are actually the best time for people who suffer from depression to step out of the dark into the light. Longer days that bring bright sunshine helps the body produce Vitamin D which increases calcium and helps strengthen bones. It only takes a few minutes to get the right dose of sunlight but a short walk around the



neighborhood or easy gardening in the backyard will help.

Activities like leisurely walking or gardening can quickly decrease depression woes by altering the neurotransmitters in the brain that trigger emotion and stress response. The chemicals released during aerobic activity releases endorphins which act as a mild natural antidepressant. There are many other benefits from regular activity such as improved emotional balance and positive self-esteem. Appropriate exercise, avoiding the painful area can be very successful, especially if it is done with a physical therapist, personal trainer or kinesthesiologist. This person will provide guidance, motivation and structure to the patient and a sense of success and achievement.

A solid support system is another way to combat depression. Pulling friends and loved ones closer rather than pushing them away can help relieve sadness and the sense of being alone. The personal support network will provide a channel to sort out feelings through conversation, an exercise buddy, a mentor and companionship. There are other ways of finding support such as online community forums, blogs, social networks and community support groups.

Patients who suffer from chronic back and neck pain can easily become depressed. However, they have a choice of whether or not to succumb to it. The key is to keep communicating with loved ones, stay active, live a healthy lifestyle and regulate their emotions.

[Visit the LSI Resource Center](#)