

## **International Conference and Exhibition on**

## **Pain Medicine**

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## Disc-FX, a minimally invasive treatment for contained/degenerated lumbar disc herniation

Kailash Kothari Fortis Hospital, India

ack pain due to Lumbar Disc Disease is a huge burden on healthcare system. The treatment options range from Dphysiotherapy to fusion surgery. A number of minimally invasive procedures have also been developed in the recent past for its management. Disc-FX is a new minimally invasive technique that combines multiple mechanisms to treat this percutaneous discectomy, nuclearablation and annular modification. Literature on its role in themanagement of lumbar disc pathology is limited. We have treated 30 consecutive patients with the Disc-FX discectomy forback pain due to lumbar disc pathology nonresponsive to non-operative treatment. Based on Magnetic Resonance Imaging (MRI) we divided patients in 2 groups -those with degenerative disc disease (DDD) and those with acontained lumbar disc herniation (CLDH). The patients with diffuse disc prolapsed, extruded and migrated disc, facet pain were excluded. Patients were evaluated pre and post operative at various intervals. The surgical technique involves proper skin markings, under local anaesthesia and minimal sedation ipsilateral insertion of Disc-FX cannula in the dorsal part of the disc (from disc pathology and painful side), under fluoroscopy guidance provocative discogram, manual removal of disc material, nucleus ablation and annulus modulation performed Disc FX RF electrode. Significant improvement was seen in all outcome measures in most patients. Few patients needed further open operative procedures. Early results after the Disc-FX procedure suggest that it s a good treatment option for patients with back pain due to lumbar disc herniation and degeneration, especially for those with DDD & CDD where conservative treatment fails. This procedure is good for both low back and leg pain due to lumbar disc disease. This procedure involves combined 3in1 approach to treat disc pathology. This treatment method looks very promising and in future larger, longer prospective studies will be needed to evaluate its efficacy.

## **Biography**

Kailash Kothari is pioneer spine and pain consultant in India. He has completed his MBBS and MD from Pune University, Maharashtra, India. He is founder and director of Pain clinic of India Pvt. Ltd. (PCI) with 9 branches in Mumbai and Goa, India. He is practicing interventional pain management since 2000. He has travelled to many countries to treat patients and deliver lectures on pain management. He is a renowned teacher, conducts one of the most popular cadaveric pain training course called Comprehensive Interventional Pain Management(CIPM) for last 8 years and he is the director of pain fellowship at PCI. He is active member of many national and international pain societies. He is invited faculty for more than 100 national and international conferences in many countries. His interest is mainly in minimally invasive and endoscopic spine procedures.

info@painclinicofindia.com drkothari@yahoo.com

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