

## Want back surgery with quicker recovery, less pain? Try a side job

Local surgeon uses lateral-entry approach

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BLOOMINGTON -- The best surgical way to get to the lower spine in many cases is no longer from the back or the front but from the side, according to a Bloomington-Normal orthopedic spine surgeon. | [Local patient 'a different person' after surgery](#)

“The journey is longer,” said Dr. John Atwater. “But it’s not the distance you have to cover (that’s important), it’s the amount of displacement and disruption of the muscle tissue.”

The eXtreme Lateral Interbody Fusion (XLIF) procedure allows surgeons to access the spine from the side rather than the back or front, resulting in less disruption of muscles, blood vessels and nerves; limited blood loss; quicker operating time; less pain; and a reduced hospital stay and faster recovery, Atwater said.

Atwater — who is with the Downstate Spine Center, a division of McLean County Orthopedics in Bloomington — is using the lateral approach for most of his spine surgery patients who need back fusion.

Atwater was among the early adopters of the lateral approach following his training and he performed his first lateral procedure in May 2004, according to NuVasive Inc., the medical device company that designed, developed and markets XLIF instruments. Atwater was among the first surgeons to perform XLIF in downstate Illinois, NuVasive said, and remains the only surgeon performing the procedure at OSF St. Joseph Medical Center in Bloomington and at BroMenn Regional Medical Center in Normal.

Atwater is talking about lateral access spine surgery now because he has performed



Charlene Misener, right, with her daughter, Tina Propst, in Tina's Lasting Impression Salon in Washington. Misener, 73, was glad to be back at work less than five weeks after undergoing a new generation lower back surgery. (The Pantagraph/CARLOS T. MIRANDA)

more than 100 XLIF procedures on patients from throughout Illinois — in addition to performing hundreds of traditional spinal fusions over the years — and is comfortable talking about XLIF benefits.

“My patients are getting out of the hospital sooner and their rehabilitation has progressed faster compared with traditional spinal fusions,” he said. “They are functional sooner and I’ve had no major complications with XLIF as far as nerve or muscle injury or infection.

“If a patient is stable post-operatively, he or she can be back to normal function in four to six weeks compared to three to six months with traditional fusion,” he said.

About 10 million American adults suffer from chronic back pain, NuVasive said.

### **First treatments: Diet and exercise**

When a patient experiences back pain, diet and exercise often are the first treatments. When they don’t help, bed rest, medication, physical therapy, chiropractic care and steroid injections may be prescribed. About one million Americans a year need spine surgery.

Lumbar inter-body fusion generally is the surgical treatment. Fusion restores disc height between the vertebra that causes pinching of spinal nerves.

Traditional spine surgery goes in from the back (posterior lumbar interbody fusion) or the front (anterior lumbar interbody fusion).

With posterior fusion, surgeons open and spread the muscles over the spine and remove some vertebral bone, relieving pressure on the nerves and providing access to the intervertebral disc. Because this surgery requires muscle, bone and ligament dissection, muscle fatigue and pain are common afterward, Atwater said.

With anterior fusion, surgeons must go through the abdomen and are concerned about bleeding and causing injury to the intestines as they move them to get to the spine, Atwater said.

With lateral fusion, patients are positioned on their right side on a special surgical table that flexes down from the middle, exposing the patient’s left side for surgery. Two incisions are made — one over the side of the waist through which most of the procedure is performed, and the other behind the first, through which the surgeon’s finger guides the instruments into a safe position.

As tubes are advanced past the muscle on the side of the vertebrae, X-rays and NeuroVision nerve monitoring help to guide the tubes to the correct spot on the spine and away from nearby nerves. NeuroVision assists surgeons with implant placement by monitoring nerve activity throughout the procedure.

“The biggest concern coming through the side is going through the hip flexor muscle,” Atwater said. “When you go through the hip flexor muscle, you need to avoid the nerves that are inside the muscle. NeuroVision allows me to get to the spine safely, with minimal risk and disruption of supporting muscle tissue to the spine.”

After tubes are in place, the surgeon removes the intervertebral disc between the two vertebrae and prepares the disc space for fusion. The surgeon then places a stabilizing implant into the empty disc space to restore proper disc height and correct spinal alignment. Then the retractor is removed, X-rays are taken and the skin incisions are closed.

Coming in from the side, Atwater also can place a larger implant, increasing the odds of a successful fusion and pain relief, he said.

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