SPINAL COMPRESSION FRACTURE

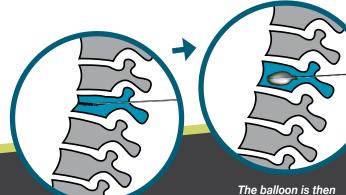


Precision Therapy Part of Imaging Healthcare Specialists

Precision Therapy for spinal compression fractures



A spinal compression fracture—or vertebral compression fracture occurs when one of the bones within the spinal column weakens and collapses. That can be a cause of great pain, and left untreated, can lead to more serious health problems and/or permanent deformity.



A special balloon-tipped catheter is placed into the fractured or collapsed vertebra. The balloon is then inflated, creating a hollow cavity and expanding the vertebra.



How do I know if I have a spine fracture?

Only your doctor can properly diagnose a spine (vertebral compression) fracture with the assistance of diagnostic imaging like MRI or X-ray. However, some of the more common symptoms include:

- Back pain, and possibly additional pain in the hip, abdomen or thigh
- Numbness, tingling and weakness
- Loss of height/hunched appearance
- Difficulty breathing
- Urinary incontinence

Talk to your doctor.

If you are experiencing these symptoms, talk to your doctor or call us at 858-658-6500.



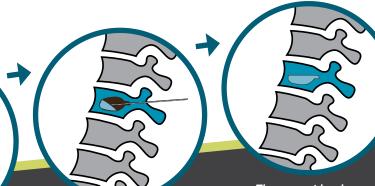
Diagnosing spinal compression fractures

Only a physician can properly diagnose a spinal compression fracture. This is typically done with diagnostic imaging, such as MRI, CT or X-ray.

Osteoporosis is often the cause of spinal compression fractures. Women over 50 are more at risk for osteoporosis. Because osteoporosis is a disease that affects bone density, those with this condition can more easily develop spinal compression fractures.

Spinal compression fractures can also occur in patients on steroid therapy, in patients with bone metastasis in the spine or multiple myeloma, and in accident victims.

Studies have shown that individuals with a spinal compression fracture are at a much higher risk of developing additional fractures, reduced lung function, difficulty controlling the bladder or bowels, decreased quality of life and even death.^{1,2,3}



The balloon is then deflated and removed. A special cement is injected into the hollow cavity.

The cement hardens and the vertebra is repaired and restored to a more natural height.



Treatment

Back braces, pain medication, and bed rest are traditional methods of treating spinal and vertebral compression fractures, but they do not address the root cause of the problem, nor do they provide lasting pain relief.

Kyphoplasty and vertebroplasty are minimally invasive treatments for spine fractures. They are FDA approved and highly effective. With kyphoplasty, a specially trained doctor (called an Interventional Radiologist), will use imaging to place a tiny cannula into the fractured vertebra. A balloon is then inserted to restore height. The balloon is then removed and the cavities filled with a fast-drying bone cement which stabilizes the fracture. With vertebroplasty, a cannula is placed into the fractured vertebra and cement is then injected to stabilize the fracture.

These procedures are performed on an outpatient basis, typically take about 30 minutes for each fracture, and the patient is usually able to return home the same day. The vast majority of patients report that kyphoplasty and vertebroplasty provide immediate pain relief and have improved their quality of life.⁴

LOCATIONS



Back Pain Treatment is Available at the Following Location:

Hillcrest 150 W. Washington Street San Diego, CA 92103

For a full list of our locations, please visit imaginghealthcare.com/locations or scan the QR code below.



- Lindsay R, Silverman SL, Cooper C, et al. Risk of new vertebral fracture in the year following a fracture. JAMA. 2001 Jan 17;285(3):320–3.
 Kado DM, Browner WS, Palermo L, Nevitt MC, Genant HK, Cummings SR. Vertebral fractures and mortality in older women: a prospective study. Study of Osteoporotic Fractures Research Group. Arch Intern Med. 1999 Jun 14;159(11):1215–20.
 Huang MH, Barert-Connor E, Greendale GA, Kado DM. Hyperkyphotic posture and risk of future osteoporotic fractures: the Rancho Bernardo study. J Bone Miner Res. 2006 Mar;21(3):419–23.
 McGirt MJ, Parker SL, Wolinsky JP, Witham TF, Bydon A, Gokaslan ZL. Vertebro-plasty and kyphoplasty for the Irterature. Spine J. 2009;9(6):501–508

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