



LAKELAND VASCULAR INSTITUTE MEDICINE WITHOUT LIMITS™

Interventional radiology (IR) represents an exciting new frontier in disease and pain treatment. Today's IR therapies are more precise, less invasive and more effective than ever... giving you and your doctor additional options to treat disease and restore you to optimal health.

At the Lakeland Vascular Institute, we do so much more than treat vascular disease. We use the body's vascular system—along with state-of-the-art imaging guidance—to reach the source of the problem and deliver *precisely targeted therapy*. Cancerous tumors. Spine fractures. Abdominal aortic aneurysms. Uterine fibroids. Obesity. And of course, vascular disease and access. These and many other health conditions can be treated faster, less expensively and with greater safety and accuracy than ever before.

The kyphoplasty procedure is available at the Surgical Center of Central Florida and the Lakeland Vascular Outpatient Lab.



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

If you are experiencing these symptoms, talk to your doctor.

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KYPHOPLASTY:

A novel treatment for spine fractures

1. 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.
2. 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.
3. Huang MH, Barrett-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.
4. McCirt MJ, Parker SL, Wolinsky JP, Witham TF, Bydon A, Gokaslan ZL. Vertebroplasty and kyphoplasty for the treatment of vertebral compression fractures: an evidenced-based review of the literature. Spine J. 2009;9(6):501-508



A NOVEL TREATMENT FOR SPINE FRACTURES

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



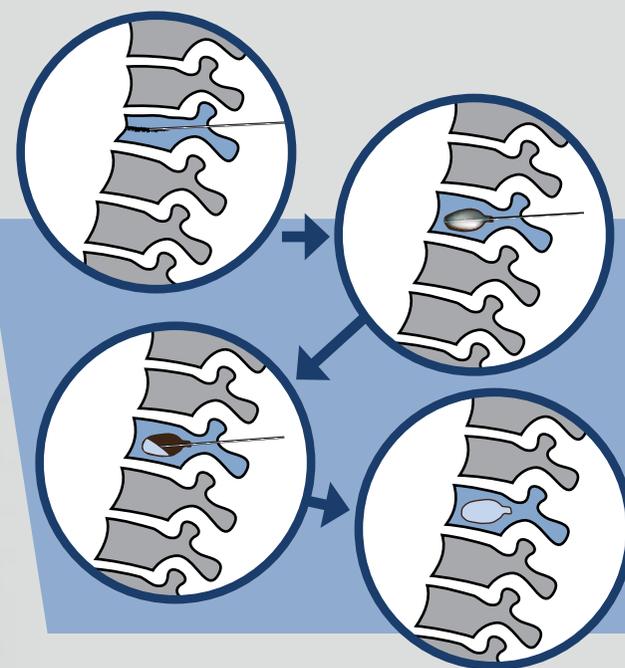
DIAGNOSING SPINE FRACTURES

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

Osteoporosis is often the cause of spine fractures. Women over 50 are more at risk for osteoporosis, and Caucasian and Asian women are at a higher risk than other ethnicities. Because osteoporosis is a disease that affects bone density, those with this condition can more easily develop spine fractures.

Spine 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 spine 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}



TREATMENT

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

A new, minimally invasive treatment called Kyphoplasty is now available. It simultaneously repairs the fracture and restores height to the fractured vertebrae, and provides immediate relief of pain and other symptoms.

KYPHOPLASTY PROCEDURE

Kyphoplasty (also called balloon kyphoplasty) is performed on an outpatient basis. The patient is placed under local or general anesthesia.

During the procedure, cannula is placed directly in the fractured vertebrae. A balloon is then inserted into the vertebral body and inflated to correct the loss of height suffered during the fracture. The cavity made by the balloon is then filled with a fast-drying bone cement.

The procedure typically takes about 30 minutes for each fracture, and the patient is usually able to return home the same day. The vast majority of patients have reported that kyphoplasty provides immediate pain relief and has improved their quality of life.⁴