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**MINIMALLY INVASIVE SPINAL FUSION YIELDS RAPID RECOVERY;
PUTS NURSING STUDENT BACK ON TRACK TO FULFILLING MID-LIFE DREAM**

LOS ANGELES (June 4, 2008) – After years of debilitating back pain, Charisse Elliott of Palm Desert has more than a new lease on life. After minimally invasive spinal fusion surgery at Cedars-Sinai Medical Center, the nursing student also has a newfound professional goal – to put her talents to work at the hospital that got her life back on track so quickly and with so little pain.

In early March, Elliot underwent a minimally invasive spinal fusion and, just days later, felt better than she had in years. In fact, she rated her pain at zero after surgery. It was at nine on a 10-point scale just before the operation.

“I was amazed. I was in one day and out the next,” said Elliott, who had experienced the slow and painful aftermath of a traditional “open” spinal fusion four years before. “In just a few days, I’d already regained the flexibility and mobility that took six to eight weeks before.”

The procedure was performed by Burak Ozgur, M.D., a neurosurgeon at the Cedars-Sinai Institute for Spinal Disorders, who has extensive experience with this procedure, called the XLIF® (Extreme Lateral Interbody Fusion), and other minimally invasive spine surgery techniques.

“While the major advantage of minimally invasive spinal fusion is quick recovery, there are many other benefits,” points out Ozgur, who said the technique can also be used in cases such as adult degenerative scoliosis. “There is less pain and scarring because smaller incisions mean less tissue and muscle are damaged. There is a lowered risk of infection and surgical complications, and a blood transfusion is rarely if ever needed.”

When minimally invasive techniques are used in fusion or other spinal surgeries, hospital stays are usually reduced to just one to three days, compared to five- to seven-day stays that are common with traditional surgery. Patients are up and walking the first day, able to function more normally, and eager to return to their usual routines at work or school, Ozgur said. Previously, recovery required weeks to months of rest, with significant discomfort.

“The introduction of minimally invasive procedures is a remarkable turning point and revolution in spine surgery,” said Ozgur, who estimates that 90 percent of spinal surgery patients, whether needing decompression or fusion of the spine, may be potential candidates for a minimally invasive approach. “It’s also ideal for older patients who couldn’t tolerate a long surgery or potential blood loss.” Elliott attributes her back problems to rheumatoid arthritis, dancing ballet and, at age 52, earning a black belt in

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karate. "I got beat up a lot!" she said, laughing. After rupturing a disc in 2004, she underwent back surgery in the Bay Area. In 2006, problems with the same disc required a spinal fusion, performed the traditional way with a large incision to position rods and screws. The operation also resulted in a severe, ongoing muscle spasm in her back.

The timing couldn't have been worse. After raising a family, dealing with divorce and working for a while as a flight attendant, Elliott, then "59 years young," was finally on her way to becoming a nurse—a dream she had cherished since childhood. She had entered Golden West College, but was forced to drop out because of the incapacitating pain.

"My doctor at the time told me I was too old to be a nurse and should just give up," she remembers.

Discouraged and in pain, she combed the Internet for a doctor who might have the expertise to help her reclaim her life and dreams. "There weren't tons out there," said Elliott, whose hope was renewed when she read about Ozgur's work online.

"Dr. Ozgur has amazing credentials and experience," said Elliott, who immediately arranged an appointment. "He made me feel so comfortable."

Because Elliott was experiencing some atypical symptoms in her side, hip and leg, Ozgur prescribed a functional anesthetic discogram, a diagnostic evaluation conducted at Cedars-Sinai's Pain Center.

"More surgeons are referring patients to be tested," said Pain Center Medical Director Howard Rosner, M.D., who conducted the intensive examination. "It's a good diagnostic tool, though it doesn't replace clinical acumen."

Evaluation involves carefully placing injections of anesthetic to pinpoint the offending disc while the patient performs or mimics pain-provoking activities, such as sitting or swinging a golf club. The procedure confirmed that Elliott's symptoms were generated from within the disc space between lumbar vertebrae 2 and 3. Surgery was scheduled for March 10.

Ozgur performed the spinal fusion through two small incisions – each just an inch-and-a-half – that were closed with melt-away stitches and glue, which minimize scarring. The operation took about 45 minutes of actual surgical time – less than half the time of traditional spinal fusion surgery – and Elliott was up and walking less than three hours after the operation.

She went home less than 24 hours after the surgery, fitted with a brace to protect her back until the fusion is complete. If not for the back brace, she recently told Ozgur, she could easily forget that she even had a recent spinal operation.

Pleased with her outcome and the care she received at Cedars-Sinai, Elliott is sincere about someday returning – this time as a member of the hospital's nursing staff. In the meantime, she plans to resume classes in the fall and graduate in spring 2009.