

Artificial Disc Surgery

Unlike fusion surgery that locks spinal vertebrae, which can in turn damage adjacent discs above and below the fusion site, artificial disc replacement is designed to retain motion by replicating the function of a normal, healthy disc. Most artificial disc designs have plates that attach to the vertebrae and a rotational component that fits between these fixation plates. These components are typically designed to withstand stress and rotational forces over long periods of time.

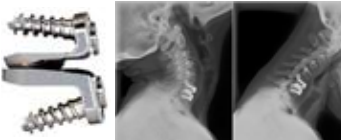
Because of the weight of the body and the rotational stress that the trunk places on discs in the lumbar area, more stress is placed on artificial discs in the lumbar area vs. the cervical area. Another advantage of cervical artificial disc surgery is that the neck area is more accessible in surgery than the front of the lumbar spine, and there is less risk related to artificial disc surgery in the neck area. Also, retaining motion in the cervical area can be key to preventing other disc problems in the adjacent disc levels in the neck area.

Choice of the disc involves the expertise of the experienced spine surgeon to match the best alternative to the patient.

ARTIFICIAL DISC OPTIONS FOR OUR PATIENTS



CHARITE disc for lumbar discs, was the first to receive FDA approval in 2004. In use in Europe for more than 10 years.



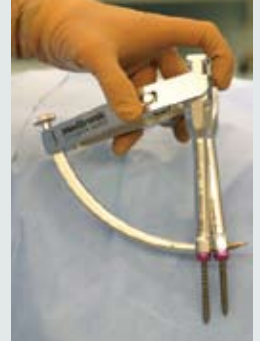
PRESTIGE DISC for cervical discs, manufactured by Medtronic, FDA approved.



PRODISC C for cervical discs PRODISC L for lumbar discs

Minimally Invasive Surgery

One of the most significant advances in the field of spine surgery over the last five years is new instrumentation that enables the trained spine surgeon to remove herniated discs, and even install metal instrumentation like screws, through half-inch incisions. This advance—known as “minimally invasive spine surgery” — is quickly replacing traditional spine surgery that may require a two to three-inch incision in the back.



Smaller incisions shorten the hospital stay, provides less disruption to tissues, and reduces pain and recovery time. But mastery of the surgical techniques takes experience.

Dr. Regan’s work with minimally invasive technology dates back 20 years. He has been an author of textbooks including “The Atlas of Endoscopic Spinal Surgery”. He has recently authored the second edition textbook entitled, “The Atlas of Minimal Access Spine Surgery”.

Video-Assisted Thoracic Surgery (VATS)

Dr. John Regan was one of the first spine surgeons in the world to utilize a new surgical technique called Video-Assisted Thoracic Spine Surgery (VATS), which involves the use of laparoscopic surgical instruments through a few small incisions, aided by tiny cameras and a video monitor.

Instead of three-inch long incisions, Dr. Regan introduced the use of endoscopic instruments with cameras and cutting tips to access the spine. He is one of a handful of spine surgeons in the nation able to perform surgery on the thoracic spine with these scopes and instruments. He travels worldwide to



perform such surgeries and train other surgeons in the technique. By operating through a half-inch incision, the minimally invasive technique lessens the risk of surgery and speeds patient recovery.

Scoliosis Surgery

Depending on the cause of the scoliosis, a variety of treatment options are available at Spine-Group Beverly Hills, including:

- Endoscopic Thoracic Release
- Endoscopic Correction of Scoliosis
- Spinal Fusion
- Instrumentation

Dr. Regan has performed more than 500 successful scoliosis surgeries. He is an active member of numerous professional organizations, including the Scoliosis Research Society. More information about scoliosis and the various treatment options available are at our informative website at www.spinegroupbeverlyhills.com.