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FOUR YEAR FOLLOW-UP OF ACUTE AND CHRONIC PAIN PATIENTS WITH HERNIATED, DEGENERATED AND BULGING DISCS WHO WERE TREATED CONSERVATIVELY WITH A COMPUTER CONTROLLED DISTRACTION DEVICE - VERSION 14

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Study Design. A mail out and telephone survey of patients who had been treated four years earlier in the clinic with a special decompression device for the lumbar spine.

Objectives. To evaluate whether this treatment had lasting effects in patients treated with this new technology; to compare its cost effectiveness with that of standard interventional pain management and surgical techniques.

Summary of Background Data. There are numerous treatments for low back pain with or without radiation of pain secondary to discogenic disease and/or herniated discs of the lumbar spine. Many of these outcomes are questionable and/or have unfavorable long-term results. The spinal decompression, termed VAX-D® (vertebral axial decompression), has consistently produced early results in the relief of low back and radicular pain. The authors felt that a long-term survey was needed.

Methods. Patients were treated four years prior to the study date with this new technology, which had shown good to excellent short-term results. The original number of treatments was set at 15 without regard to the number of levels involved or whether the pain was acute or chronic. However, some patients were responding and were treated for up to 32 treatments. Measurement of progress was by Visual Analog Pain Scale (0-10). Success was measured with a 50% reduction in pain on the VAS.

Results. With 23 of the original 34 patients responding (68.4%), the four-year survey showed that 52% of the respondents had a pain level of zero (0). 91% resumed their normal daily activities, 70% are working, and there were no complications with this treatment. VAX-D treatment appears to be one order of magnitude more cost beneficial than standard interventional pain management techniques, and two orders of magnitude more cost beneficial than instrumented spine surgery.

Conclusion. The response rate equaled that of Dvorak¹⁴. The four-year data showed that the pain relief was not temporary, and appears to improve with time. The cost per year of improved quality of life appears to be at least an order of magnitude less than that of standard interventional pain and surgical techniques widely utilized today. The authors feel that this procedure should be more widely considered in the treatment of both acute and chronic pain of discogenic origin, and in all forms of herniated discs.

[Key words: Vertebral Axial Decompression (VAX-D®), pain, new technology, herniated, degenerated, and bulging discs]

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