

## Background

Dr. Sekhon discusses why most patients are better served by having fusion surgery than artificial disc surgery. Artificial disc surgery is suitable for about 20% of cervical fusions but in the majority of cases, patients are better served by a fusion. This brochure explains why.

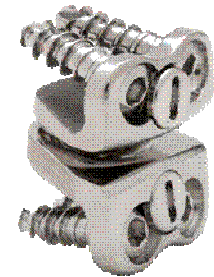


*When is an artificial Disc NOT a good idea?*

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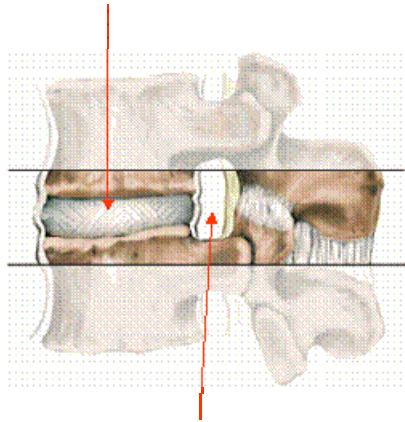
*Why a fusion is  
done instead of  
an artificial disc*



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Disc



Nerves live here

Artificial discs are an exciting new technology. Many patients will gain benefit from these devices, but not all patients are ideally suited to these devices.

Dr. Lali Sekhon, regarded as a world authority on artificial disc surgery, discusses in what situations artificial disc surgery is not a good idea.

### Fallacies about Fusions

1. Neck movement is often better after surgery than before as pain improves.
2. Having a fusion does not mean that another surgery is likely in the future- if all the bad levels are fixed, the chances of further surgery is less than 10% for lifetime

### Multiple Level Surgery

At the moment artificial discs are best suited to problems at one level. If there are problems at multiple levels then a fusion procedure is best suited

### Loss of the Normal Curve

If there is loss of the normal curve, a return to normal can be obtained more easily with

### Compression from the Front & Back

Artificial disc surgery is good for taking away pressure on the spine and nerves from the front of the spine. If there is pressure from the back then it may not be the best choice as this area may continue to enlarge and may cause problems in the future.

### Bone Spurs

Artificial disc surgery is useful if there is a fresh disc bulge. If there are a lot of bone spurs to be removed then a fusion is a better procedure because the fusion cage seats much better

### The Future

The current artificial discs are a little like old cars- good when nothing is available but not really so good in years to come. The best artificial discs will be available in 5-10 years and at that time they will see more widespread use.

### Lumbar Artificial Disc

Artificial disc surgery in the lumbar spine because prominent 5 years and is done less and less. Problems were found with regard to access and also potential complications with revisions. European experience showed 10-15% of artificial discs need revision during the lifetime of the device with a 30% chance of a major injury to a blood vessel during a revision. This is not the case with current anterior lumbar fusion surgery (ALIF surgery) where revisions are uncommon, blood vessel injuries are uncommon, the need for further surgery not common. Coupled with this ALIF surgery can help with pain from the structures at the back (the facet joints) not just the disc at the front, so the success is fixing low back is better with fusion surgery.



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