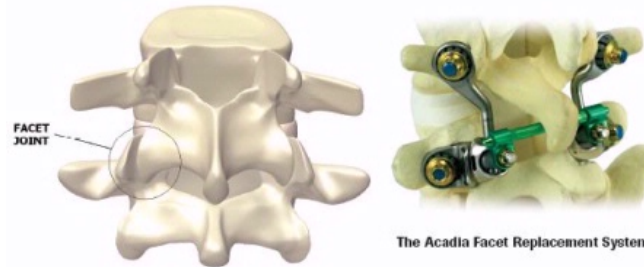


# NEW STUDY INCREASES MOBILITY FOR LEG AND BACK PAIN SUFFERERS



Eisenhower Medical Center is one of only 18 centers in the United States participating in the Acadia™ Facet Replacement Clinical Study evaluating an anatomically designed implant for use in patients with lumbar spinal stenosis, a degenerative condition of the spine resulting in lower back and leg pain due to the pinching or squeezing of spinal nerves. The Acadia Facet Replacement System is designed to restore the range of motion provided by the facet (between the vertebrae) joints, which link vertebrae together.

For patients suffering with lumbar spinal stenosis and instability, surgical decompression with spinal fusion is the current standard of care. This procedure involves trimming or removing bone, including facet joints, to relieve nerve pressure and pain. "The fusion is a good surgery, but it has a few issues," explains Eisenhower Medical Center Orthopedic Surgeon A. David Tahernia, MD. "Because the facet joints keep the spine stable, removing them can lead to problems. Consider that you have five lumbar segments that move and each time you eliminate one you lose motion across your spine. The bigger issue is what does that do to the adjacent segments? If you do a fusion of one segment, logic would tell you that the others have to pick up the slack. Thus, they are more likely to wear out more quickly. In time, this can lead to loss of motion and spinal instability."

"What is driving the technology today and us as spine surgeons is the concept of motion preservation so that we may provide long-term benefit for our patients."  
—A. David Tahernia, MD

Dr. Tahernia is excited about the new Acadia Facet system. "What is driving the technology today and us as spine surgeons," shares

Tahernia, "is the concept of motion preservation, so that we may provide long-term benefit for our patients." Tahernia oversees the randomized clinical study at Eisenhower, which will run for at least two years. The study is a two to one randomization with two of three patients enrolled receiving the surgical decompression with facet replacement while the other one in three will receive the surgical decompression with spinal fusion. Participants must be 21 to 85 years of age, have symptoms of leg pain, numbness or tingling, undergone six months of conservative treatment and be available to complete five follow-up visits over a two-year period.

"The short-term goal of the study is to show that the facet replacement procedure will be equally as effective as the lumbar fusion, and I think it will be," says Tahernia. "The long-term goal is to maintain motion and to prevent the 'topping off' or transitional syndrome — the development of bone spurs or instability in the adjacent vertebrae that we often see with patients who have fusions done."