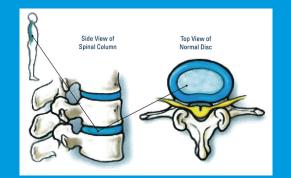
This information is designed to help you make an informed decision about Nucleoplasty as a method of treating symptoms caused by contained disc hemiations. Please read the content completely. Only a doctor can determine whether you are a suitable candidate lor this procedure. Please discuss any questions with your physician.

About Contained Disc Herniations

The spine is composed of a series of bones called the vertebrae. Each of these bones is connected by a disc, made of a tough outer layer and a gel-like center called the nucleus pulposus. A healthy disc is like the shock absorber of an automobile, providing a cushion against jolts caused by simple movements like running or jumping.

If the protective shell of the disc is damaged by injury or weakened by age, a portion of the shell can give way to pressure causing the gel-like nucleus to either bulge or leak out. This is also called a herniated or slipped disc. A herniated disc can press on the nerves and cause pain, numbness, tingling or weakness in the back and/or leg.



Who is a Candidate for Nucleoplasty?

The best candidate for this procedure is one who suffers from a contained disc herniation that has not responded to conservative care. Typical signs of a contained disc herniation are primary pain radiating down the leg or arm accompanied by some back pain. Nucleoplasty is not useful for degenerative disc disease or spinal fractures.

Nucleoplasty has been shown to

- Successfully decompress the spinal disc.
- Reduce VAS pain scores.
- Eliminate narcotic usage in 79% of patients.

Benefits of Nucleoplasty

- Minimally invasive; performed using x-ray guidance
 - Elimination of general anesthesia
 - Elimination of complications that may result from open surgery
- Outpatient procedure
 - No overnight hospitalization required
 - Procedure time is about 1-2 hours
- Rapid recovery time
 - Patients go home the same day of treatment
- Quick symptom relief within two weeks for most patients

SERVICE IS AVAILABLE AT:

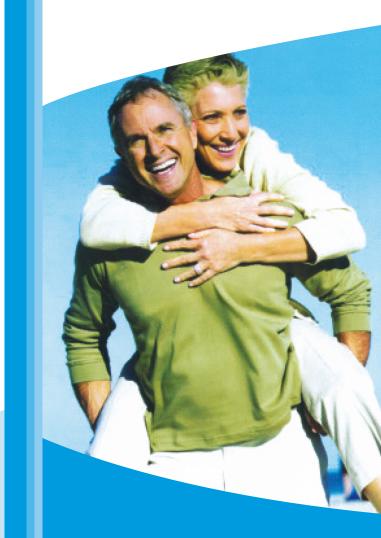
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In some cases, symptoms may be relieved by conservative treatments such as rest, medication, injections, and/or physio therapy. Unfortunately, this does not always help. In the past, people who did not respond to conservative care were forced to live with the symptoms or consider major surgery with weeks or months of recovery time. Not anymore.

Treating Contained Disc Herniations

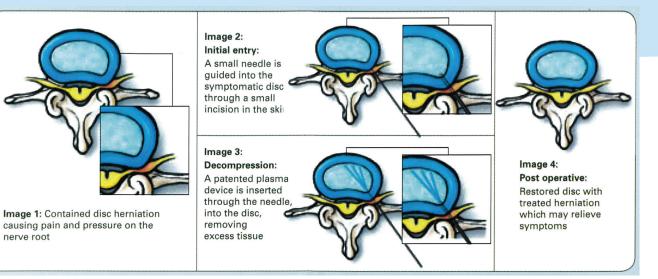
Historically, patients with contained disc herniations have been treated with conservative care including rest, medications, injections, and/or physio therapy. Some patients move on to surgery which can require weeks or months to recover. These treatments may result in long recovery times and major disruption of daily life. Nuclooplasty is an option for those people that have failed conservative care, and are not yet ready for major surgery.

Nucleoplasty is a minimally invasive procedure that allows the patient to go home on the day of the procedure with only a small bandage on their back. The procedure is performed by specialist including pain management, interventional radiologist, and surgeons using X-ray guidance to accurately place a needle in the disc, much like an epidural steroid injection. A patented plasma device is then inserted through the needle into the disc, where tissue is removed. Similar to letting air out of a bicycle tire, removing some of the tissue from the center of a disc causes a reduction in disc pressure, which in turn, eases symptoms.

Facts about contained disc herniations:

- 90% of low back pain is caused by a pinched or irritated nerve in the back.
- There are 15 million office visits for low back pain each year.
- The most common age of an individual who develops a herniated disc is 55.

How The Procedure Works



Before the Procedure

Medical evaluation will include a physical exam. Diagnostic tests such as MRI (magnetic resonance imaging), steroid injection, or discography may be conducted to diagnose and locate the symptomatic disc herniation and determine if the procedure is appropriate.

During the Procedure

Nucleoplasty is performed under local anesthesia and light sedation. A small nick is made in the skin near the spine, and a needle is inserted. The decompression device is then inserted through the needle, into the disc and activated to remove tissue. The device and needle are removed and the small nick is covered with a bandage. The entire procedure will take approximately one hour.

After the Procedure

Patients will be required to be observed for one to two hours after the procedure. Typically, patients are then released to rest for one to three days with limited sitting or walking. In most cases, symptoms caused by the disc herniation are gone or diminished within two weeks. A patient may experience some discomfort or bruising where the needle was inserted. After about one week, patients are typically allowed to pursue some physical activity and return to work.

What are the Risks associated with the procedure ?

Nucleoplasty has a strong safety profile that involves some risks.

These are:-

- Infection
- Bleeding
- Nerve Injury
- Injury to endplate of vertebral body

Complications are rare, but these should be discussed with your doctor.