In the Harley Street Spine Clinic we are developing and auditing our use of Gelstix as a means of augmenting the degenerating disc and correcting the internal acidity and metabolism within the disc. Uniquely we are combining this with Transforaminal Endoscopic Lumbar Decompression and Foraminoplasty. This allows us to treat the painful nerves and preserve the integrity of the disc wall and so insert the Gelstix to inhibit the on-going degeneration within the disc. We also use the Gelstix to treat ailing discs above or below the key painful disc level where appropriate.

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Our current outcomes have been very encouraging.

We are working with the company to combine the use of Gelstix with Laser Disc Decompression and our Stem Cell Technology in the future.

If you are interested in pursuing this modern treatment then please read the associated literature for your further information. You will see from this information that we have been able to expand the patient selection envelope to extend this treatment to patients with more advanced Degenerate Disc Disease. Patient information about the use of Intradiscal Gelstix

This is a new treatment for painful degenerate discs that avoids conventional surgery. The treatment involves inserting 1-3 hydrogel stick implants into the centre of the damaged disc. The implant absorbs water very quickly swelling to three times its original size, thereby 'bulking up' the worn disc. It retains shape under pressure and is very resilient to deformation. This allows the material to absorb impact loading and acts more like a normal intervertebral disc. The polymer reduces the acidity of the disc tissue allowing existing, metabolically suppressed disc cells to recover.

Pain is often relieved quickly following this procedure and relief may last for many years.

The method has been used in about 400 patients worldwide with approximately 90% success rate at review at one year.

There have been no reported complications (such as implant migration or infection) from this treatment. It is a biologically inert polymer. Laboratory testing has shown that after removing the 90% water content and grinding the polymer into small particles it has been injected into a variety of living tissues and no harm is caused. The procedure can therefore be repeated if needed. Procedure Options

It is a simple outpatient procedure that can be performed as a stand-alone procedure or as an adjuvant to a more complex procedure where patients have more complex pathologies.

As a stand-alone procedure it is carried out under X ray control and local anaesthetic. Patients can walk in and walk out. A few days moderation of activity is advised and avoidance of heavy lifting, extreme bending or twisting for the following 6 weeks is recommended.

As part of Transforaminal Endoscopic Lumbar Decompression and Foraminoplasty (TELDF) it may be used to restore Intradiscal metabolism and function where the disc wall does not exhibit significant weakness, bulging or leakage. Following this procedure the patient would follow the current postoperative regimen required for the TELDF that already requires moderation of activity and avoidance of heavy lifting, extreme bending or twisting for the following 6 weeks. Patient Selection

Patients with low back pain and or leg pain or neck pain with or without arm pain and minor loss of disc height (retained lumbar disc height of >4mm), without significant facet joint overgrowth (hypertrophy), spinal or outlet narrowing (axial or lateral recess stenosis), 3mm of anterior or posterior intervertebral slippage (olisthesis) and a contained (non-leaking) disc would be eligible for the stand alone procedure in the lumbar or cervical spine.

Patients with low back pain and or leg pain or neck pain with or without arm pain and greater loss of disc height, with facet joint overgrowth (hypertrophy) and or spinal or outlet narrowing (axial or lateral recess stenosis), anterior or posterior intervertebral slippage (olisthesis) and a contained (non-leaking) disc would be eligible for Transforaminal Endoscopic Lumbar Decompression and Foraminoplasty as these conditions would currently be treated with this procedure without Intradiscal intervention or by Laser Disc Decompression and Annuloplasty. Outcome Management

We routinely collect data from our patient both prior and following interventions by using the questionnaires which you have completed and will normally complete at 6 weeks. We will ask you to contact us at a year for a free of charge follow-up consultation so that we can continue to audit our results for the benefit of future patients <sup>1)</sup>.

## 1)

http://www.spinal-foundation.org/surgical-procedures/gelstix-disc-augmentation/gelstix-disc-augment ation

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