

PRESS RELEASE

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Capital Medical Center to Evaluate Investigational Device for Spine Surgery

Artificial spinal disc for the neck is being studied to address painful symptoms with possible preservation of motion in the treated area.

Olympia, WA Mar, 2007 – Capital Medical Center has been chosen as one of a select group of 25 hospitals nationwide for a clinical study to assess an investigational device for spine surgery. **It is new research on reducing spinal pain while preserving motion.** Up until now patients lose movement in the neck when spinal fusion is used in order to reduce their pain. Now surgeons are using an artificial implant to replace the cervical disc. The hope is to reduce the pain and keep the motion.

The study is open to patients suffering from neck and arm pain which doesn't improve with at least six weeks of physical therapy. It will evaluate the safety and effectiveness of artificial cervical disc replacement as a treatment for these symptoms.

Prominent local surgeon Clyde Carpenter, M.D. is conducting the surgeries.

Neck and arm pain/weakness, caused by problems with the inter-vertebral discs, is usually given noninvasive treatment for as long as possible. When such treatment no longer provides relief, the primary solution is removal of the affected discs and fusion of the vertebral segments. **It is estimated that nearly 250,000 people in the U.S. undergo cervical fusion procedures each year!**

The intent of **artificial cervical disc replacement** is to provide spine surgeons with a **possible alternative** to the current standard of spinal fusion. **Spinal fusion is a highly successful operation** and usually relieves pain and other symptoms, **but does result in loss of motion in the fused joint.** For that reason, artificial cervical disc replacement has been developed to potentially provide the relief of pain and symptoms, **without the elimination of motion which occurs with spinal fusion.**

The artificial cervical disc is constructed of two metal "endplates" surrounding a special grade plastic core. These components are designed to maintain motion in the affected area after removal of the herniated disc and any bone spurs which are pressing on the nerves. These are the same materials which are used in artificial hip and knee replacements. While the possibility of preserving motion at the treated level has yet to be proven, the concept offers appeal to surgeons and is therefore being studied.

"Artificial disc replacement in the cervical spine represents a significant potential breakthrough in the treatment of cervical disc disease and its associated symptoms. This study will scientifically address the question of whether it is better to undergo the standard surgical treatment of this disease or to maintain the mobility of the cervical spine through disc replacement," states Clyde Carpenter, M.D.

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