

Joint Event
3rd International Conference on
Spine and Spine Disorders
&
International Conference on
Addiction Research and Therapy

November 26-27, 2018 | Dubai, UAE



Anthony Hammond

KIMS Hospital, UK

Contribution of Discal Treatment by Disc-FXTM in a pathway of interventional management of Back Pain and Sciatica in daily clinical practice

Objective: I here report the contribution of Discal Treatment by Disc -FXTM in a pathway of interventional management of back pain and sciatica in daily clinical practice.

Design: Prospective, Sequential, Open label case series as observed in clinical practice.

Setting: Single practitioner, Private practice, Southeast England

Patients: 100 sequential cases. 53 women. Mean age 44.8yrs. 38 back pain, 40 back and leg, 5 Sciatica, 10 complex (7 non-assigned). Mean total duration of pain 58.5 months, continuous pain 22.4 months. 1, 2, 3 and 4 levels treated in 39, 52, 8 and 1 cases respectively. Follow-up was until clinical discharge. Minimum 1month, maximum 13months, median 3 months.

Results: Average data integrity 83.1% and no statistical relationships between gender, age, duration of pain, number discs treated and patients' percentage global perceived improvement (%GI). Mean improvements in initial to final 100mm VAS score in average daily back pain were 58.2, 29.3 (49.6%), worst back pain: 74.7, 39.9 (46.6%), average daily leg pain: 36.9, 13.8

(62.7%), worst leg pain: 41.2, 20.0, (51.5%), area of pain: 11.3, 5.2 (52.8%), Oswestry DI 40.1, 27.1 (32,5%). Mean patients' GI was 57.4%. overall, 22% failed and 68% achieved more than 50% GI (mean 77.7%), 43.3% achieved over 75% (mean 87.7%). While 41 received Disc-FX with no other treatment, amongst 34 who received prior treatment, only 3.9% of total numerical difference in score was achieved before Disc -FX.

Conclusion: Percutaneous Decompression and Annulus Denervation by Disc -FX contributes most of the improvement recorded in the management of chronic discogenic spinal pain in daily practice.

Speaker Biography

Anthony Hammond graduated from Edinburgh Medical School and trained as a general physician and Rheumatologist in Bristol, Bath and London. He was a consultant at Maidstone and Tunbridge Wells, NHS Trust till 2011 and now practices at The Kent Institute, Maidstone, in London and Internationally. He is a SIS instructor and in addition to a broad-based spinal pain practice has developed a special interest in the minimally invasive and endoscopic treatment of disc related pain problems. He has recently founded Insight Spine UK to develop this speciality.

e: t.h@online.rednet.co.uk

 Notes: