

Joint Event
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Spine and Spine Disorders
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Disc replacement surgery: When should you “refuse to fuse”?

Discogenic pain is one of the commoner problems facing the spinal surgeon, but has been very variably managed. Lumbar fusion has become the gold standard of treatment, but we are all familiar with the long-term issues of fusion; as a result, arthroplasty of the lumbar spine has gained in popularity in Europe, less so in the United States.

Selecting cases suitable for lumbar total disc replacement, requires considerable input. Triaging the patients is discussed, together with the necessary diagnostic work-up. The author's experience of over 500 cases demonstrates the utility of certain diagnostic tests pre-operatively, the use of pre-habilitation and the multi-disciplinary approach necessary for managing these patients.

Surgical techniques tips are discussed, with particular reference to minimizing the trauma to the patient and surgeon.

Speaker Biography

John Sutcliffe trained as an undergraduate in Edinburgh, gaining the year prize for Systematic Surgery and qualifying in 1983. His early medical post-graduate training was also in Edinburgh, after qualification, taking in a large number of specialties including Plastic, Orthopaedic and Paediatric Surgery before focusing on Neurosurgery. He undertook Neurosurgical training posts in Sheffield and London and developed an extensive experience of treating spinal conditions ranging from tumours and trauma to the commoner degenerative spinal conditions. He was appointed as a consultant neurosurgeon in 1993 and since that time has concentrated exclusively in the management of patients with Spinal Disorders. He developed the concept of the multi-disciplinary team approach to Spinal Disorders, setting up the London Spine Clinic in 1997 and resigned from the NHS in 2000. He remains an Emeritus Consultant at Barts' and the London NHS Trust. The London Spine Clinic was the first unit of its kind in the UK and continues with the same philosophy today. Mr. Sutcliffe has trained many young spinal surgeons, as training director in his NHS career and as supervisor for the spinal fellowship at the London Spine Clinic and London Clinic Hospital. He runs a regular teaching and training program within the Clinic, in both surgical and non-surgical aspects of Spine care. Mr. Sutcliffe no longer undertakes open surgical procedures, but will focus on triaging the patients, arranging the multi-disciplinary management of their symptoms and running the London Spine Clinic as efficiently as possible.

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