PAIN MANAGEMENT **HEMMO A BOSSCHER, MD, PA** **806-785-5700**

PERCUTANEOUS DISC DECOMPRESSION (PDD)

Frequently Asked Questions

What is percutaneous disc decompression (PDD)? ***PDD is a disc decompression method which removes disc tissue and reduces internal pressure in a herniated disc. The reduction of pressure creates a partial vacuum, which enables the disc to suck the herniation inside and reabsorb the tissue. Various methods have been developed to treat disc bulge and herniation, which include conservative treatments, such as physical therapy or chiropractic manipulation, and invasive treatments such as back surgeries. In an attempt to create a safer, less invasive treatment for patients who failed conservative therapies, physicians have developed minimally invasive procedures.***

What are minimally invasive procedures? ***Minimally invasive percutaneous procedures, which achieve relief via a skin puncture instead of a surgical incision, have become treatments of choice for patients with mild disc herniation or bulging. This procedure is primarily used to remove disc tissue and decrease pressure in the herniated disc. Part of the central disc, the nucleus pulposus, is removed during this procedure, reducing pressure and thereby allowing the herniation to recede back into the disc where healing will occur.***

Who can have PDD? ***Your physician will diagnoses a bulging or herniated disc using either MRI, discography, CT Scan, or myleograph. A good candidate should be mentally motivated and have severe back and/or leg pain.***

What happens during PDD? ***PDD is an outpatient procedure. Before the procedure, the patient receives medication to aid in relaxation. The patient is placed on a x-ray table and the entry site is cleansed, draped, and anesthetized with a local anesthetic. Under x-ray visualization, a needle is carefully inserted into the outer layer of the disc. A thin glass optical fiber is then inserted into the needle, through which laser energy is sent, vaporizing a tiny portion of the disc nucleus. By removing a portion of the nucleus, the internal pressure of the disc is decreased, allowing resorption of the herniated portion.***

What happens after PDD? ***The puncture is covered with an adhesive bandage and the patient is moved to the recovery area for a short wait. Patients are instructed to rest for 24 hours.***

Are there any risks involved with PDD? ***As with any medical procedure, there are risks, but because it is a minimally invasive procedure, there is no cutting, scarring, or muscle or bone damage associated with PDD. In addition, because only a tiny amount of disc is vaporized, there is no subsequent spinal instability. For specific risks please speak with a nurse in the office.***

Most persons will be back to work in 1-2 weeks with the following restrictions:

No bending

No lifting over 10lbs for the first 6 weeks, limit to 25lbs for 6-12 weeks.

No activities that require rotation of the spine.

Sitting, limit to 30-45 minutes at any one time for the first 6 weeks, standing and walking as tolerated.

Note: This procedure cannot be performed if you have an active infection, flu, cold, fever, or very high blood pressure. Please make us aware of these conditions.

We hope this information helps.
Please feel free to contact us for any additional concerns you might have.