

# x stop

## Pain of lumbar spinal stenosis stopped short by new, less invasive procedure

by Catherine Menor



Lee Lakes underwent the new X STOP procedure for lumbar spinal stenosis at Barrow.

Lee Lakes has accomplished much and survived much in his 82 years. He served as a Marine in World War II, founded a manufacturing company in Ohio and ran it until 1980, and then “retired” and worked part-time as a consultant until four years ago.

He and his wife, Edith, enjoyed a “55-year romance” until 2002—a year that claimed both Edith and their eldest of four children.

But by 2006, 20 years of back problems had nearly brought Lee’s life to a standstill. “I had shooting pains up my legs and back,” the Ahwatukee resident says. “I fell a couple of times because the pain would shoot up my back and practically knock me out.”

Lee’s problem—lumbar spinal stenosis—is the most common reason for back surgery in people over the age of 50 in the United States. In lumbar spinal stenosis, the lower spinal canal

can become so narrowed that the nerves traveling through it to the legs are pinched, causing lower back

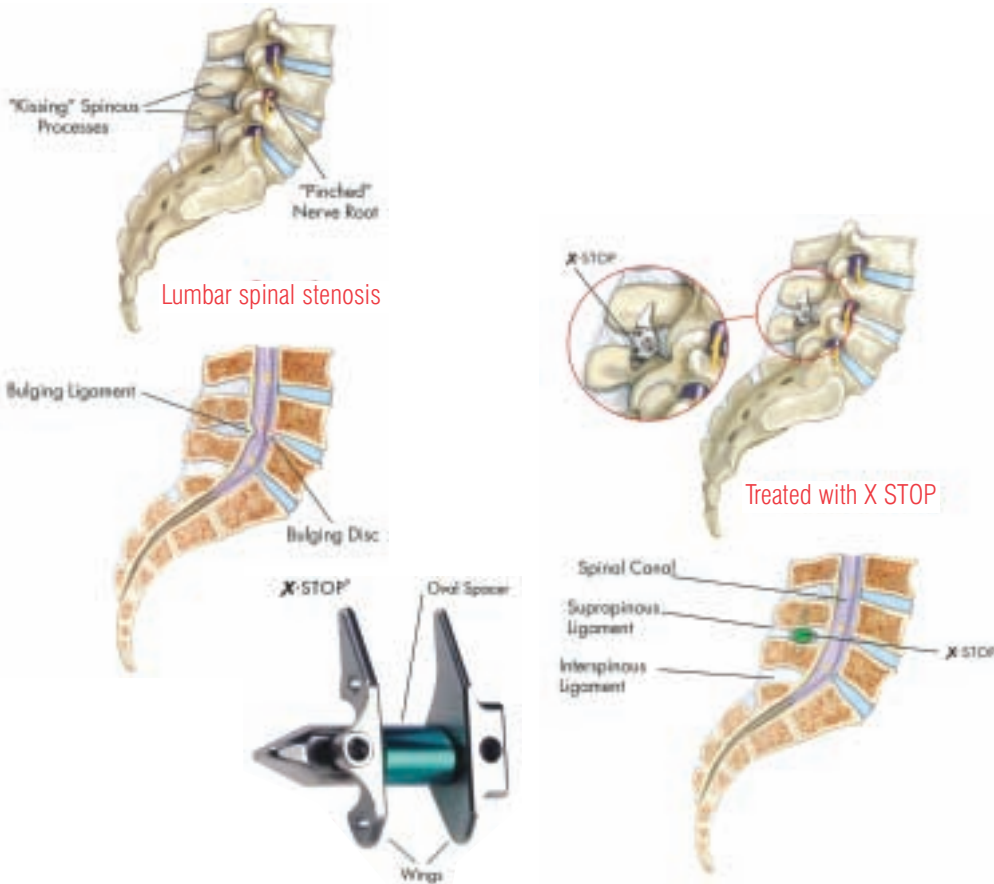
**Lumbar spinal stenosis is the most common reason for back surgery in people over 50.**

pain and shooting pains down the legs. Some people are born with this narrowing, but most acquire spinal stenosis gradually from the normal wear and tear of everyday activities on the spine.

For decades, the standard treatment for severe lumbar spinal stenosis was decompressive lumbar laminectomy, a major open surgery that requires general anesthesia and involves removing the parts of the bone and tissue that are compressing the spinal canal.

Now, there is a less invasive option for many patients—the X STOP Interspinous Process Decompression System, developed by St. Francis Medical Technologies, Inc. The X STOP procedure was first performed at Barrow Neurological Institute in April 2006 by Volker Sonntag, MD.

“The X STOP procedure provides a low-risk alternative to current treatments for severe lumbar spinal stenosis,” says Dr. Sonntag. “Because it is a less inva-



Volker Sonntag, MD, performed the first X STOP procedure at Barrow in April 2006. The new procedure offers several benefits, including faster recovery times and fewer complications. It is also a fully reversible procedure that does not limit future treatment options.

sive procedure, patients typically recover faster and have fewer complications.”

Dr. Sonntag explains that the X STOP is a titanium implant that fits between two bones called the “spinous processes” in the lower back. “This creates forced flexion—a permanent bend forward,” the neurosurgeon says. “In fact, if a patient’s symptoms are relieved by bending forward, there’s a good chance that the patient is a candidate for the X STOP.”

The one-hour procedure is usually performed under local anesthesia in an operating room. Using x-ray guidance, the neurosurgeon inserts the X STOP implant through a small incision in the skin of the back. Once positioned, the implant keeps the space between the spinous processes open so that the nerves in the spinal canal are not pinched when the patient stands upright.

Another benefit of the X STOP procedure is that it is a fully reversible procedure that does not limit any future non-surgical or surgical treatment options.

The X STOP procedure received FDA approval in late 2005. Lee had the procedure in September 2006.

“The shooting pains were gone when I woke up from the operation,” Lee says. “That was a marvelous feeling.” ■

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### Is it lumbar spinal stenosis?

Symptoms of lumbar spinal stenosis include:

- Dull or aching back pain spreading to your legs.
- Numbness and “pins and needles” in your legs, calves or buttocks.
- Weakness or a loss of balance.
- A decreased endurance for physical activities.
- An increase in symptoms when you walk a distance or stand for a time.
- A decrease in symptoms when you sit, lie down, put your foot on a raised rest, or bend or lean forward.

To learn more, call the Resource Link toll-free, 1-800-BARROW-1 (1-800-227-7691).