

Doctor performs region's 1st artificial disc replacement

Rachelle Treiber | The Quad-City Times | Posted: Wednesday, March 16, 2005 | 12:00 am

For two years, Cindy Webb suffered with severe back pain that made it difficult to work and perform daily activities such as going for walks around her rural home.

The Blue Grass, Iowa, woman said she tried everything from physical therapy and acupuncture to taking prescription pain medication, but nothing seemed to provide relief.

"The minute my feet hit the ground in the morning, it was awful. I had pain every day," she said. "I knew I had to do something."

Webb called her doctor and was referred to Quad-City orthopedic surgeon Dr. Timothy Millea.

Three weeks ago, she became the first patient in the Quad-City region, and only the third in Iowa, to have an artificial disc replacement.

The procedure is an alternative to lumbar fusion, a surgical procedure that fuses the vertebrae together to relieve pain.

Millea replaced Webb's damaged disc with the Charite Artificial Disc, which received approval from the U.S. Food and Drug Administration, or FDA, late last year. Although artificial replacements are commonly used with hips and knees, the Charite disc is the first of its kind to gain FDA approval.

During a Wednesday morning news conference at Genesis Medical Center-West Central Park Campus, Davenport, where the surgery was performed, Webb said she finally feels able to resume her life.

"After two years of pain, I feel great," she said. "I walked a mile just six days after my surgery."

In addition, Webb soon will return to work at her job as the assistant to Davenport Police Chief Mike Bladel.

The Charite disc is made of two metal endplates and a movable, high-density plastic center.

During the procedure, surgeons approach the spine through an incision in the abdomen. The damaged disc is removed and the the artificial disc implanted in its place.

In clinical trials comparing the procedure with lumbar fusion, the artificial disc patients maintained or improved their range of motion while reducing their pain.

There were no significant differences in terms of complications between the two surgical treatments.

"The two-year outcome is about the same in clinical trials," said Millea, who is affiliated with Orthopaedic and Rheumatology Associates, PC, Davenport. "But we hope, longer-term, the artificial disc will prove to be more protective than fusion in regards to the surrounding discs."

According to the American Association of Neurological Surgeons, about 65 million Americans suffer from lower back pain each year. More than 12 million are reported to have degenerative disc disease, and lumbar fusion is performed on more than 200,000 patients each year.

Experts anticipate that 15-20 percent of patients considered for lumbar fusion also will be candidates for the artificial disc procedure, which is known as total disc arthroplasty.

Millea, who trained in Cincinnati to perform the procedure, said that although it is relatively new in the United States, it has been performed successfully in Europe for many years.

And while Webb was a perfect candidate for the procedure, it is not for everyone, he said.

"It's an exciting option, but I emphasize the word 'option' because not everyone should have surgery," he added.

For people who have had symptoms for more than six months, have tried other treatments that failed and have pain on a daily basis, surgery may be reasonable, Millea said. The ideal patient would be between 25 and 50 years old with a single level of disc degeneration causing pain.

As for Webb's progress, Millea said she is doing better than expected.

"Her mobility is already much better than I would expect from a fusion patient at two weeks post-op," he said. "She is doing quite well."