



“After the procedure, I was absolutely stunned. I wish everyone who had the surgery or any kind of surgery could recover that quickly and have such relief. It’s amazing.”

–Karen Hanami, patient

Benefits of Plasma Disc Decompression:

- **Minimally invasive; performed using x-ray guidance**
 - Anesthesia requirements are minimal
 - Elimination of complications that may result from open surgery
- **Outpatient procedure**
 - No overnight hospitalization required
 - Lasts from 1-2 hours
- **Rapid recovery time**
 - Patients go home the same day of treatment
- **Quick symptom relief within two weeks for most patients**

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Local Contact Information:

At last, an alternative to major surgery that works.

Plasma Disc Decompression. *Minimally invasive. Maximum performance.*

Who is a Candidate for Plasma Disc Decompression?

The best candidate for this procedure is one who suffers from a contained disc herniation that has not responded to conservative care. Typical signs of a contained disc herniation are primary pain radiating down the leg or arm accompanied by some back or neck pain. Plasma Disc Decompression is not useful for degenerative disc disease or spinal fractures.

Plasma Disc Decompression is shown to:

- Provide significant improvement in quality of life¹
- Offer a safe, effective treatment
- Treat multiple spine levels



1. Gerszten, PC, MD, MPH, Welch, W.C., MD, King, J.T. Jr., MD, MSCE. Quality of life assessment in patients undergoing Nucleoplasty based percutaneous discectomy. J. Neurosurg: Spine, 2006 4:36-42



Simplifying procedures. Satisfying patients.

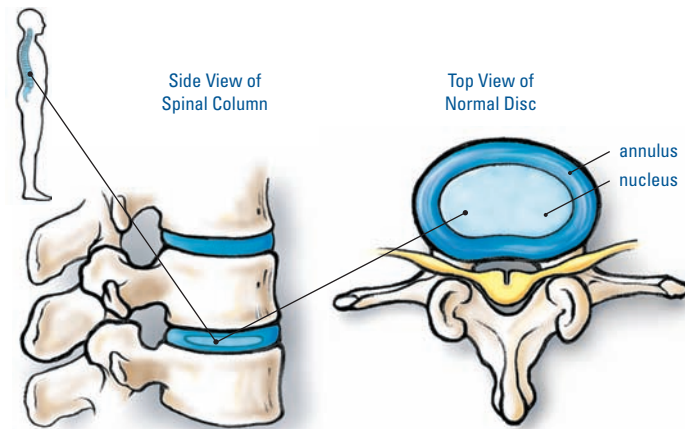
© 2006 ArthroCare Corporation. All rights reserved. The Plasma Disc Decompression procedure requires the use of a surgical device from the SpineWand family of devices such as the DLR, DLG, or DC. SpineWand surgical devices are sold exclusively by ArthroCare Corporation. ArthroCare and SpineWand are trademarks and/or registered trademarks of ArthroCare Corporation.

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This information is designed to help you make an informed decision about Plasma Disc Decompression as a method of treating symptoms caused by contained disc herniations. Only a doctor can determine whether you are a suitable candidate for this procedure. Please consult your physician.

About Contained Disc Herniations

The spine is composed of a series of bones called the vertebrae. Each of these bones is connected by a disc, made of a tough outer layer, called the annulus, and a gel-like center called the nucleus pulposus. A healthy disc is like the shock absorber of an automobile, providing a cushion against jolts caused by simple movements like running or jumping.



If the protective shell of the disc is damaged by injury or weakened by age, a portion of the shell can give way to pressure causing the gel-like nucleus to either bulge or leak out. This is also called a herniated or slipped disc. A herniated disc can press on the nerves and cause pain, numbness, tingling or weakness in the back and/or leg as well as in the neck and/or arm.

Treating Contained Disc Herniations

Historically, patients with contained disc herniations have been treated with conservative care including rest, medications, injections and/or physical therapy. Unfortunately, this does not always provide relief. In the past, people who did not respond to conservative care were forced to live with the symptoms or consider major surgery. If they underwent surgery, it could take weeks or months to recover, causing a major disruption in their daily lives. **With Plasma Disc Decompression, this is not case.**

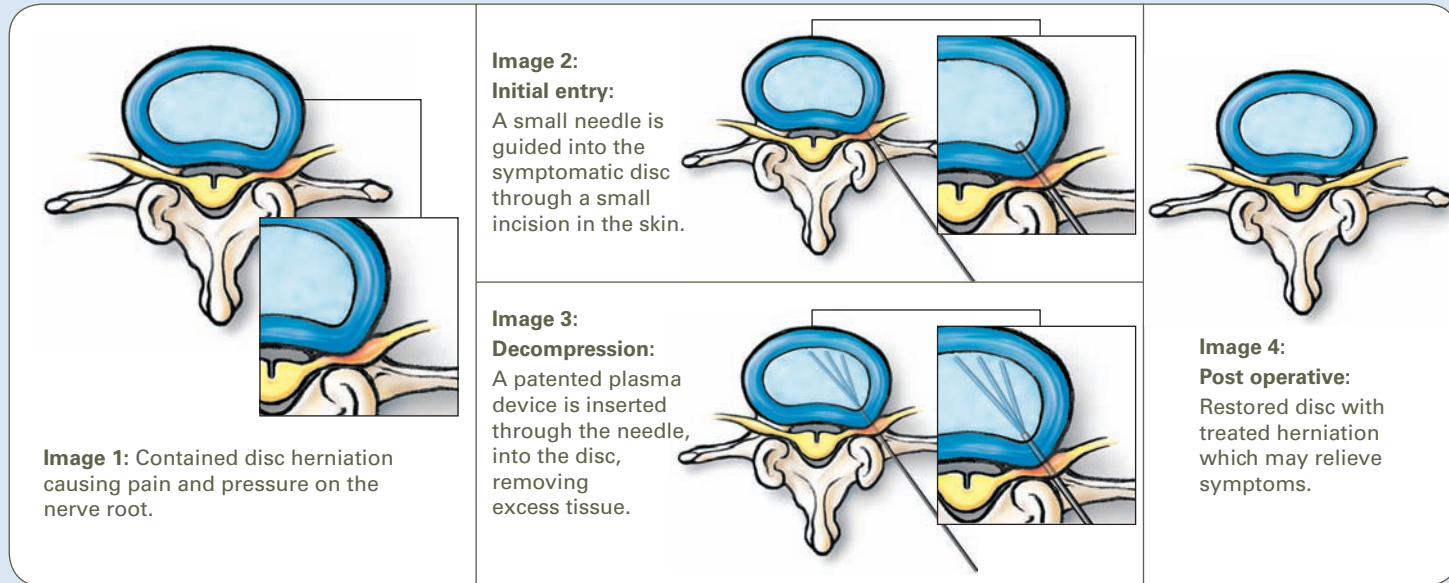
Plasma Disc Decompression is an option for those people who have failed conservative care, and are not yet ready for major surgery. It is a minimally invasive procedure that allows the patient to go home the same day of the procedure with only a small bandage on their back.

Plasma Disc Decompression is performed using x-ray guidance to accurately place a needle into the disc, much like an epidural steroid injection. A patented plasma device is then inserted through the needle into the center of the disc where excess tissue is removed. As a result, disc pressure is reduced, which eases symptoms.

Facts about Contained Disc Herniations:

- 90% of low back pain is caused by a pinched or irritated nerve in the back
- There are 15 million office visits for low back pain each year
- Low back pain is the most prevalent cause for people under 45 to visit their physician

HOW THE LOWER BACK PROCEDURE WORKS



WHAT TO EXPECT

Before the Procedure

Medical evaluation includes a physical exam. Diagnostic tests such as MRI (magnetic resonance imaging), steroid injection, or discography may be conducted to diagnose and locate the symptomatic disc herniation and determine if the procedure is appropriate.

During the Lower Back Procedure

Plasma Disc Decompression requires the patient to lie on his stomach throughout the one hour procedure. This is typically performed with minimal anesthesia requirements. A small nick is made in the skin near the spine, and a needle is inserted. The decompression device, called a SpineWand, is then inserted through the needle into the disc and activated to remove tissue. The device and needle are removed and the small nick is covered with a bandage.

After the Procedure

Patients are required to remain for observation for one to two hours after the procedure. Typically, patients are then released to rest for one to three days with limited sitting or walking. In most cases, symptoms caused by the disc herniation are gone or diminished within two weeks. A patient may experience some discomfort or bruising where the needle was inserted. After about one week, patients participate in physical therapy which is important for a full recovery. They are typically allowed to engage in some physical activity and return to work. Your physician will map out a comprehensive recovery schedule.

What are the Risks of Plasma Disc Decompression?

Plasma Disc Decompression has a strong safety profile that involves some risks. *Although complications are rare, they should be discussed with your physician.*