



S O U T H W E S T
Spine & Sports

IDET

(IntraDiscal ElectroThermal Therapy)

What is IDET?

IDET is the abbreviation for IntraDiscal ElectroThermal Therapy™. This is a fairly recent technique, FDA approved in 1998, developed for treatment of pain originating from a spinal disc. In the past, severe low back and leg pain caused by a defect in the spinal disc typically required surgery. Surgery frequently can “cure” the problem, but it may not improve the pain. Surgery is also very invasive, not to mention expensive. The IDET procedure was developed and designed with the goal of reducing pain with less invasive techniques, decreasing the risks of complications, and lessening the recovery time and expense.

The IDET procedure is typically used to treat patients who have symptoms from small tears of the discs. The IDET catheter delivers heat directly to the outer wall (annulus) and inner disc contents (nucleus) via heating coil. It is designed to do three things: (1) Destroy the pain receptors in the disc, (2) change the structure of the collagen disc wall “melting the tear”, and (3) cauterize the new pain receptor nerve fibers and blood vessels that have grown into the degenerated discs.

Is this procedure effective?

Yes, the IDET procedure appears to be reasonable and safe for selected patients with chronic low back pain, with a 50% to 80% chance for significant ongoing pain relief.

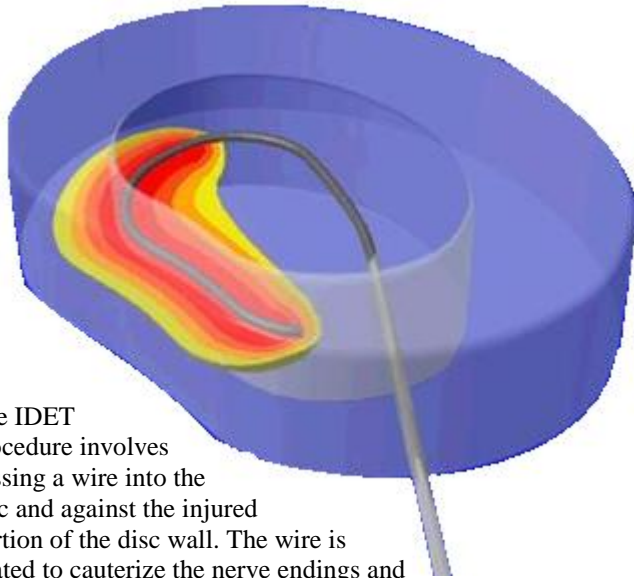
What is the typical procedure?

Once your provider determines that you are a candidate for IDET therapy, an appointment will be made for you in an outpatient surgery center. You are generally given intravenous medication to help you relax during the procedure. You will be closely watched with an EKG monitor, blood pressure cuff, and blood oxygen monitoring device. During the procedure you will be positioned on your stomach. For comfort, local anesthesia will be given before the procedure begins. Using fluoroscopy (X-ray guidance), a needle is inserted into the disc. Through the needle a flexible catheter is placed into the disc. Once in proper position, this catheter is heated for about 17 minutes. When done, the catheter and needle are removed and a small dressing is placed over the site. You will be monitored for a short time after the procedure and will be able to return home.

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Certified Physician Assistants Gretchen L. Post, PA-C Ashley E. Stowers, PA-C Lindsay E. Hall, PA-C

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The IDET procedure involves passing a wire into the disc and against the injured portion of the disc wall. The wire is heated to cauterize the nerve endings and shrink the disc wall.

What will I feel during the procedure?

During the heating, you may feel a reproduction of your usual back pain. This is an excellent sign that the procedure is having an effect in the correct damaged area.

How long does the procedure take?

One disc typically takes 30-45 minutes, and 2 discs take about 60 minutes.

What are the alternatives to IDET therapy?

If you have disc pain, the alternative treatments are medications, physical therapy, and epidural steroid injections. Your provider is most likely ordering IDET because more conservative therapies have failed. You also have the option of surgical intervention.

What are the risks of IDET?

As with any procedure, there are some inherent risks, although most of these are minimal. Common risks include but are not limited to bruising, bleeding, headaches, irritation of a nerve or nerve injury, including paralysis, numbness and weakness. Risks also include infection or reactions to the medications which may cause breathing difficulties and cardiac difficulties which may lead to death. An infection could require the use of antibiotics and/or surgery. Serious risks and complications are **extremely rare**, however.

Additionally, if the heating element of the catheter comes too close to a nerve root or is placed in the wrong spot, this could cause injury to a portion of the spinal cord or nerve root. Because of this risk, the procedure is done under fluoroscopic guidance and you are kept awake enough to respond and let us know what you are feeling. This reduces these risks and increases the efficacy significantly.

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Pre-Procedure Instructions for IDET™

- Please stop all aspirin, aspirin products, and all nonsteroidals – except Celebrex– 5 days before the procedure. Examples of nonsteroidals that need to be stopped are: **Motrin, Advil, Naprosyn, Aleve, Indocin, Lodine, Orudis, Relafen, Daypro, Tolectin, Mobic, Torodol, Voltaren, Trilisate, Dolobid, Arthrotec, and Clinoril.**

If you have questions regarding these types of products or their discontinuation, you should discuss this with one of our staff.

- If you take fish oil or Vitamin E supplementation, please stop these 5 days prior to the injection.
- If you take **Coumadin, Heparin, Lovenox, Warfarin, Orgaran, Innohep, Fragmin, Argatroban, Plavix, ReoPro, Ticlid, Trental, Persantine,** or any other **blood thinner,** notify your doctor. This medication must be discontinued prior to an injection and requires permission from the provider prescribing it.
- Do not eat 4 hours or drink 2 hours prior to the procedure. You may take routine a.m. medications with a small amount of water.
- You may be requested to obtain laboratory work and an EKG prior to your procedure. This will be discussed and ordered, if necessary, at the pre-procedure appointment with your provider.
- For your safety, you must have a responsible adult to drive you home. Failure to have a driver may result in the cancellation of your procedure. Taxis are not permitted.
- A representative from this office will be calling you following your procedure to see how you are doing. If you have any problems, please contact this office.
- You will need to schedule a follow-up appointment for approximately 10 days to 2 weeks after your procedure.

Date of procedure: _____ Arrive at: _____ a.m./p.m.

Gateway Surgical Center 690 N. Cofco Center Court Suite 150 Phoenix, AZ 85008 (602) 288-4441	NSASC 9439 E Ironwood Square Dr. Suite 100 Scottsdale, AZ 85258 (480) 355-3750	Scottsdale Pain Center 10200 N. 92 nd St. Medical Plaza IV, Suite 140 Scottsdale, AZ 85260 (480) 860-3911
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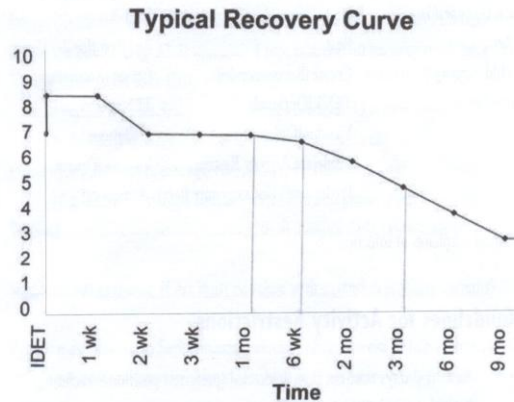
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Post IDET™ Instructions and Follow-up Orders

Following your IDET procedure your physician and physical therapist will work together to minimize your discomfort, provide you with good self-care instructions, and assist in your rehabilitation process.

Many patients will feel an increase in their usual level of back and leg pain following the procedure. This will gradually subside over the first 1 to 7 days. Most patients will return to their pre-procedure pain level between the 7th and 14th postoperative day.



Improvement continues over a 4-week period for cases involving a single disc level, but it may take as long as 12 weeks, especially for those involving 2 disc levels. Muscular pain in the lower back and buttock can occur as well as tenderness in the muscles that run along the spine. This is normal and may be helped with the medications your physician has prescribed.

Prior to your procedure:

- You will be fit with a corset (soft lower back support) to wear following the IDET. This will allow you to move about with less discomfort. It is recommended that you wear this for the first 6 weeks following the procedure.
- You will be given instructions for positioning to help you rest more comfortably.
- You will be given instructions for body mechanics to help you avoid bending, twisting, and other positions that may be harmful.

Immediately following the procedure:

- **Activities:**
 - No new activities and essential rest for the first 3 days.
 - You should avoid any prolonged sitting except for meals and bathroom activities.
 - You can gradually increase your sitting time over the next 2 weeks.
- **Corset:** You should wear your corset when upright. (It is not necessary to wear it while lying down.)
- **Medications:** Avoid aspirin for at least 2 days following the procedure. Resume your other medications as prescribed.
- **Work status:** You will see us in followup first. Return-to-work instructions are given on an individual basis depending on your progress and the type of work you do. Generally speaking, you may return to sedentary work 1 to 5 days following the procedure, and heavy work in 3 or more months depending on your recovery.

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- **Other activities:**
 - You can immediately resume walking for short distances.
 - You can begin driving 1 to 5 days following the procedure.
 - Lifting: No more than 10 lbs for 2 weeks; no more than 25 to 50 lbs for up to 3 months.
 - No activities that involve bending or twisting.
 - You may carefully resume light housework after 1 week.

- **Exercise:** Exercises will begin approximately 4 to 6 weeks following the procedure. You will be scheduled to see a physical therapist who will provide you with instructions for specific exercises. The level of these exercises will be progressed slowly and modified for you. For your continued recovery and rehabilitation, it is important that you do these exercises as instructed, follow the precautions you are given, and report any unusual symptoms to your doctor.

- **Diet:** Return to normal diet as tolerated.

- Should you have fever, chills, drainage, excessive swelling or redness from the injection site, bladder or bowel dysfunction, or change in sensation or muscle strength, please contact our office immediately. If you cannot reach your physician, please present to the nearest emergency room.

- The dressing may be removed after 24 hours.

- You may shower immediately, but please avoid swimming or baths/Jacuzzis/hot tubs for the first 2 days after the procedure.

- You may use ice compresses over the injection site – 20 minutes on, then 20 minutes off. Repeat this cycle as required. Do not use gel packs since these can cause skin injury. Do not apply the cold packs to the numb areas following injection.

- Common side effects following the procedure include:
 - Decreased pain and possibly some numbness for 4 to 8 hours due to the local anesthetic.
 - Pain at the injection site.
 - A small amount of bleeding at the injection site.
 - Back stiffness.

All of the side effects listed should disappear within 1 to 3 days after the procedure.

- If you experience a post-procedure headache, please contact our office. For the first 24 hours, lie down as much as possible. You can take Tylenol up to 3 grams per day in doses of 1 gram every 8 hours. Drink plenty of fluids in the form of caffeinated beverages. The caffeine will often minimize the headache substantially. If you continue with headaches after 24 hours following the procedure, please contact our office.

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Positions following IDET Procedure

Resting positions:

- On your back with a pillow or two under your knees to keep them bent.
- On your side, possibly with a pillow between your legs.

How to move from lying down to sitting:

- While you are lying on your back, bend your knees until they are lying flat on the bed.
- Roll over as one total unit, like a log rolling (shoulders, trunk, and legs together).
- Once you are on your side, let your legs lower off the bed while pushing up with your arms.
- Remember: Once sitting, you should move quickly either to walking or a reclining position.

How to go from sitting to standing:

- If you are already on the edge of the bed (as described above) you can stand—focusing on using only your legs (no stomach or back action).
- If you are in a reclining position, slide your bottom back to the back of the chair, then scoot to the front of the chair, and then use your arms and legs to stand up.
- Also from a reclining position, you can roll totally onto one side (a hip) and then use your arms and legs to push up from the chair.

Reclining position:

- While in a reclining position, you should use some sort of support behind you for support of your back.
- If you are a passenger in a car, you should recline the seat.

Lordotic posture:

- Lordotic posture means maintaining the natural low back curve.
- This posture should be kept at all times, especially while driving and sitting.

Driving:

- When driving, make sure your car has good lumbar support.
- It may be a good idea to use a towel roll or small pillow to support your back and maintain the curve in your low back.

No bending or twisting is allowed:

- A good thing to keep in mind to help you remember this is to keep your face and your toes pointed in the same direction.
- If you have to pick something up off the ground, use your legs (one foot slightly in front of the other), keep your back straight, and squat down, bending only at the knees and hips.

Self-Care

- The corset may be removed briefly for showering
- A reacher or donner may be helpful for assistance with dressing

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