

From the Editor's desk

Friends,
Greetings from VitusSpine.
Wish you and your Family A Happy New Year & Sankranti

We are proud to present to you VITUS newsletter which is a quarterly news update on spine and spinal disorders. We wish to remind you that this newsletter was previously reaching you as JISAR newsletter. VitusSpine is a group of spine surgeons dedicated to the treatment of spinal disorders. Hope you enjoy the experience of the new newsletter and continue to follow us and our journey.

“None of us is as smart as all of us” – Ken Blanchard

The evolution of modern healthcare has seen rapid technological advancements, spine surgery being the ideal case in point. Modern lifestyle with its attendant spinal problems warrant a complete understanding of the subtleties of the disease and its treatment.

VitusSpine is a group of spine surgeons, the association unique in being the first of its kind in this part of the country. It represents the amalgamation of skilled and trained spine professionals, on a common platform to provide objective, comprehensive and holistic solutions to spinal disorders.

At Vitus, the patient is the focus and the centre of our activities. The emphasis is on offering the entire spectrum of possibilities to get the patients back on their feet and lead a joyous and productive life. A team of spine surgeons, pain management specialists, physiotherapists, anesthesiologists, occupational therapists, psychologist and alternative medicine physicians along with our helpful and courteous staff will take care of the patients from the moment they walk in to our centers.

Our mission and vision is to enhance the safety of the treatment of spinal disorders. The involvement of more than one or two trained spine surgeons in the management adds to this. We, at Vitus believe, the patients deserve the best. We have left no stone unturned in assembling world class infrastructure with best in class facilities for an efficient and safe surgical treatment with happier outcomes.

At Vitus, we are mindful of our social responsibilities and have successfully involved community participation in making spine care more accessible to all sections of the society. Innovation and research are the other keystones on which we strive to make a difference to the sphere we work in.

VitusSpine provides a disease specific and integrated approach to adult and pediatric spinal pathologies, with scientifically sound practices. We have fused the best of clinical science and research to offer a centre of excellence to the community.

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A quest for high quality care at affordable cost

- Is it enough for a clinician to deliver medical care and not address the financial aspect of the treatment?
- Free surgeries by surgeons, although have a noble intent, cannot be sustained beyond a short period.
- Is it possible to have an organized effort by like-minded generous people to address the financial aspect of medical care without compromising the quality?

Spinal disorders are not life threatening conditions, but can have a crippling effect on the quality of life.

As we all know, most of spinal disorders do not require surgery. They are self limiting and patients improve with most forms of treatment available today, be it ayurvedic massage, acupuncture, physiotherapy or naturopathy care. However a timely surgical intervention can be life changing for the patient when the structural stability of the spine is compromised along with spinal cord compression.

The challenges of being a medical professional in India often go beyond delivery of clinical care alone.

Unlike countries where the state manages the health care costs, most of the Indian patients have to spend from their savings for their treatment. The financial problems get bigger in situation where the patient requires specialized surgeries and most of the times, the cost of these surgeries prohibit or overshadow the clinical requirements of the patient.

Spine surgeries often require specialized instrumentation and supportive equipments depending on the nature and the complexity of the spinal disorder.

For example, an intradural tumor surgery would require a good operative microscope and an intraoperative neuromonitoring would enhance the safety of these procedures for the patient. A complex spinal deformity surgery would require specialized instrumentation systems, high speed drill systems, along with the intraoperative neuro-monitoring to provide a safe surgery with good outcome for the patient. Providing a high quality surgical care requiring all the supportive equipments and specialized instrumentations does add to the cost of these surgeries. Most of the patients do understand the increased safety of the present day spine surgery with our counselling sessions, but many cannot afford the cost of the surgery. In addition to the surgical cost, the implants (Screws) used in these surgeries also incur a huge cost as they are of specific configurations fitting to specialized instrumentations, especially those used in deformity correction.

It has been our dream to provide spine surgeries at affordable costs to patients from the underprivileged sections of the society.

We, at VitusSpine (JISAR is part of VitusSpine group), are working on multiple fronts to pursue this dream.

- Procurement of specialized instruments and supportive equipments with partial funding from private and individual participation, so that the underprivileged are not charged for these equipments when used in their surgeries,
- Reduction in the cost of the specialized implants, with a push towards manufacturing of high quality implants in India, matching the international standards, which can substantially bring down the cost of these implants.
- Case based funding from individuals, casewise relief by doctors and hospital etc,
- Early in the process we realised that free surgeries, which we had started with noble intentions, were not sustainable for a longer duration.
- We also realised that these patients need to be given the same care as the normal paying patients, to get similar results.

We are extremely happy to bring to your notice that VitusSpine (JISAR is part of Vitus Spine group) has joined hands with a group of philanthropists (PRAYAS) and is able to partially fund deserving patients requiring spinal surgery. Together we have been able to provide funding for five patients every month, from the underprivileged sections of the society requiring spine surgeries for the past 2 years. The project has been very successful and has recently completed funding of 100 patients under this scheme.

Encouraged by the success of the project, we together proposed to extend the financial support to patients with scoliosis requiring complex deformity correction surgery a year ago. We are happy to let you know that our dream of providing high quality spine surgeries to the underprivileged patients with scoliosis has come true. We have started the scoliosis project with funding from the philanthropists group (PRAYAS) and few individuals since last year and have already performed 19 scoliosis surgeries under the project. With this project we are able to provide case based support, of a good financial quantum, to these patients. It gives us a great leverage on the monetary front and we are in a position of not denying a necessary surgery to any deserving patient. We take this opportunity to present a few of the patients who underwent spinal surgeries under these projects.

Case 1:

A 45y old lady came to us with an gradual onset of paraparesis for a duration of 5 months. She was diagnosed to have an intradural tumor at D9-10 region causing progressive weakness in her legs with spasticity. She was wheelchair bound for past 1month with a power of 2/5 in her legs with spasticity. She had lost her bowel and bladder control since past 5 days. She underwent D9- D10 laminectomy, Durotomy, intradural tumor excision, with dural repair under intra-operative neuro monitoring at our centre (Fig 1,2). On Histopathology it was diagnosed as Schwannoma and the patient had early recovery of power in her lower limbs and was able to walk with walker 2 days after surgery. She has completed 20 months of follow-up and has had complete neurological recovery with independent walking, bowel and bladder control and is able to do all her activities at home and outside.

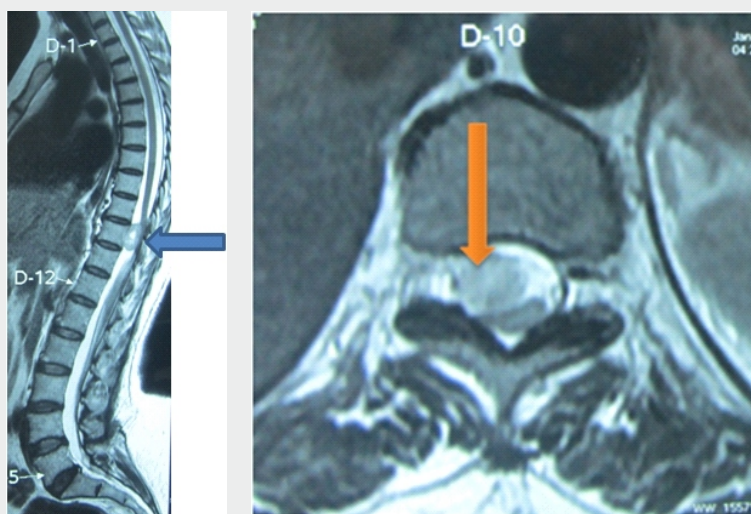


Fig 1: MRI sections of Case 1, showing a large ventral intradural mass at D9-10 level severely compressing the spinal cord at that level.



Fig. 2: Preoperative and postoperative clinical pictures of case 1, showing early neurological improvement. The right side picture shows the excised specimen.

Case 2:

A 5 year old girl came to us with acute loss of power in both her lower limbs with bowel and bladder involvement since 20 days. She developed spastic paraplegia due to minor fall. On imaging, the MRI showed mid thoracic kyphosis with severe compression of the the cord, due to either healed spinal tuberculosis or congenital kyphosis. (Fig 3).

Her parents were counselled in detail about the surgery required and guarded prognosis for any neurological recovery. Her surgery required decompression of the cord with spinal osteotomy and instrumentation with specialized low profile screws suiting her small body frame. The parents were from the lower socioeconomic strata and could hardly arrange anything for her surgery. Her case was referred to PRAYAS as a special case requiring urgent surgery for us to give any chance for her spinal cord to recover. Under the scheme, the girl underwent surgery with spinal osteotomy (Vertebral column resection) with circumferential decompression of the cord and kyphosis correction, all from the posterior approach (Fig 4). The surgery lasted for 3 hours with about 400ml blood loss. She withstood the surgery well and to our pleasant surprise, she started regaining movement in her legs by the evening of surgery and walked with support two days later (Fig 5). She has completed 14 months follow-up and is at present walking independently.

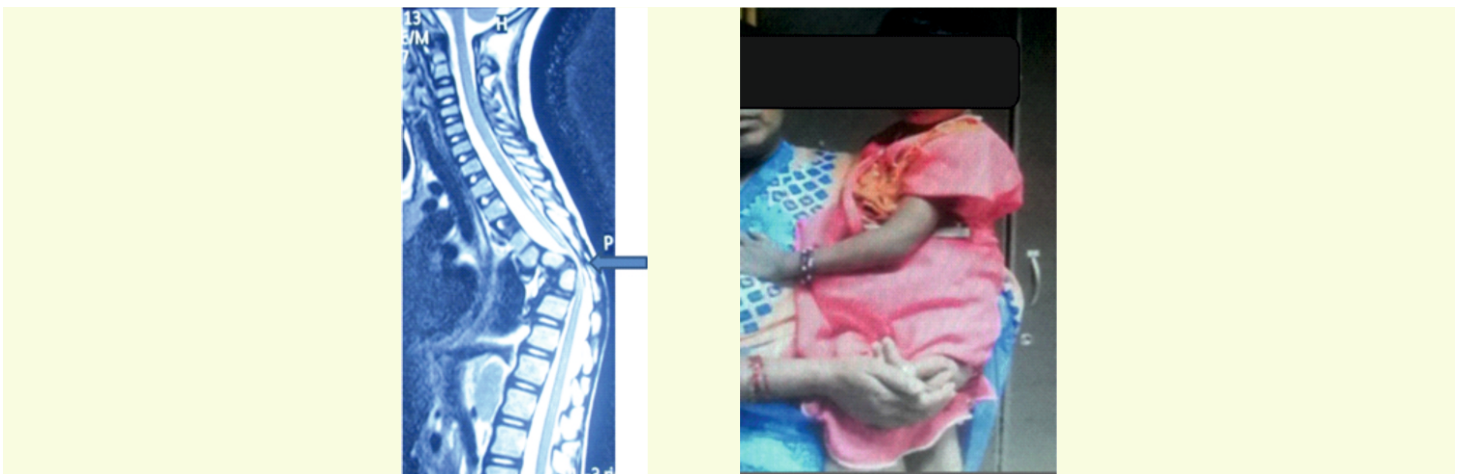


Fig 3: Preoperative MRI and clinical pictures of case 2, showing severe mid thoracic kyphosis with cord compression by internal gibbus.

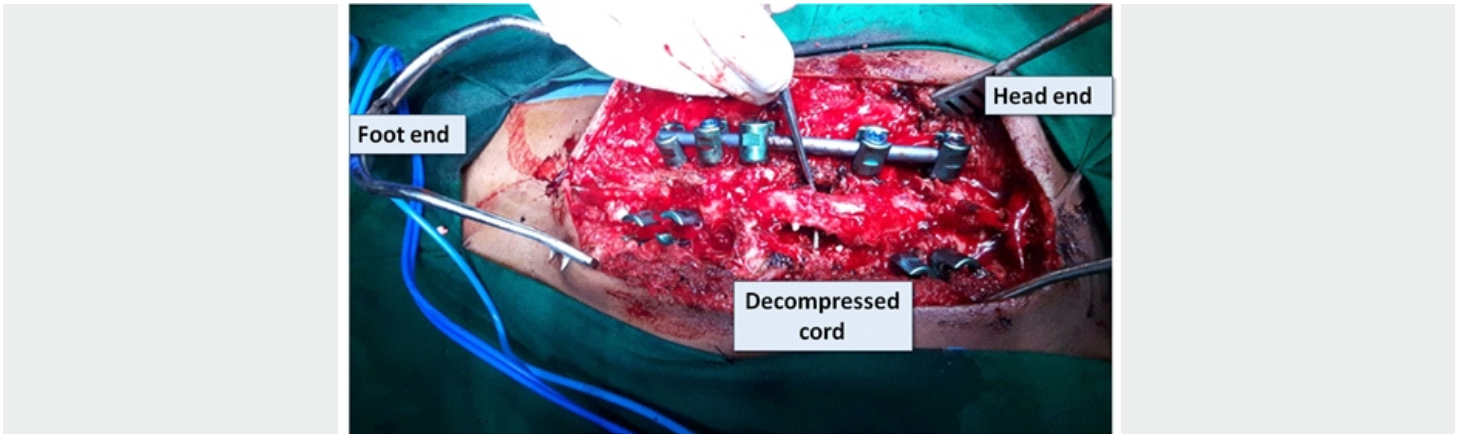


Fig 4: Intraoperative pictures of case 2 showing circumferential decompression of the spinal cord with vertebral column resection (VCR) done under intraoperative neuromonitoring.

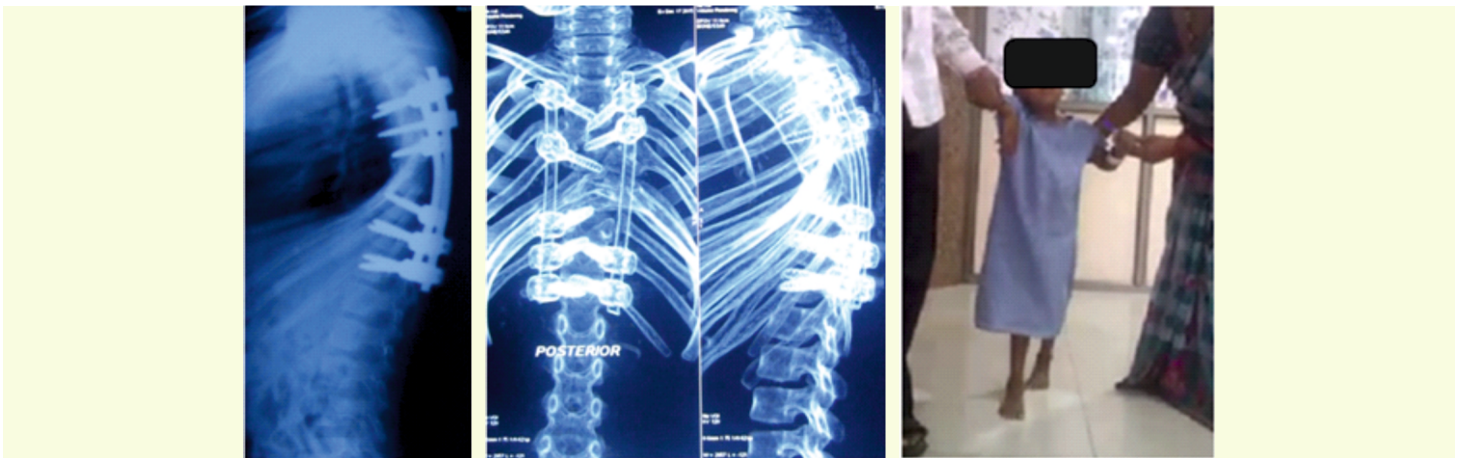


Fig 5: Postoperative radiographs and CT images of case 2 showing kyphosis correction. On the right side the clinical photograph shows the girl walking with support on 3rd postoperative day with improvement in her neurology.

Case 3:

An elderly gentleman came to us with history of pain at the craniocervical junction with progressive difficulty in walking since few months. His MR imaging showed significantly increased atlanto-dens interval (ADI) with severe compression of the spinal cord between the dens and the arch of atlas (fig 6). He was counselled about the condition and the urgent requirement of reduction and fixation of the atlanto-axial subluxation with decompression of the cord .

The elderly man or his kith and kin, coming from the lower socioeconomic strata, were unable to afford the specialized implants and the cost involved in this surgery. The surgery could be done at the earliest with inclusion of the patient in the scheme. He underwent surgery with reduction of the subluxation and C1-2 fixation using screws and rods. He recovered well and is independent, doing all his daily activities without any help. His postoperative images show the reduction of the atlanto axial subluxation and normalization of the atlanto-dens interval with increased space available for the cord (Fig 7).

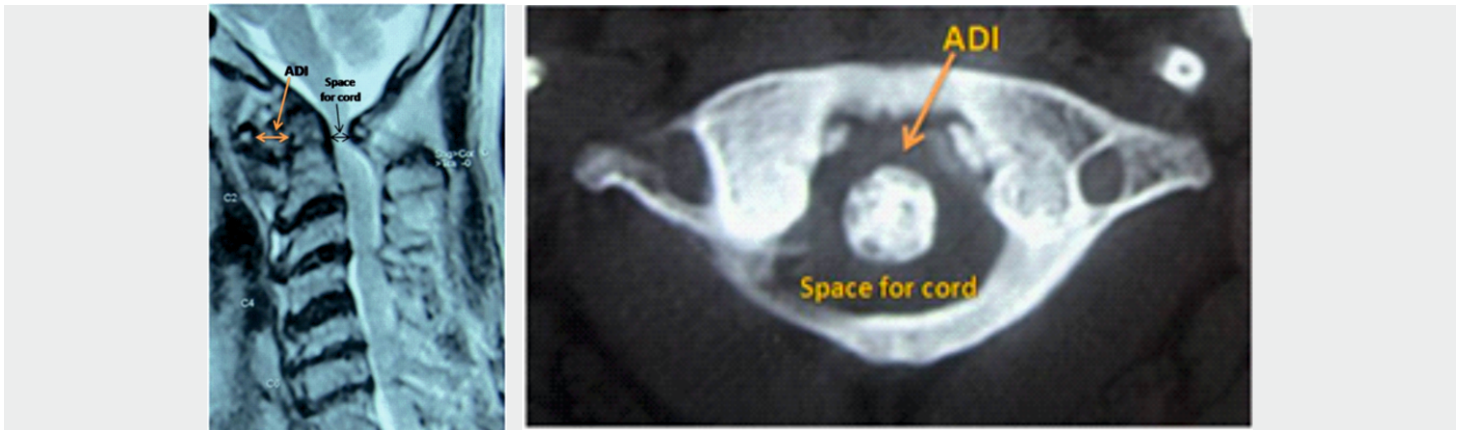


Fig 6: Preoperative CT and MRI of case 3 showing the atlanto axial subluxation with increased atlanto-dens interval (ADI) and consequent decrease in the space available for the cord between the dens and the arch of atlas.

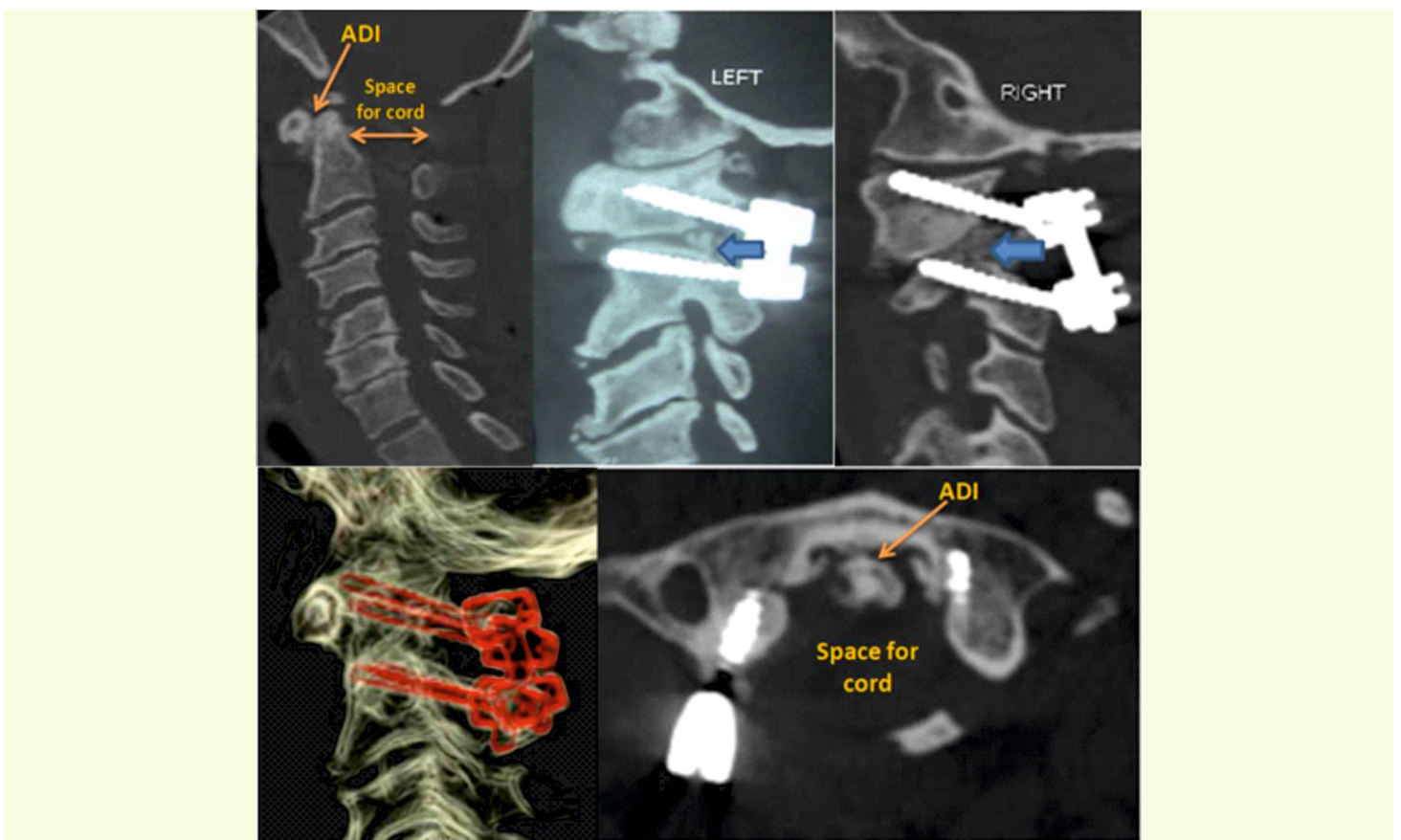


Fig 7: Postoperative CT images of case3 showing reduction of C1-C2 subluxation with screw-rod fixation and fusion with bone graft at C1-2 joint (Broad arrows). Note the reduction in the atlanto-dens interval (ADI) and the increase in the space available for the spinal cord.

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VITUS SPINE NEWS

Quarterly Newsletter updates
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