

Dalcross Adventist Hospital



DALCROSS
ADVENTIST
HOSPITAL



DALCROSS
HOSPITAL

WELCOME TO DALCROSS HOSPITAL
100 DALCROSS ROAD
MELBOURNE VIC 3045





Dr Walter Kos



VERTBROPLASTY UPDATE

WHY ??????

RECENT MEDIA PUBLICITY

NEJM articles suggesting ineffective

Publicity lacking on
multiple prior articles
recent Lancet article

VERTEBROPLASTY

Basic Review/Refreshment

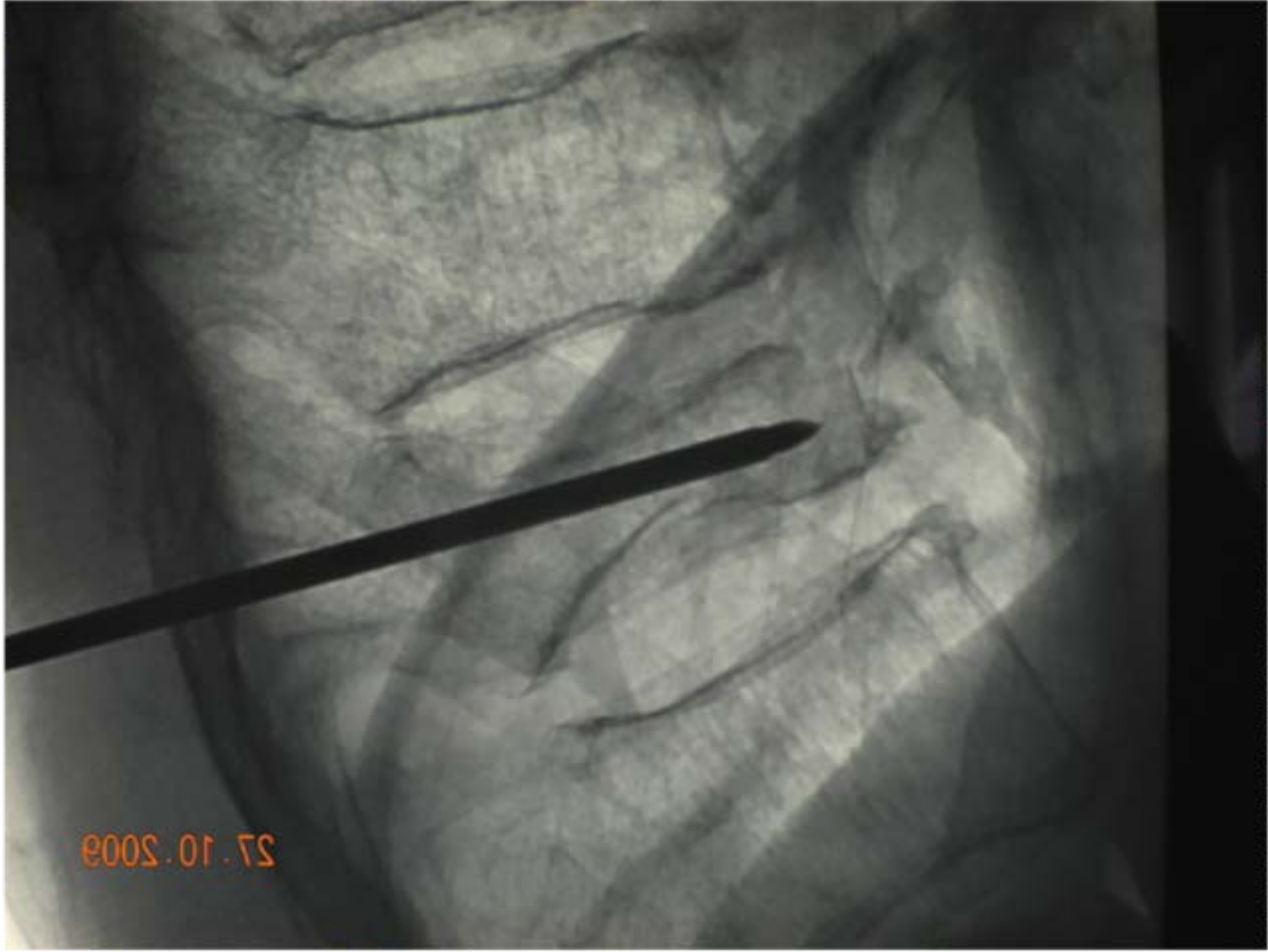
Article critique

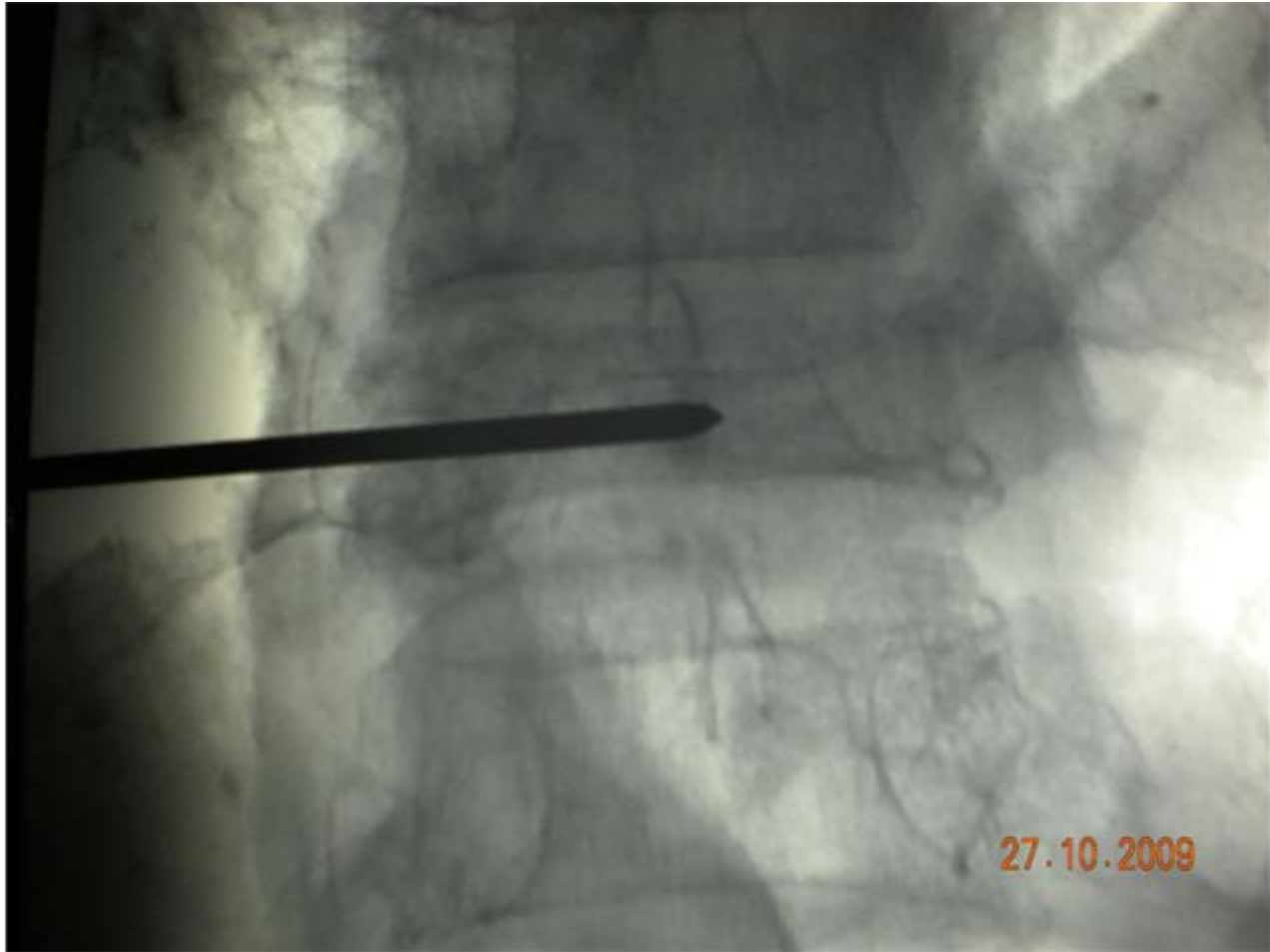
Case Studies

VERTEBROPLASTY

- POLYMETHYLMETHACRYLATE (PMMA)
- INJECTION OF VERTEBRAL BODY CRUSH FRACTURE-----acute osteoporotic fracture
 - older, ununited fracture
 - lytic metastatic fracture
 - haemangioma

= INTERNAL FIXATION OF UNUNITED FRACTURE





RECENT CRITICAL ARTICLES-NEJM

- 06/08/09 Buchbinder et al (Melbourne)
- “ Kallmes et al (Mayo Clinic)

Randomised trials of vertebroplasty

“---no significant difference between
vertebroplasty & placebo group “

Both studies hampered by
Inclusion of chronic #'s—majority > 8 wks
Inconsistent use of marrow oedema on
MRI
Small sample
Other selection issues

BUCHBINDER et al.

Study aimed for 200 patients, stopped at 78

Patient selection---pain < 12 mths.

Pain <6weeks—only 23 patients

Multicentre, but 2 of 4 withdrew.

66% of eligible participants declined enrollment

KALLMES et al

131 patients

Patient selection---pain <12 mths

---exclusively outpatient

---4 weeks medical

therapy

70% of eligible declined participation (Aust)

85% “ “ “ “
(USA)

PRIOR LITERATURE

VERTOS 11 STUDY—open labelled
randomised

---THE LANCET

online, Aug 10

2010

431 eligible for enrolment

229 pain relieved during assessment period

202 “ persisted ---divided 101/101

“In a subgroup of patients with acute osteoporotic vertebral compression fractures and persistent pain, percutaneous vertebroplasty is effective and safe. Pain relief is immediate, is sustained for at least a year, and is significantly greater than that achieved with conservative treatment, at an acceptable cost”

PATIENT SELECTION

Acute insufficiency # not satisfactorily
manageable by conservative
measures.



DATE: 12.10.2009 [1398.10.12]

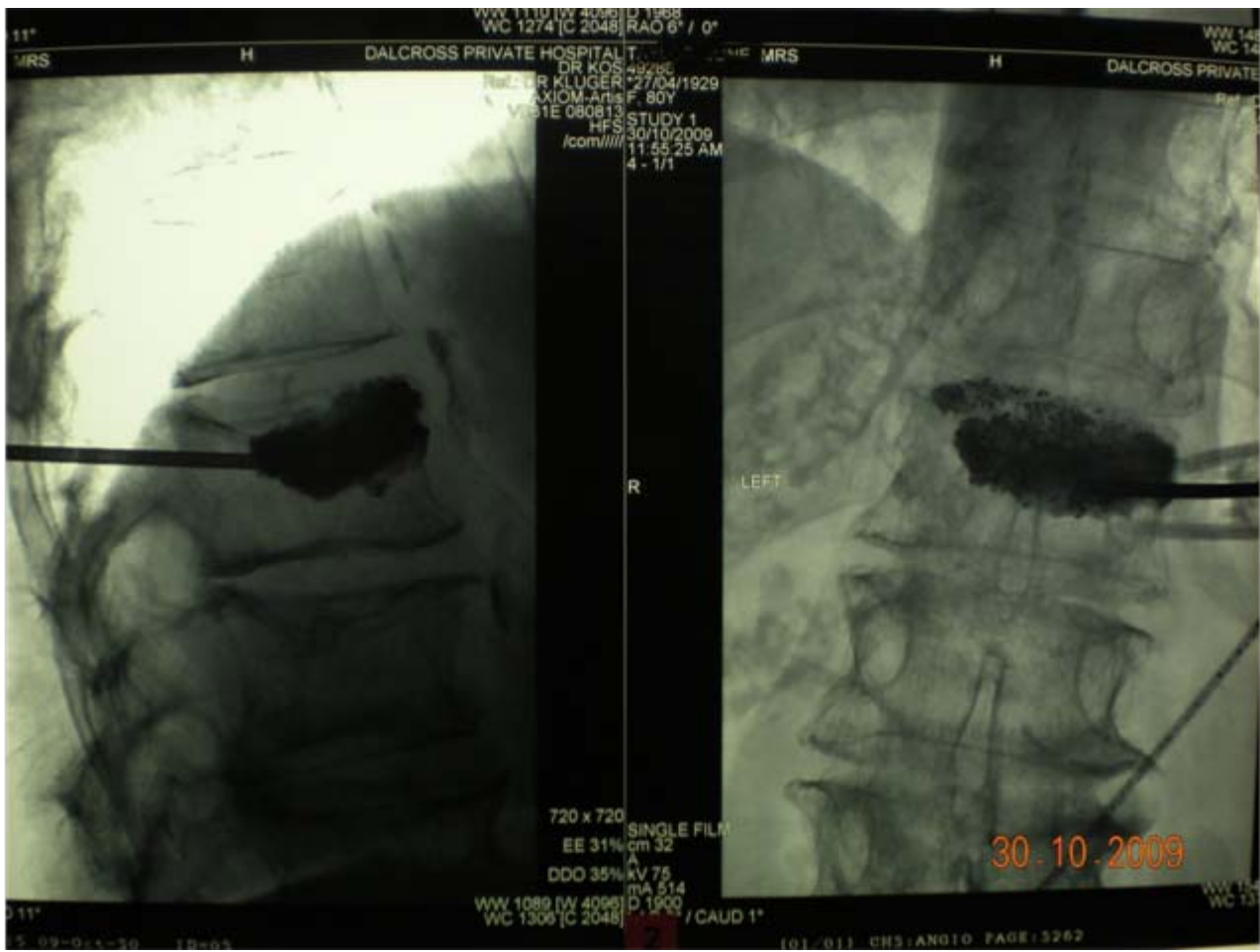
ERECT

L

CT

30.10.2009





WW 1110 [W 4096] D 1968
WC 1274 [C 2048] RAO 6° / 0°

11°
MRS

H

DALCROSS PRIVATE HOSPITAL

MRS

H

DALCROSS PRIVATE

WW 148
WC 14

DR KOS
R. KLUGER
AXIOM-ARTIS F. 80Y
V. 91E 080813
HFS
/com/1111
STUDY 1
30/10/2009
11:55:25 AM
4 - 1/1

R

LEFT

720 x 720
EE 31%
A
DDO 35%
KV 75
mA 514
D 1900

30.10.2009

WW 1089 [W 4096] D 1900
WC 1306 [C 2048] / CAUD 1°

WW 154
WC 13

11°

5.09.2009 10:04







LightSpeed VCT 252843crossct 2 139
 EX: 7499
 SE: 305 RPT
 IC 152.45 299
 In: 15

LightSpeed VCT 252843crossct 2 139
 EX: 7499
 SE: 305 RPT
 IC 152.45 299
 In: 15

LightSpeed VCT 252843crossct 2 139
 EX: 7499
 SE: 305 RPT
 IC 152.45 299
 In: 15



LightSpeed VCT 252843crossct 2 139
 EX: 7499
 SE: 305 RPT
 IC 152.45 299
 In: 15

LightSpeed VCT 252843crossct 2 139
 EX: 7499
 SE: 305 RPT
 IC 152.45 299
 In: 15

LightSpeed VCT 252843crossct 2 139
 EX: 7499
 SE: 305 RPT
 IC 152.45 299
 In: 15



20.04.2010





3.4
3.4



0.10
1.50
0.2

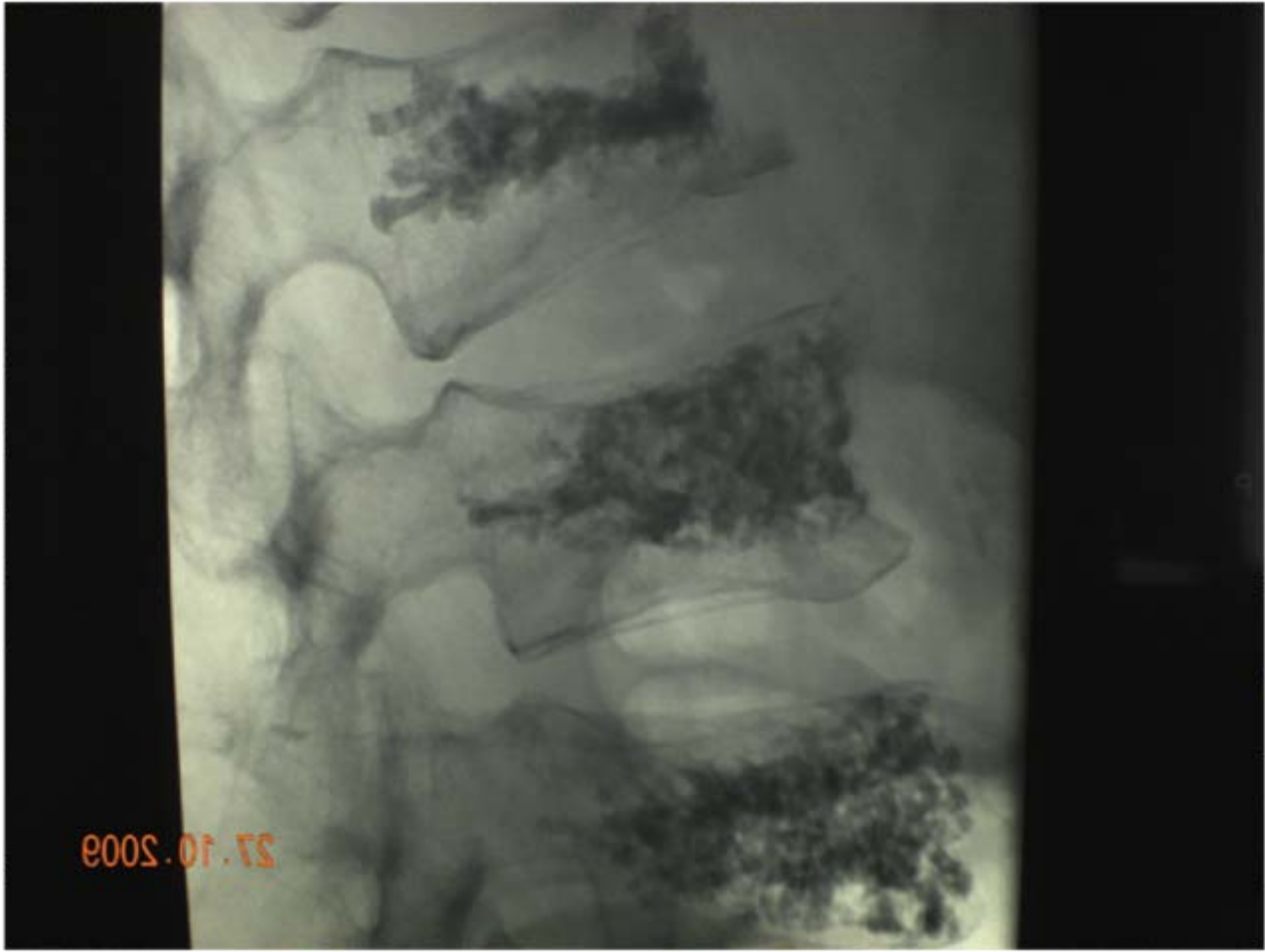


0200 R22.7
Im: 6
2:1 102
Ex: 7070
LEVICKI, ROBERT
L 01 03174
DOB: 10/01/1933
08/21/2010
08/21/2010 AM
M = 3.0
L1
1708

0.0 0

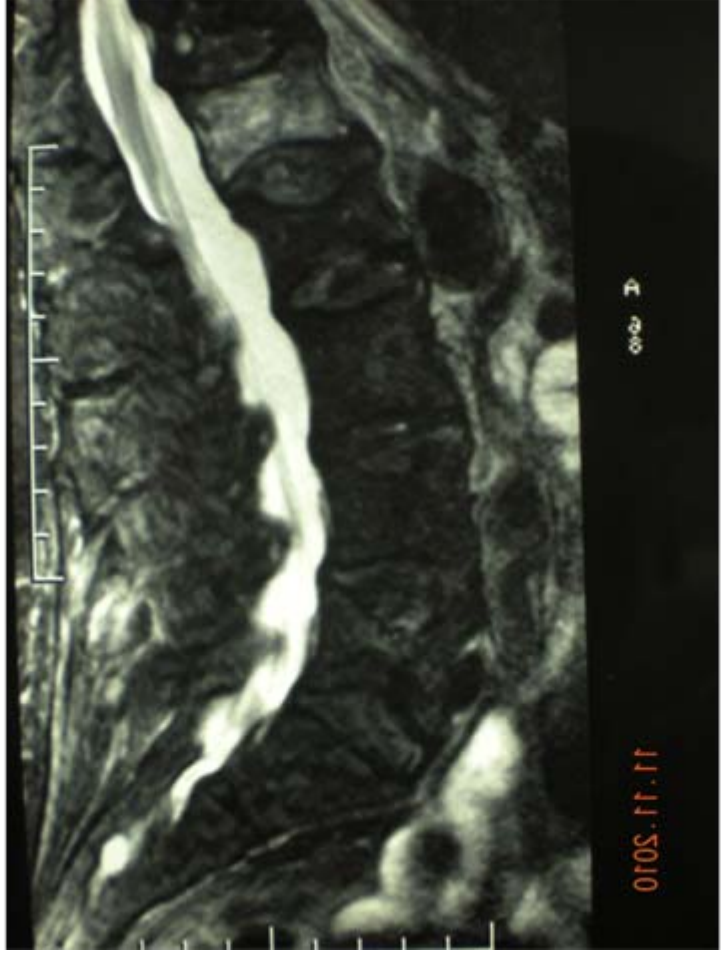
0.4 0

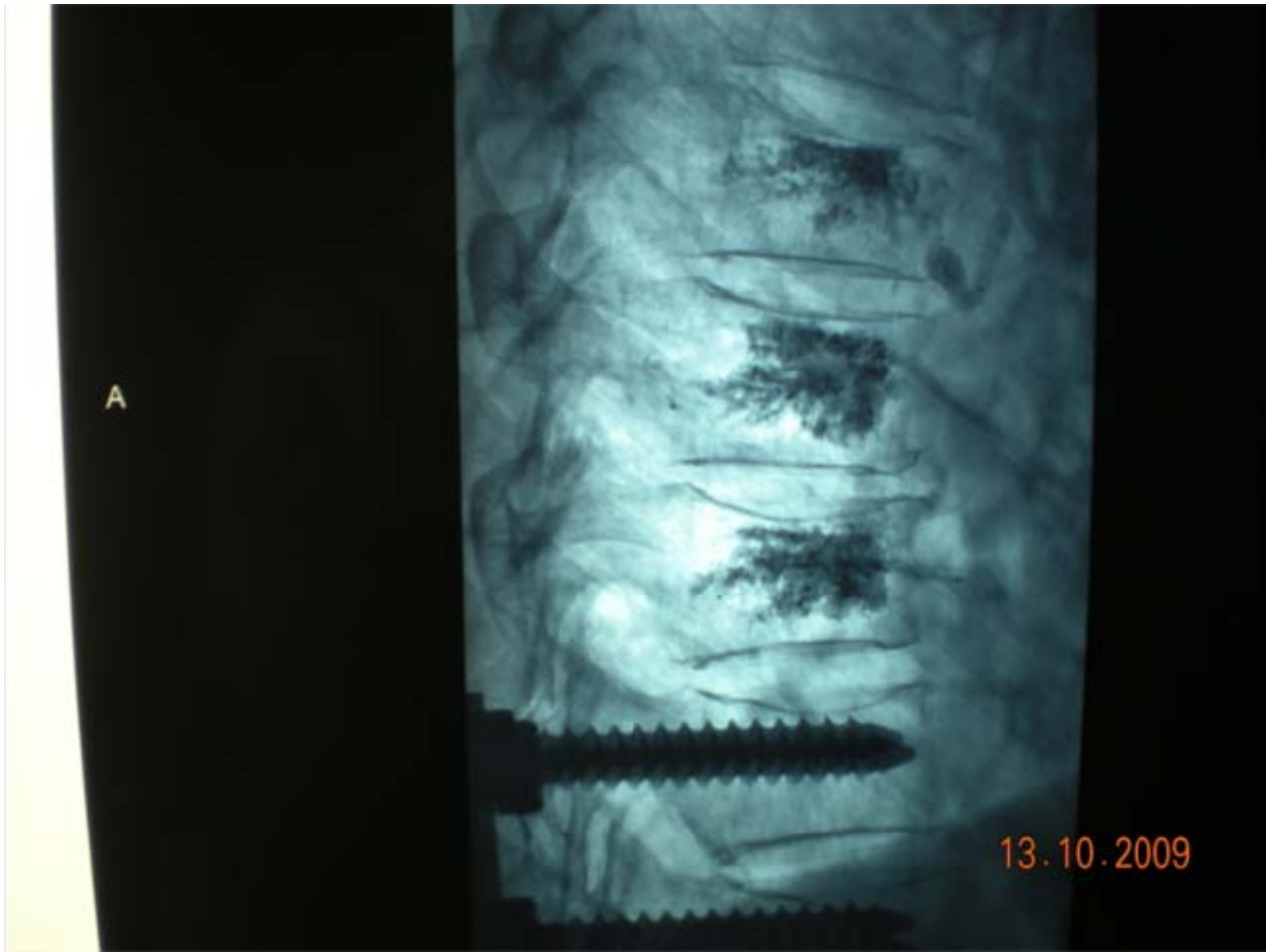












A

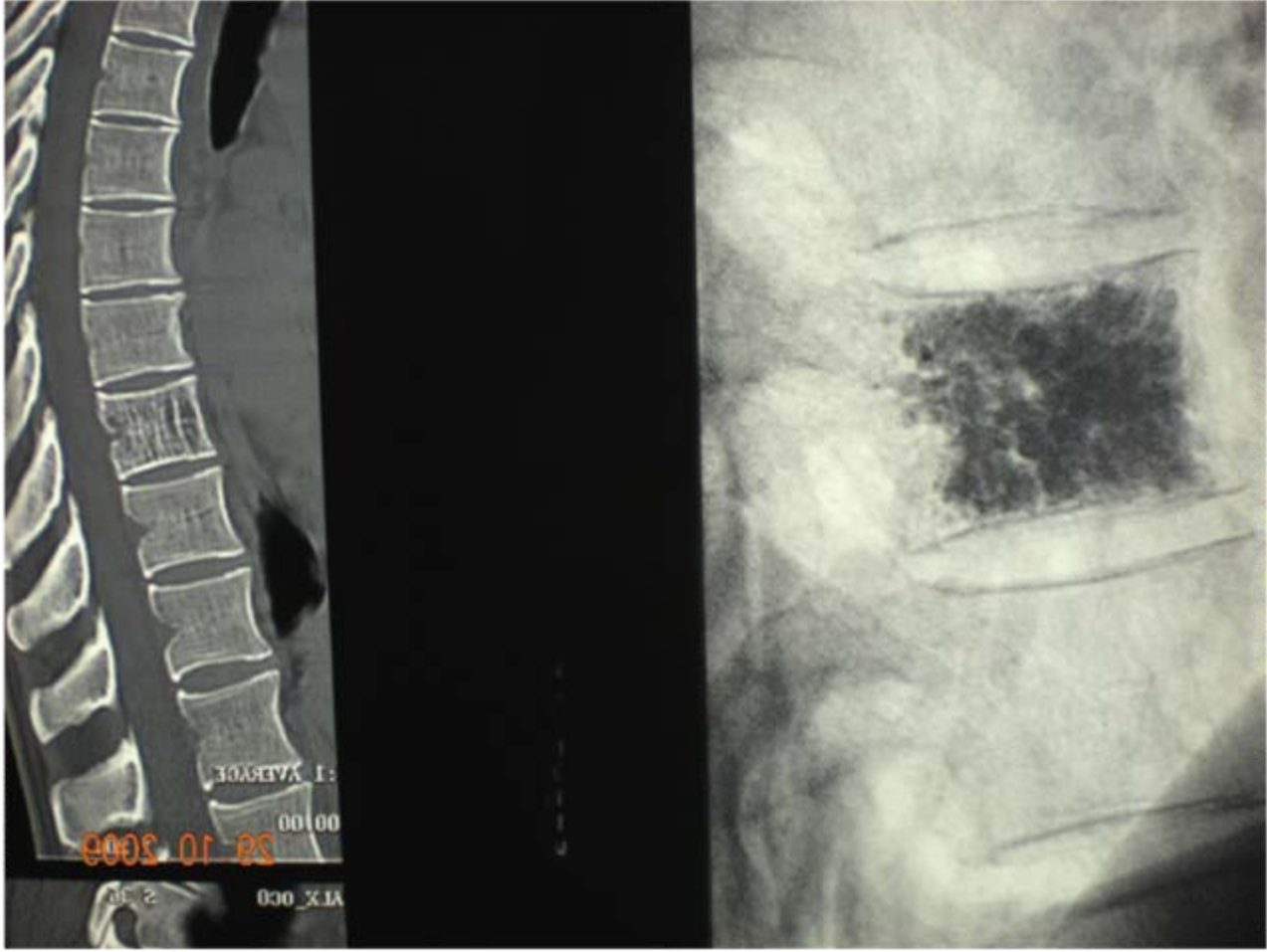
13.10.2009







0005.01.05



- INDICATIONS
- CONTRAINDICATIONS
- RISKS
- PROCEDURE TECHNIQUE
- PATIENT ASSESSMENT
- LITERATURE

