

Minimally invasive spine surgery and artificial disc replacement helps Gulf Coast back & neck pain patients back to activity

Artificial Disc Capabilities

Each year in the U.S., more than 200,000 spinal fusion surgeries are performed to relieve pain and weakness caused by degenerative discs in the low back and neck.

During a fusion procedure, the damaged disc is replaced with bone from a patient's hip or from a bone bank. Fusion surgery causes two vertebrae to become locked in place, putting additional stress on discs above and below, which can lead to further disc herniation with the discs above and below the degenerated disc.

in 2019, at the North American Spine Society



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annual meeting, research was presented that documented that the artificial disc in the neck reduced the incidence of "adjacent segment disease", that is, herniation of other levels above and below a fusion.

Dr. Rohan, Jr. was one of the first spine surgeons in the Gulf Coast region to be trained in Mobi-C — the first artificial disc to be approved by the FDA for two levels in the cervical spine.

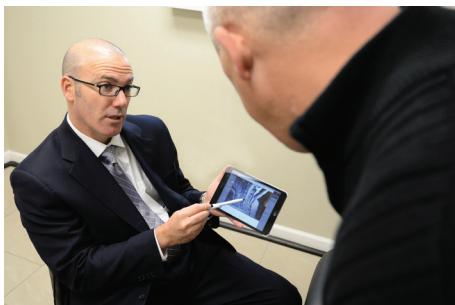
"The advantages of the Mobi-C® device over traditional cervical fusion is that the neck maintains normal motion and reduces the stress placed on the other discs in the neck," explains Dr. Rohan, Jr. "The goal with motion

preservation is to retain the normal rotation of the neck and lessen the need for any future surgery at other levels in the neck," he adds. "The problem with herniated discs in the neck, is that there are few levels to provide all the necessary rotation. If you fuse one level you have less motion in the neck which then causes other discs to herniate. This is called adjacent segment disease. With the Mobi-C disc we can retain that normal movement in the neck and lessen the risk to the other discs at other levels."

Patients can learn more about new artificial disc replacement options at NorthwestFloridaSpine.com or by calling Northwest Florida Spine at 850-481-8752. Dr. Rohan Jr. can do an evaluation to see if they qualify for artificial disc replacement.

Benefits of the artificial disc:

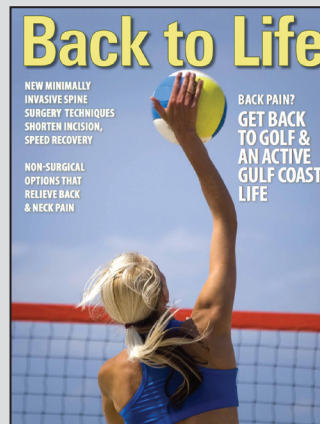
- Retains motion of the vertebrae.
- Prevents damage to other disc levels.
- No bone graft required.
- Quicker recovery & return to activity.
- Less painful surgery than a fusion.
- Less blood loss during surgery.



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Patient education tools for physicians

We believe the best healthcare quality comes from an informed consumer. As a community service, Northwest Florida Spine distributes to physicians a 36-page Home Remedy Book for back and neck pain, a symptom chart, and a Back to Life Journal that has detailed information about treatment options for spine problems. Our educational spine encyclopedia at NorthwestFloridaSpine.com has home remedies and symptom charts that show when it's necessary to see the doctor. Call us for 20 copies of any of these tools for your patients and we'll send them to you free.



Minimally invasive spine surgery

Once non-surgical options have been exhausted and the patient still has serious symptoms like radiating pain or numbness and weakness into an arm or leg, the patient needs to promptly see a spine surgeon. Otherwise, the symptoms of numbness and weakness in a hand or foot can become permanent and lifelong.

Using tubular retractors the size of a ballpoint pen, Dr. Rohan, Jr. is able to operate through a one-inch incision rather than a longer 3-inch incision which is typically the norm for other spine surgeons in the Gulf Coast area. Minimally invasive spine surgery takes significant

training, but it provides great benefits to the patient. A shorter incision makes for a less painful and faster return to activity. Many patients are able to go home the same day to recover in the comfort of their own home.



Minimally invasive spine surgeries performed by Dr. Michael Rohan, Jr.

Minimally invasive spine surgery involves a much smaller incision and enables many patients to go home the same day without a hospital stay. Dr. Rohan Jr. performs a variety of minimally invasive spine surgeries, including:

MIS Lumbar Discectomy

A minimally invasive lumbar discectomy is performed to repair a herniated disc in the low back that may press on a spinal nerve, causing radiating leg pain, numbness, or weakness. Through a small 1-inch incision a tubular retractor is inserted to access the disc. The surgeon then removes a small amount of the lamina bone that allows the surgeon to view the spinal nerve and disc. Once the surgeon can view the spinal nerve and disc, the surgeon will retract the nerve, remove the damaged disc, and replaces the disc with bone graft material.



disc, and replaces it with bone graft material.

MIS Lumbar Fusion

A minimally invasive lumbar fusion can be performed the same way as traditional open lumbar fusion, either from the back, through the abdomen, or from the side.

Lateral interbody fusion (LIF)

A lateral interbody fusion is performed by removing a disc and replacing it with a spacer that will fuse with the surrounding vertebra. The procedure is completed on the side of the body in order to reduce the effect on the nerves and muscle of the back. This procedure can be used to help treat conditions such as spondylolysis, degenerative disc disease and herniated discs.

Posterior cervical microforaminotomy (PCMF)

A PCMF is performed to help relieve pressure and discomfort in the spine by making a small incision in the back of the neck and removing excess scar tissue and bone graft material.

Anterior cervical discectomy

An anterior cervical discectomy is used to reduce pressure or discomfort in the neck by removing a herniated disc through a small incision in the front of the neck. The space is then filled with bone graft material. Plates or screws may be used to increase stability.

PHYSICIAN PROFILE

Michael X. Rohan Jr., D.O.

Board-certified orthopedic surgeon

Fellowship-trained in spine

Specializing in minimally invasive spine surgery, motion preservation & artificial disc replacement

Dr. Rohan, Jr. specializes in the treatment of back and neck pain, including degenerative disease, spinal deformity (scoliosis) and spinal trauma.

Dr. Rohan, Jr. received his D.O. degree from Nova Southeastern University College of Osteopathic Medicine and completed his orthopedic surgery residency at the University of Medicine in New Jersey.

He then completed a spine surgery fellowship at the world-renowned Texas Back Institute where he learned some of the latest innovations in minimally invasive spine surgery, motion preservation surgery and artificial disc replacement.

Dr. Rohan, Jr. is a member of the American Osteopathic Academy of Orthopedics and is able to surgically treat problems in the cervical, thoracic, and lumbar spine. He has also participated in spine surgery research projects and has published his results in the annual meeting of the North American Spine Society.



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