learn more about mild.

mild may be just the solution for you. talk to your doctor and visit our website to learn more.
Your doctor has provided this brochure to help inform you about the condition of lumbar spinal stenosis and the possible treatment options, including a new, therapeutic alternative called mild.

Feel free to share this brochure with your family and friends to assist in answering basic questions about your diagnosis and to help you make an informed decision about the best course of treatment.

As always, there are risks involved in any type of surgery. Talk to your doctor about the risks associated with the treatment options covered in this brochure.

This brochure is intended to supplement, not take the place of, your physician’s advice. Remember, if you have any questions at all about your condition or the treatment options detailed in this brochure, always consult your doctor.

**symptoms:**

**Why do my back and legs hurt?**

Maybe it started one morning when you woke up. Was it a dull, aching pain in your back that spread to your legs once you were up and moving around?

**Are daily tasks causing you discomfort?**

When you’re active, do you notice numbness in your legs or a “pins and needles” sensation? Maybe you have to hold on to something to catch your balance just to bend over. Does walking or standing make it worse? Has going grocery shopping or getting the mail become a painful chore that requires resting or sitting to stop the leg pain? Does it feel any better to hunch over while walking? Do you get relief by sitting down or putting your feet up?

**These are all signs of lumbar spinal stenosis.**

**Before mild**

Thickening of ligamentum flavum narrows the spinal canal and creates pressure on the nerves.

**After mild**

Ligamentum flavum is reduced in size, treating the source of pain by creating space and removing pressure on the nerves.
Your spine supports your back and body while protecting the bundle of nerve tissues that runs from your brain to your lower body, called the spinal cord. The bony channel enclosing the spinal cord is the spinal canal. Normally there is enough space between the spinal cord and the spinal canal to allow the nerves to pass freely through the spinal canal.

With age, however, the ligaments and bones outside the spinal canal may thicken and cause the spinal canal to narrow. This narrowing of the spinal canal is called spinal stenosis. When this condition occurs in the lower part of the spine, it is called lumbar spinal stenosis. Narrowing can compress or pinch the nerve tissues and cause pain, numbness and disability.

The type of spinal stenosis will determine the treatment strategy. Neurogenic claudication is a symptom of lumbar spinal stenosis, producing pain in the buttocks, thigh or leg. Symptoms may be brought on by walking and prolonged standing.

Your doctor may employ a variety of methods to rule out other possible conditions that can produce symptoms similar to lumbar spinal stenosis. You’ll be asked to describe your history of symptoms, whether they’ve changed, as well as any treatments or medications you’ve tried.

Your doctor will examine you and check for movement limitations in your spine, balance problems and pain. Expect your doctor to check for abnormality or loss of reflexes, muscle weakness and sensory loss.

Afterwards, your doctor may use various tests to confirm the diagnosis, such as an X-ray, MRI, CAT scan or Myelogram.
introducing mild.

a safe, therapeutic alternative.

Typically performed using a local anesthetic with light sedation, trained physicians use the mild procedure to restore space in the spinal canal while maintaining structural stability by locating and removing only those portions of tissue and bone that pinch the spinal nerves and cause pain.

Now there is a new treatment option that could be just right for you –

one that could reduce or eliminate your debilitating back and leg pain.

it’s called mild.

How mild works.

mild may be the safe, fast and simple solution you’ve been searching for.

Typically performed using a local anesthetic with light sedation, trained physicians use the mild procedure to restore space in the spinal canal while maintaining structural stability by locating and removing only those portions of tissue and bone that pinch the spinal nerves and cause pain.

The procedure takes only about an hour to perform and uses only a minimal entry point (about the diameter of a pencil). No sutures are required.

Most patients are able to return home the same day. Unlike major surgery, patients generally return to their typical routine within a few days. Rehabilitation following the mild treatment is usually much faster and easier than that of open surgical procedures.

There have been no reported serious adverse events related to the mild procedure or devices.
While every person is different, here is what many patients are likely to experience with Mild:

Clinical results demonstrated that patients treated with Mild show a reduction in pain and increase in mobility that are both statistically significant and clinically relevant.

- Patients typically check in the same day as the procedure or, in some cases, the evening before.
- Most patients usually require only a local anesthetic and light sedation.
- Because a local anesthetic is used, most patients are alert and able to speak and respond to the doctor.
- Patients generally require only an adhesive bandage and do not need sutures.
- Patients typically return home the same day.
- Many patients are able to resume light tasks and return to work within a few days.

To view patient testimonials and comprehensive clinical information, please visit our website, www.vertosmed.com.

Patient Success Stories

The number of LSS patients who have dramatically benefited from the Mild procedure – after nearly giving up hope of ever regaining their mobility – continues to grow. Here are just a few of the type of testimonials that have become typical for Mild patients. Individual patient results may vary.

Syd Klein: Syd wanted to be rid of back and leg pain for good. Concerned about “the horrors of back surgery,” he had been unable to find relief from other treatments. Thanks to the Mild procedure, Syd finally found a remedy for his pain without the risk of open surgery.

Tony Savino: A lifelong woodworker, Tony was unable to stand more than a few minutes at a time by age 89. He had been suffering back and leg pain from lumbar spinal stenosis for about a year, but family members assumed it was simply a result of aging. As his condition worsened, Tony needed a walker and later a wheelchair to get around. When his condition was finally diagnosed and the Mild procedure recommended, some family members weren’t sure if Tony could recover from back surgery at his age.

After the brief Mild procedure, Tony’s pain disappeared almost immediately and he was able to walk out of the hospital on his own. Now, according to his family, “Tony’s back.”
**Charles Merz:** An avid golfer, Charles Merz had always led an active life. But by age 87, he was experiencing ongoing numbness and pain in his legs and feet. Unable to sit for long, he even became unsure about walking. Periodic epidural steroid treatments only alleviated the symptoms temporarily. When an MRI scan revealed the cause was lumbar spinal stenosis, the mild procedure was recommended as a minimally invasive outpatient treatment.

Today Charles considers mild “a real lifesaver.” The procedure itself took only about 20 minutes, but for him, the most painful part of the whole process was pulling the bandage off the next day. Now at 88, he still enjoys golfing at least once a week.

**Linda Cisco:**

**Before the Procedure**
A longtime distance hiker and outdoor enthusiast, Linda noticed her spinal stenosis symptoms long before discovering her diagnosis. There was fatigue, which was surprising given the mileage she was used to hiking. Simple things, like bending over or getting out of bed, began taking more effort and got more painful. Then lack of stamina on trails and even grocery shopping became an issue. There were no more marital “moments of abandon.” Eventually radiating leg pain left her unable to function and required treatment with an epidural. Linda’s symptoms gradually accelerated as the procedure approached.

**After the Procedure**
These days Linda appreciates the ease with which she can once again do simple things, like roll over in one motion and give her husband a kiss and a hug “good morning,” then turn over on the other side and get right up out of bed. She can now do floor exercises and back stretches, then get up without using the furniture. She can stay on her feet for hours without sitting to rest. For Linda, the mild procedure was both minimally invasive and “life-changing.” Describing the effects, she said, “you have no stitches or scarring, and so little discomfort. now it’s hard for me to imagine what i can’t do.”
physician testimonials:

“mild may signify the end of neurogenic claudication. it’s the most exciting advancement i’ve seen in years!”
~vance z. johnson, md

“after treating patients with spinal stenosis for years, and having few options for them other than an open decompressive laminectomy, i now have a new minimally invasive treatment that allows patients with neurogenic claudication the ability to improve their quality of life without the need for hospitalization, general anesthesia and perioperative pain. the recovery from the procedure is immediate. the patients notice the ability to ambulate further within 48 hours.”
~louis j. raso, md, pa

“as physicians, our main goal is to reduce the risks to our patients while maximizing their quality of life. in the properly selected patient we can achieve both of these goals, while being cost effective and socially responsible. we must continue to advance treatment of the spine, and this can be achieved with ultra-minimally invasive treatments such as the mild procedure.”
~timothy deer, md

“the mild procedure combines safety and efficacy in an efficient package that can be applied to a wide spectrum of patients.”
~bohdan w. chopko, phd, md

“all of my patients who have undergone the mild have appreciated the ease of the procedure, the brevity of the recovery, and the rapidity of improved function. as an example, one of my patients, age 88, expressed profound delight upon finally being able to enjoy 18 holes of golf less than 3 days after the procedure.”
~wade wong, do, facr

“I am so excited to have an alternative option to offer my patients before traditional back surgery. for such a long time the only treatment options for spinal stenosis have been epidural steroid injections or open spine surgery. now i have an alternative minimally invasive option for my patients.”
~lora l. brown, md
Anesthetic: A medication or substance that blocks pain.

CAT or CT Scan: An X-ray image using Computerized Axial Tomography to create three-dimensional pictures of your body’s interior.

Central Canal: the spinal fluid-filled space that runs longitudinally through the length of the entire spinal cord.

Corticosteroid: Steroid hormones used to treat inflammation.

Epidural Steroid: An spinal injection that may be used to reduce pain caused by spinal stenosis.

Fusion: A procedure to join vertebrae together.

Lamina: Two broad plates that connect to form the roof of the vertebral arch.

Laminectomy: Surgery to remove the back of one or more vertebrae (the lamina) to relieve pressure on nerves in the spinal cord.

Laminotomy: Surgery to remove part of a lamina to relieve pressure on the spinal cord and nerves.

Ligamentum Flavum: Latin for yellow ligament, these ligaments connect the laminae of adjacent vertebra, from the axis to the sacrum, and are thickest in the lumbar region. Each consists of yellow elastic tissue, the fibers of which are attached to the lamina above and below. The ligaments’ elasticity preserves upright posture and assists the vertebral column in resuming it after bending.

Lumbar: Relating to the lower part of the back.

Lumbar Spinal Stenosis: A medical condition in which the spinal canal narrows and pinches the nerves, causing pain symptoms in the lower back and legs.

MRI: A Magnetic Resonance Imaging test using magnetic fields to generate detailed images of your body’s insides.

Myelogram: A procedure in which a dye is injected into the spinal canal to make the spinal canal and nerve roots easier to see during an X-ray.

Nerves: Fibers that transmit message impulses between the brain and the rest of the body.

Nerve Compression: Squeezing pressure on a nerve that may produce pain symptoms, nerve damage and muscle weakness.

Neurogenic Claudication: A symptom of spinal stenosis in the spinal canal that presents itself as pain in the buttock, thigh or leg. “Neurogenic” means that the problem originates with a nerve and “claudication” means the patient feels a painful cramping and/or weakness.

Sedative: A drug that induces sleep or promotes a calm, relaxed feeling.

Spinal Stenosis: The abnormal narrowing of the spinal canal.

Spinal Canal: The bony cavity running through each of the vertebrae that contains the spinal cord.

Spinal Cord: The cylindrical bundle of nerves and tissue enclosed in the spine that connects nearly all parts of the body to the brain.

Vertebra: Each of the series of small bones forming the backbone. There are five (5) lumbar vertebrae in the lower back.

X-ray: A test that uses radiation to produce pictures of the inside of the body.