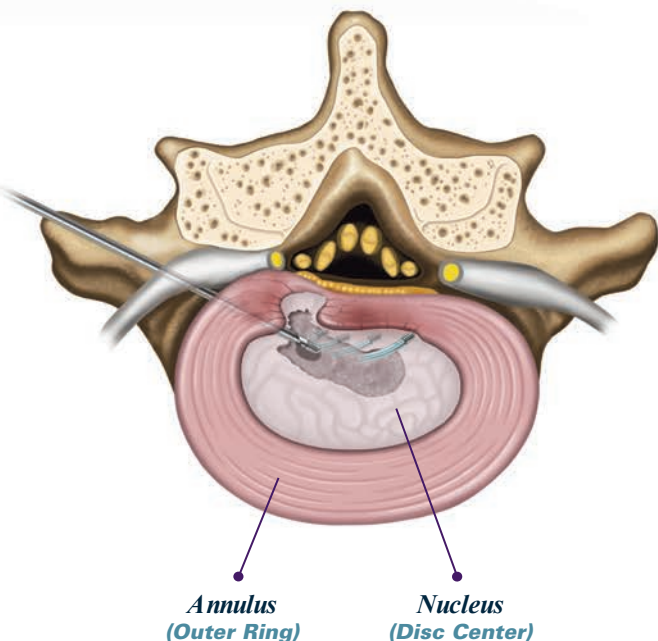




www.disc-fx.com



**A Minimally Invasive Treatment Option
for Back Pain**



Disc-FX® System Overview

The Disc-FX® System is an innovative, minimal access spine system designed to efficiently access the damaged disc without injury to surrounding disc anatomy. Disc-FX® permits multiple treatment options compared to other 'single treatment' devices in the marketplace. In addition to manual decompression, Disc-FX® features a patented navigational device called Trigger-Flex®, which was specifically designed to help clean the disc and seal tears in the annulus. The Trigger-Flex® emits a specific form of Radiowave energy used since 1950 in delicate surgical procedures. Unlike any other surgical energy source, the patented Radiowave energy pioneered by Dr. Irving Ellman, produces specific tissue effects to help eliminate the predetermined 'pain generating' aspect(s) of the disc.

The information contained in this brochure is designed to help you make an informed decision about Disc-FX® as a method of treating symptoms caused by contained disc herniations. Only a doctor can determine whether you are a suitable candidate for Disc-FX®. Please consult your physician.

Disc Anatomy and Contained Disc Herniations

The spine is composed of a series of bones called the vertebrae. Each of these bones is connected by a disc, made of a tough outer layer, called the annulus, and a gel-like center called the nucleus. If the annulus of the disc is damaged by injury or weakened by age, a portion of the outer layer can give way to pressure causing the gel-like nucleus to either bulge or leak out. This may also be referred to as a herniated disc. A herniated disc can press on the nerves and cause pain, numbness, tingling or weakness in the back and/or leg.



elliquence®, LLC.

2455 Grand Avenue • Baldwin, New York 11510-3531 U.S.A.
Phone: 516-277-9000 • Fax: 516-277-9001 • www.elliquence.com
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Treating Contained Disc Herniations

In the past, patients with contained disc herniations have been treated with conservative care including rest, medications, injections and/or physical therapy. Unfortunately, this does not always provide relief. In the past, people who did not respond to conservative care were forced to live with the symptoms or consider major spine surgery. If they underwent surgery, it could take weeks or months to recover, causing a major disruption in their daily lives. With Disc-FX®, this is not the case. Disc-FX® provides an option for those people who have failed conservative care, and are not yet ready for major surgery. It is a minimal access procedure performed on an out-patient basis whereby the patient will go home the same day as the procedure with only a small bandage on their back. Disc-FX® is performed using x-ray guidance to accurately place the working tubes for the Disc-FX® System into the disc. Following manual removal of the offending herniation, the patented Disc-FX® device is activated to help clean the disc and seal tears in the annulus. As a result, pressure in the disc is reduced, which eases symptoms.

Facts about Contained Disc Herniations:

- 90% of low back pain is caused by a pinched or irritated nerve in the back
- There are 15 million office visits for low back pain each year
- Low back pain is the most prevalent cause for people under 45 to visit their physician

Who is a Candidate for the Procedure?

Patients with symptomatic, contained lumbar disc herniations that have not responded to conservative treatment, may experience relief from the use of Disc-FX®. Typical signs of a contained lumbar disc herniation is lower back pain or pain radiating down the leg accompanied by some lower back pain. Disc-FX® may not be beneficial for advanced degenerative disc disease or spinal fractures. Your doctor will evaluate and determine if you are a candidate for Disc-FX®.

Potential Benefits of the Procedure:

- Out-Patient Procedure
- Minor Skin Incision
- Short Procedure Time
- Multiple Treatment Options
- Local Anesthetic
- Targeted Access to Damaged (Diseased) Area
- Treat Multiple Disc Levels
- Quick Relief of Symptoms
- Earlier Return to Normal Activities
- Minimal Tissue Damage
- Preserves all additional surgical options, should they be needed.

All About the Disc-FX® System

Prior to the Procedure

Medical evaluation includes a physical exam. Diagnostic tests such as MRI (magnetic resonance imaging), steroid injection, or discography may be conducted to diagnose and locate the symptomatic disc herniation and determine if the procedure is appropriate.

During the Procedure

The Disc-FX® System requires the patient to lie on their stomach throughout the procedure. Minimal anesthesia requirements are typically necessary. A needle is inserted into the skin near the affected disc level, followed by a working 'tube' into the disc. Graspers are used to manually remove and decompress the offending herniation. The patented Trigger-Flex® is then activated to help clean the disc and seal tears in the annulus. At the conclusion of the procedure, the 'tube' is removed and a small bandage is applied.



Strive for Better Patient Outcomes with Minimal Pain and Fast Recovery....

Do you want to resume normal life activities? Disc-FX® may be the best solution for you. Consult your physician to determine whether you are a suitable candidate.

After the Procedure

Patients are required to remain at the facility after the procedure for observation which is typically one to two hours. Upon release, patients are then informed to rest for one to three days with limited sitting or walking.

In most cases, symptoms caused by the disc herniation are gone or diminished within two weeks. A patient may experience some discomfort or bruising where the needle was inserted. After about one week, patients participate in physical therapy which is important for a full recovery. They are typically allowed to engage in some physical activity and return to work. Your physician will provide a comprehensive recovery schedule. *(There may be variations depending on the physician).*

Are there any complications with the Procedure?

As with any other minimally invasive disc treatments, side effects of Disc-FX® are relatively rare and should be discussed with your physician.