



Kyphoplasty is a type of Vertebral Augmentation for Compression Fractures.

The goal of a kyphoplasty is to stop the pain caused by a spinal fracture, to stabilize the bone, and to restore some or all of the lost vertebral body height due to the compression fracture.

Performing Kyphoplasty

1. During kyphoplasty, your doctor under X-ray guidance places a narrow tube in the back to guide it to the correct position. The tube creates a path through the back into the fractured area through the pedicle of the involved vertebrae.
2. Using X-ray images, the doctor inserts a special balloon through the tube and into the vertebrae, then gently and carefully inflates it. As the balloon inflates, it elevates the fracture, returning the pieces to a more normal position. It also compacts the soft inner bone to create a cavity inside the vertebrae.
3. The balloon is removed and the doctor uses specially designed instruments under low pressure to fill the cavity with a cement-like material called polymethylmethacrylate (PMMA). After being injected, the pasty material hardens quickly, stabilizing the bone.

Kyphoplasty to treat a fracture from osteoporosis is performed at our clinic under local or conscious sedation. Other logistics for a typical kyphoplasty procedure are:

- The kyphoplasty procedure takes about one hour for each vertebra involved
- Patients will be observed closely in the recovery room immediately following the kyphoplasty procedure

Recovery from Kyphoplasty

Pain relief will be immediate for some patients. In others, elimination or reduction of pain is reported within two days. At home, patients can return to their normal daily activities, although strenuous exertion, such as heavy lifting, should be avoided for at least six weeks.

Patients should see their physician to begin or review their treatment plan for osteoporosis, including medications to prevent further bone loss.

Candidates for Kyphoplasty



Kyphoplasty cannot correct an established deformity of the spine, and certain patients with osteoporosis are not candidates for this treatment. Patients experiencing painful symptoms or spinal deformities from recent osteoporotic compression fractures are likely candidates for kyphoplasty.

Risks and Complications of Kyphoplasty

Some general surgical risks apply to kyphoplasty, including a reaction to anesthesia and infection. Other risks that are specific to the kyphoplasty procedure and vertebroplasty include:

- Nerve damage or a spinal cord injury from malpositioned instruments placed in the back
- Nerve injury or spinal cord compression from leaking of the PMMA into veins or epidural space
- Allergic reaction to the solution used to see the balloon on the X-ray image as it inflates.