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PAAs, NPs Play Key Role in Identifying, Treating LSS Under New Algorithm

Mark Coleman, MD, *mild* Provider, President & Medical Director, National Spine and Pain Centers, Pikesville, Maryland

What is *mild* and why do you offer the procedure to your patients?

Lumbar spinal stenosis (LSS) patients are abundant in my practice, and *mild* offers them a safe, durable solution that improves their function and reduces pain. LSS is primarily a degenerative, age-related narrowing of the lower spinal canal that causes pressure on the nerves, leading to neurogenic claudication (NC). NC presents as pain and reduced mobility that is relieved via a flexed position or rest.

Historically, our treatments were limited — palliative, short-term therapies, or referring patients for invasive surgery. Now, *mild* enables us to treat the cause of LSS, and it's as safe as an epidural steroid injection (ESI). After *mild*, my patients can stand longer and walk farther with less pain. We have seen a similar positive response rate to the reported data, which is around 80%.

It's a short outpatient procedure that removes small portions of excess ligament through a tiny incision, which restores space in the spinal canal and reduces nerve compression. It doesn't require general anesthesia, implants or stitches.

What is the role of the PA/NP with *mild*?

Our advanced practice providers are critical for optimizing our LSS patients' care. We did three key things to adopt *mild* into our treatment algorithm and establish a process so patients were properly evaluated, educated and assessed:

- 1. Transformed patient screening:** Data show 94% of LSS patients have NC; therefore, we had to ensure every LSS patient was screened. This required an update to our EMR and intake process to identify function-related symptoms and limitations.
- 2. Introduced comprehensive care plan education:** We educate LSS patients on all available treatments up front, so they understand how they will progress through our treatment path and know to come back if they still experience symptoms. We also schedule regular follow-up visits to ensure that patients can be evaluated for more advanced therapies like *mild* if short-term treatments like ESIs are not working.
- 3. Updated outcomes assessment:** Improvement of NC leads to pain relief and increased mobility. We added functional outcomes assessment questions to our EMR, so walking and standing tolerances are evaluated post-*mild*.

How do you identify patients with NC?

Identifying NC is a simple two-step process that involves assessing patient symptoms first, then confirming central canal impingement with imaging.

Symptoms: We ask every LSS patient five questions. I recommend adding these to your EMR/intake process, so every patient is asked about function, not just pain.

1. Where do you experience discomfort?
2. Does sitting or bending forward relieve your discomfort?
3. How long can you stand before you need to rest?
4. How far can you walk before you seek relief?
5. Which daily activities are affected due to your discomfort?

Imaging: Image review is simple. I always say, "just look for the ligament!" If there's a hypertrophic ligamentum flavum impinging on the central canal, we can generally offer *mild*, even with comorbidities present.

How has *mild* changed your practice?

I find we keep patients in our practice longer. Spinal stenosis patients are older; none of these patients have just spinal stenosis. ESIs do not help long term, opioids are not friendly to aging patients, and many are not candidates for surgery. *mild* allows me to keep patients and be more effective with my treatments.

Second, *mild* allows our PA/NPs to upgrade their skill sets. Now they can increase their knowledge of spinal stenosis by differentiating symptoms and reviewing imaging to identify a new treatment option.



When
ESIs
fall short,
the next
step
is

mild®

For **Lumbar Spinal Stenosis**

- Removes a root cause of neurogenic claudication
- Clinically effective in patients with multifactorial etiologies¹
- Safest decompression procedure²

To learn more, visit www.vertosmed.com

The complication rate for the *mild*® procedure is low. As with most surgical procedures, serious adverse events can occur. This procedure is not for everyone. Physicians should discuss potential risks with patients. For complete information regarding indications for use, warnings, precautions, and methods of use, please reference the devices' Instructions for Use at www.vertosmed.com.

1. Staats PS, Chafin TB, Golovac S, et al. Long-term safety and efficacy of minimally invasive lumbar decompression procedure for the treatment of lumbar spinal stenosis with neurogenic claudication: 2-year results of MIDAS ENCORE. *Reg Anesth Pain Med*. 2018;43:789-794.
2. Based on clinical data within *mild*® Comparative Safety vs. Other Decompression Options chart; references located on www.vertosmed.com/physician/ along with chart.