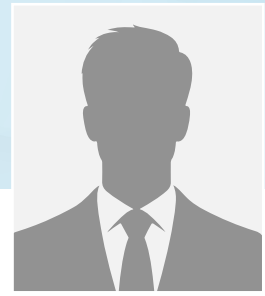

Patient Outreach and Education Letter

Instructions

Arthrex is providing this template as a potential resource for informing and educating patients who suffer from low back pain, failed back surgery syndrome / postlaminectomy syndrome, or spondylosis without myelopathy or radiculopathy, etc on the benefits of ultra-minimally invasive endoscopic procedures or services you may offer. This template can be customized to address the specific services provided by your practice (eg, head shot or practice logo, practice address and phone number, or personalized QR code).



John Smith, MD
123 Cardinal Way
Springfield, IL 62629

[January 21, 2025]

Brenda Young
456 Lincoln Ln
Springfield, IL 62629

Dear [Mrs. Brenda Young],

Our records indicate you have a history of [low back pain, failed back surgery syndrome/postlaminectomy syndrome, spondylosis without myelopathy or radiculopathy, or receiving facet injections and/or radiofrequency ablations (RFAs)].

We are excited to announce to our valued patients, present and future, that Dr. Smith is the first physician in Illinois to offer an ultra-minimally invasive endoscopic procedure for treating back pain in patients with degenerative joint disease. You might be a candidate for this innovative procedure, known as medial branch nerve transection (MBT). MBT aims to relieve pain by addressing its source and helping to restore mobility.

Ultra-minimally invasive endoscopic spine surgery is performed by either an orthopedic spine surgeon or a neurosurgeon. Compared to traditional open surgery, which requires an incision 3 to 4 times larger, the smaller incision required for endoscopic spine surgery minimizes disruption to soft tissue and stabilizing muscles of the back. This can lead to fewer postoperative complications and infections, less disruption to surrounding soft tissue, and a shorter hospital stay.¹⁻³

During this procedure, a cannula is placed through a small incision, which is typically less than 1 cm in length or less than the diameter of a dime. Specially designed instruments like the spine-specific endoscope, which is about the width of a pencil tip, are placed through the cannula, providing clear visualization and access to the surgical site. The endoscope is cannulated to allow instruments to run through it, meaning no additional incision is required. Scan the QR code below to learn more and watch a short video explaining the procedure.

If you are interested in learning more or would like to schedule an appointment with Dr. Smith, please call our office at [phone number]. You can also learn more about Dr. Smith on our website: [URL].

We look forward to continuing to support you in living a life with less pain and more joy.

Sincerely,
John Smith, MD

References

1. Ruetten S, Komp M, Merk H, Godolias G. Use of newly developed instruments and endoscopes: Full-endoscopic resection of lumbar disc herniations via the interlaminar and lateral transforaminal approach. *J Neurosurg Spine*. 2007;6(6):521-530. doi:10.3171/spi.2007.6.6.2
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3. Page PS, Ammanuel SG, Josiah DT. Evaluation of endoscopic versus open lumbar discectomy: a multi-center retrospective review utilizing the American College of Surgeons' National Surgical Quality Improvement Program (ACS-NSQIP) database. *Cureus*. 2022;14(5):e25202. doi:10.7759/cureus.25202



Learn more about
endoscopic spine surgery