

Next Generation Robotic Spine Surgery

State-of-the Art Guidance System Improves Precision, Safety and Outcomes

When he felt pain in his lower back, Tom did what many people do, he ignored it. But as the pain intensified, the 62-year-old former Marine from Sterling sought a familiar face: Thomas Mazahery, MD, at Commonwealth Orthopaedics. Several years earlier, Dr. Mazahery had performed a discectomy to alleviate Tom's leg pain caused by a pinched nerve. The surgery kept the pain at bay until recently when it returned. This time, Dr. Mazahery diagnosed stenosis – a narrowing of the spine that puts pressure on the spinal canal and the nerves – as well as worsening scoliosis and spine deformity.

After physical therapy, massage and injections failed to ease Tom's pain, he opted to have a spinal fusion. Dr. Mazahery gave him a choice: he could have the standard surgical procedure or he could try something brand new – computer-assisted robotic surgery. Tom didn't hesitate. "I work on electromechanical instruments as part of my job as the IP LAN system administrator at a large law firm, so I felt extremely comfortable with the technology," he says. "It was a very easy decision."

This specially designed robotic guidance system allows surgeons to perform spine procedures with greater precision and accuracy. It uses a pre-operative CT scan to create a unique surgical blueprint so surgeons can plan exactly where to make incisions and place rods and screws before they even get to the operating room. Dr. Mazahery is among a handful of orthopaedic specialists worldwide and one of the first in the Washington metropolitan area trained to use the technology.

Tom enjoys being a Guardian for the day with his World War II Veteran, John as they tour various memorials in Washington, D.C.



“This is a very exciting option for our patients because it is much less invasive than traditional or even minimally invasive surgery,” Dr. Mazahery explains. “We don’t have to open up the patient and look for anatomic landmarks; the robotic software has already found them for us. There is much less dissection, which results in less pain and blood loss, fewer complications, minimal scars, faster recovery and quicker return to daily life.”

In the operating room, the surgeon does the actual work. The robot guides the tools according to the surgical blueprint to allow the surgeon to place the implants safely, with the highest level of accuracy, in the exact preplanned locations. And since there is minimal need for additional X-rays during surgery, patients are exposed to less intraoperative radiation.

Following his surgery, Tom’s back pain was gone. He was walking in the hospital within 24 hours and walking around his neighborhood four days later. Within six weeks, he was back at work.

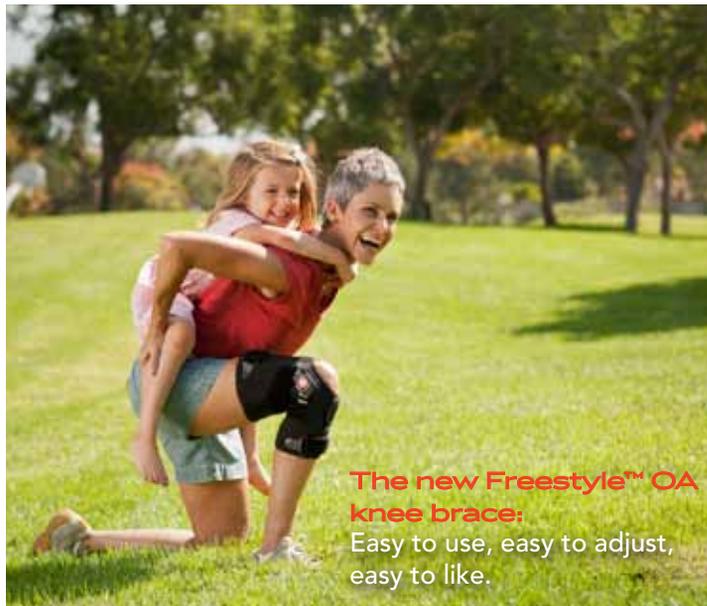
“Tom was the ideal candidate for this type of surgery. He had a significant spinal deformity which was getting worse, and he’d had a previous discectomy. With this option we didn’t have to cut through scar tissue and he was back on his feet as soon as possible,” says Dr. Mazahery, who notes that indications are still evolving and new candidates emerge daily as he and his team become more proficient with the technology.

Now that he’s pain free, Tom has no trouble keeping up with his active brood of eight young grandchildren. And this Viet Nam veteran is looking forward to resuming his volunteer work with Honor Flight Chicago, a not-for-profit organization that flies World War II veterans to Washington, DC, escorts them to the memorials and takes them back to the airport. “I was a guardian for eight flights but had to stop when my back pain got really bad,” he says. “Thanks to everyone at Commonwealth Orthopaedics, I’ll be able to serve these heroes once again.”



B. Thomas Mazahery, MD, received a BA in Biology from the University of Virginia and earned his medical degree from the Medical College of Virginia. He then completed a general surgery internship and an orthopaedic surgery residency at Northwestern University. Additionally, Dr. Mazahery completed a spine fellowship at Case Western Reserve University.

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