



# Interspinous Spacer Device

PATIENT INFORMATION & PROCEDURE GUIDE

## Understanding Your Diagnosis

Lumbar spinal stenosis is narrowing of the spinal canal and the nerve openings in the low back, caused by thickened ligament, enlarged arthritic facet joints, disc bulging, and bone spurs. The characteristic symptom is **neurogenic claudication**: leg pain, heaviness, cramping, or numbness that comes on with standing and walking and is relieved by sitting or leaning forward.

The reason bending forward helps is purely mechanical — flexion opens the canal and the nerve openings, while extension closes them. **That observation is the entire basis for this treatment.**

## The Treatment: Interspinous Spacer Device

A small titanium implant is placed between the bony spinous processes at the affected level. It holds that segment in a slight degree of flexion, which increases the size of the spinal canal and the nerve openings — an **indirect decompression**, achieved without removing bone, ligament, or disc.

Devices of this class fall into two types: motion-preserving spacers, which act only as an extension blocker, and **interspinous-interlaminar fusion devices**, which additionally grip the bone and carry graft material so the segment fuses. We select based on whether your segment also requires stabilization. The specific implant used in your case is identified on your operative report and implant card.

## Our Approach: Minimally Invasive, Muscle-Sparing Placement

The implant is placed through a small incision under live X-ray. Tissue is **dilated rather than cut**, and the paraspinal muscles are not stripped off the spine. The lamina, facet joints, and ligament are left intact — this is what distinguishes the procedure from an open laminectomy. When a fusion device is used, graft material is packed into the implant and the bone surfaces prepared so the segment fuses over the following months.

### Procedure Day Highlights:

- Performed under **live X-ray (fluoroscopy)** through a small incision.
- **Muscle-sparing**: tissue is dilated, not cut and stripped away.
- No bone or ligament is removed — the canal is decompressed indirectly.
- Anesthesia is typically sedation with local, or a brief general anesthetic.
- The procedure takes 30–60 minutes and most patients go home the same day.

## Benefits

- Relief of leg pain with improved standing and walking tolerance.
- Substantially less tissue disruption than open decompression or fusion.
- Preserves the posterior anatomy, keeping future surgical options open.
- Short procedure, same-day discharge, rapid return to walking.

## Recovery

- Walking is encouraged the same day and increased daily.
- Incision soreness and back stiffness for 1–3 weeks.
- Restrictions on bending, lifting, and twisting for 6 weeks.
- Leg symptoms often improve within days; walking tolerance builds over weeks to months.

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#### Abilene Pain Locations

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## Procedure Summary: Interspinous Spacer Device

You have undergone placement of an interspinous implant at the level identified on your implant card. The implant holds the treated segment in slight flexion, enlarging the spinal canal and nerve openings and relieving pressure on the nerves producing your leg symptoms. **No bone or ligament was removed.** If a fusion device was used, graft material was placed and the segment will fuse over the coming months.

## Activity Restrictions

- **Driving:** none for 24 hours, and none while taking sedating pain medication.
- **Lifting:** nothing over 10 pounds for 6 weeks.
- **Bending & twisting:** avoid bending forward, twisting, and arching backward for 6 weeks.
- **Walking:** begin the day of the procedure and increase daily. This is the single most important part of your recovery.
- **Sitting:** limit to 30–45 minutes at a time for 2 weeks.

## Wound Care

- **First 48 hours:** leave the dressing intact and keep it dry.
- **Showering:** okay after 48 hours; pat dry, do not scrub.
- **Submersion:** no baths, pools, or hot tubs for 3 weeks.
- **Closure strips:** leave in place until they fall off or are removed at your 2-week visit.
- **No ointments or creams** on the incision unless directed.

## Pain Management Expectations

- **The flare:** incisional and mid-back soreness for 1–3 weeks is expected. It is muscular and positional.
- **Management:** ice 20 minutes on/off for the first 72 hours; continue baseline medications.
- **Leg symptoms** often improve within days, but residual numbness or tingling can take months to resolve as the nerve recovers.
- **Anti-inflammatories:** if a fusion device was placed, avoid NSAIDs (ibuprofen, naproxen, meloxicam) for 6 weeks — they may interfere with bone healing.
- **Nicotine** in any form substantially impairs bone fusion. Complete abstinence is required through the healing period.

## Red Flags

- New or worsening leg weakness, numbness, or foot drop.
- Loss of bowel or bladder control, or numbness in the saddle area.
- **Sudden, severe, focal back pain** after a twist, hard cough, or fall.
- Fever >101.5°F, chills, or increasing redness, swelling, or drainage at the incision.
- Wound edges separating or the incision opening.

## Follow-Up Schedule

- **2 Weeks:** incision check and strip removal.
- **6 Weeks:** X-rays to confirm implant position; restrictions typically lifted.
- **3 Months:** functional reassessment and activity progression.
- **6 Months:** X-rays to assess fusion, if a fusion device was placed.

## Bone Quality & Implant Position

This implant relies on the strength of the spinous processes holding it. In patients with low bone density, that bone can fracture or the implant can settle into it — producing **sudden, sharp, focal back pain and loss of the benefit**. Report that symptom rather than assuming it is ordinary post-procedure soreness, particularly if it follows a fall, a hard cough, or a twist. Bone density testing and treatment of osteoporosis protect this result.

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