



Non-CME Webinar Series
designed with the trainee in mind

second Tuesdays of odd-numbered months

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— THE ASSOCIATION OF —
PAIN PROGRAM DIRECTORS
ADVANCING PRACTICE IN MULTIDISCIPLINARY PAIN MEDICINE

Minimally Invasive Spine Procedures

Tuesday, May 11, 2021

7-8:30 pm ET



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The *mild*[®] procedure

Sayed E Wahezi, MD

Program Director, Pain Medicine Fellowship

Associate Professor

Department of PMR, Anesthesiology, and Orthopedic Surgery

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- Disclosures
 - Vertos[®] Clinical Leadership Council
 - PI ENCORE[®]
 - PI MOTION[®]



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- Indications
 - LSS
- Epidemiology
 - The **exact prevalence of LSS is still unknown**. It is estimated that affected US adults with LSS will rise to **64 million elderly adults by the year 2025**
 - A population-based study in Japan found that the LSS incidence was increased by age, about 1.7–2.2% in 40–49 years old population, and 10.3%–11.2% in 70–79 years old population. Another study reported the **incidence of symptomatic LSS is about 10%**.
 - **LSS is the most common reason for >65 years old patients to undergo the spinal surgery**. During 2002 to 2007, the rate of lumbar stenosis surgery per 100,000 Medicare beneficiaries is about 135.5–137.5 persons, the mean **hospital charges for decompression alone is about \$23,724** and combined **with fusion is \$80,888**, and in **2009, the hospital bill for LSS for Medicare beneficiaries was \$1.65 billion**, which is a significant socioeconomic burden.



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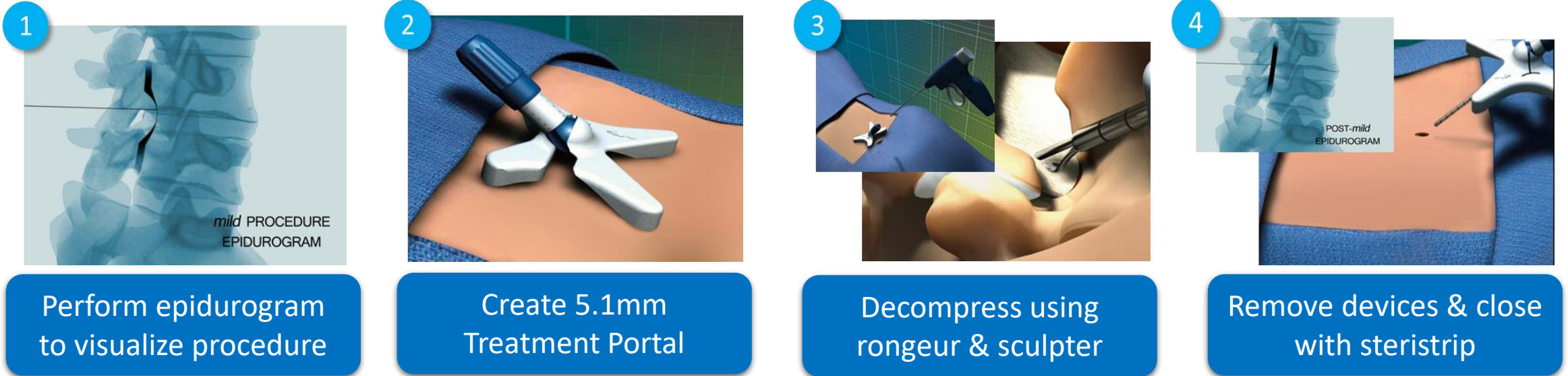
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- Approximately 25,000+ cases performed to date
- Research
 - 13 clinical trials (1200 patients)
 - >20 published peer-reviewed journal articles (2010-2018)
- Safety
 - Complication rates:
 - No dural tear, nerve root damage, or blood loss requiring transfusion reported **in clinical trials**
 - Adverse event rate <0.1% in 25,000+ commercial cases
 - Maude Report (<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfmaude/search.cfm>)
- Quality
 - Medicare CED (Coverage under Evidence Determination)
 - MIDAS ENCORE Level 1 RCT with 302 patients
 - mild[®] superior to ESI/PT/medication management
 - 2 year durability

mild[®]



Constant visualization using epidurogram throughout procedure

Contrast changes signal that decompression has been achieved

MIST Algorithm for LSS

ORIGINAL ARTICLE

The MIST Guidelines: The Lumbar Spinal Stenosis Consensus Group Guidelines for Minimally Invasive Spine Treatment

Timothy R. Deer, MD¹; Jay S. Grider, DO, PhD, MBA²; Jason E. Pope, MD³; Steven Falowski, MD⁴; Tim J. Lamer, MD⁵; Aaron Calodney, MD⁶; David A. Provenzano, MD⁷; Dawood Sayed, MD⁸; Eric Lee, MD, MA⁹; Sayed E. Wahezi, MD¹⁰; Chong Kim, MD¹; Corey Hunter, MD¹¹; Mayank Gupta, MD¹²; Rasmin Benyamin, MD^{13,14}; Bohdan Chopko, MD¹⁵; Didier Demesmin, MD¹⁶; Sudhir Diwan, MD¹⁷; Christopher Gharibo, MD¹⁸; Leo Kapural, MD, PhD¹⁹; David Kloth, MD²⁰; Brian D. Klagges, MD²¹; Michael Harned, MD²²; Tom Simopoulos, MD²³; Tory McJunkin, MD²⁴; Jonathan D. Carlson, MD²⁵; Richard W. Rosenquist, MD²⁶; Timothy R. Lubenow, MD²⁷; Nagy Mekhail, MD, PhD²⁸

[Pain Pract.](#) 2019 Mar;19(3):250-274. doi: 10.1111/papr.12744. Epub 2018 Dec 2.

The MIST Guidelines: The Lumbar Spinal Stenosis Consensus Group Guidelines for Minimally Invasive Spine Treatment.

[Deer TR](#)¹, [Grider JS](#)², [Pope JE](#)³, [Falowski S](#)⁴, [Lamer TJ](#)⁵, [Calodney A](#)⁶, [Provenzano DA](#)⁷, [Sayed D](#)⁸, [Lee E](#)⁹, [Wahezi SE](#)¹⁰, [Kim C](#)¹, [Hunter C](#)¹¹, [Gupta M](#)¹², [Benyamin R](#)^{13,14}, [Chopko B](#)¹⁵, [Demesmin D](#)¹⁶, [Diwan S](#)¹⁷, [Gharibo C](#)¹⁸, [Kapural L](#)¹⁹, [Kloth D](#)²⁰, [Klagges BD](#)²¹, [Harned M](#)²², [Simopoulos T](#)²³, [McJunkin T](#)²⁴, [Carlson JD](#)²⁵, [Rosenquist RW](#)²⁶, [Lubenow TR](#)²⁷, [Mekhail N](#)²⁸.



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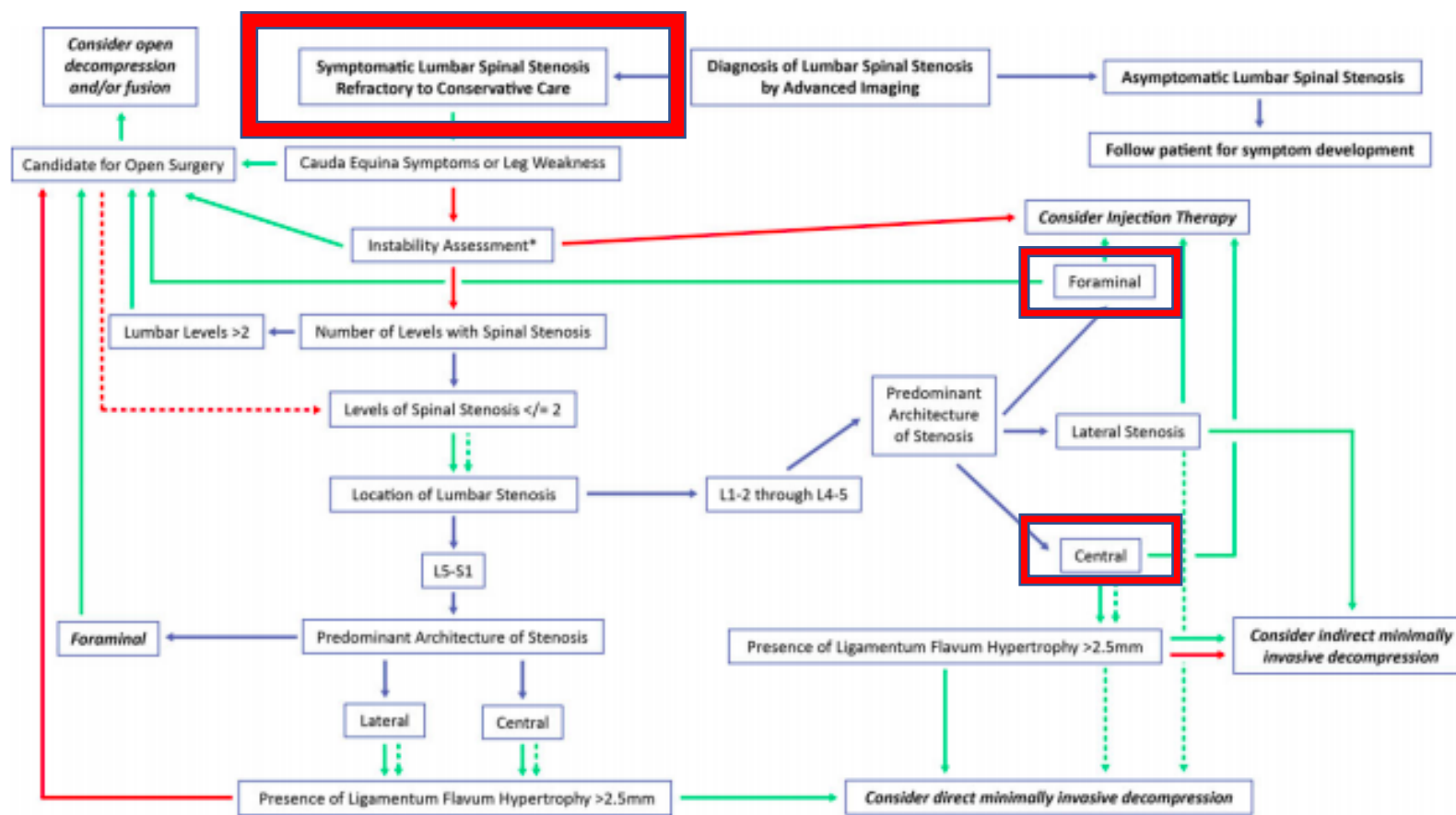


Figure 8. Algorithm for interventional treatments of lumbar spinal stenosis. Blue lines, specific components to larger diagnosis; green lines, affirmative; dashed green lines, instability exists and patients are not candidates for open surgery and/or fusion, with the presence of ligamentum flavum hypertrophy; red lines, negative; dashed red lines, instability exists and patients are not candidates for open surgery and/or fusion, without the presence of ligamentum flavum hypertrophy. *Instability in algorithms defined as spondylolisthesis greater than grade 2.



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