



Call today to see if FACET REPLACEMENT may be an option for you!

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AXIS SPINE NEWSLETTER

Facet Replacement by **ROLAND KENT, MD**

WHAT ARE THE FACET JOINTS?

There are three joints at every level of the spine: the **disc joint** and **two facet joints**. The disc joint is in the front of the spinal column and receives a lot of press as almost everyone knows about degenerative disc disease which happens in all of us as we get older. The disc joint is primarily a shock absorber. Few people have even heard of the facet joints. They are in the back of the spinal column and facilitate normal spinal movement including flexing, extending, twisting and bending. They also prevent abnormal spinal motion such as sliding (translational motion). Facet joints are synovial joints (they have cartilage, a capsule and, synovial fluid) much like a knee joint or an ankle joint. And like these joints, they can degenerate as well. **Facet degeneration** can cause back pain, spinal instability, and compression of spinal nerves.



ROLAND KENT, MD

Dr. Roland S. Kent is a fellowship trained Spine Surgeon and the co-founder of Axis Spine Center. He specializes in minimally invasive spine surgery, robotic-assisted spine surgery, revision spine surgical care, complex spinal disorders, alternatives to bony fusion including disc replacement, fracture care, bone health, and sacroiliac (SI) joint disease. He has a wealth of experience and a passion for returning patients to function through the careful utilization of non-surgical spine treatment strategies combined with the appropriate, evidence-based application of surgical interventions.

WHY HAVE I NOT HEARD OF FACET REPLACEMENT?

While surgical disc replacement in the neck and back have been FDA approved in the United States for almost two decades, surgical facet replacement has never been FDA approved in the United States, though it has been done in Europe for over a decade. **AXIS SPINE** is currently involved in a study seeing FDA approval for lumbar facet replacement in the back. Indications are single-level spinal stenosis (tightness around spinal nerves) in the low back due to facet degeneration and mild spinal instability in patients who primarily have leg symptoms more than back pain. This is an exciting study, and we are hoping for FDA approval in the next couple of years. In the appropriate patient, this technology may be an alternative to spinal fusion surgery.

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