

# WHAT YOU SHOULD KNOW ABOUT OSTEOPOROSIS

BY STEVEN B KIRSHNER MD



Osteoporosis, the loss of bone mass, is part of the normal, natural aging process. Women lose an average of 8% of their bone mass every 10 years. One of the most common affects of osteoporosis is a fracture. Specifically, a fracture of the spine. Thus, an osteoporotic compression fracture.

These compression fractures usually occur in the mid or upper back called the thoracic spine. The bone collapses into itself becoming more narrow. This can be an extremely painful condition. When several of these fractures occur next to each other they cause the upper body to bend forward. This is called a kyphotic deformity or kyphosis. People with this type of fracture lose height, sometimes several inches. In severe conditions this can be noticed by friends and family looking like a “hunchback”.

Historically, treatment for these fractures has included: limiting activity, bracing, bed rest and narcotic pain medication. Complications of these fractures and this treatment, especially in the elderly population, can include: bed sores, blood clots in the legs, pneumonia, progressive weakness and possibly even death.

Kyphoplasty is a relatively new, minimally invasive procedure developed to treat these fractures. Kyphoplasty, the reduction and stabilization of these fractures using bone cement, has been a huge advance in the treatment of osteoporotic compression fractures. This has added another tool which I use to treat my patients. This is a quick surgical procedure with minimal risks. The procedure is performed in the operating room with an X-ray machine through a tiny incision.

The Kyphoplasty procedure can reduce the pain and increase the

stability of this type of fracture quickly and safely. Not every person with a painful osteoporotic compression fracture will be a candidate for this procedure.

This procedure can significantly reduce the complications of untreated, or under-treated, osteoporotic compression fractures. Many factors are taken into consideration when evaluating a patient with one of these fractures. The safest most appropriate treatment will be recommended and performed. Since I have been performing this procedure, many patients have enjoyed a significant increase in their quality of life.

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