maxmorespine®

THE NEW SAFE AND EASY SPINAL ENDOSCOPIC DECOMPRESSION SYSTEM

SAFE, PRECISE & EFFICIENT

A complete endoscopy system for herniated and degenerative disc pathology and foraminotomy.

Transforaminal decompression, total fragment tectonic disc abrasion, disectomy, endoplasty.

developed by THOMAS HOOGLAND M.D.

THE HOOGLAND SPINE PRODUCTS COMPANY

was founded October 2006 in Munich, Germany. The aim of the company is to develop, produce and distribute instruments and software for minimal invasive spine intervention and surgery. The company is built upon over 20 years of experience in the field of arthroscopy, endoscopy, instrument engineering and spine surgery.

Dr. Hoogland is looking back at over 13.000 cases of spine surgery, most of them minimal invasive. Starting in the 80‘s with scoliosis surgery and laminectomy for disc herniation the surgical spectrum has moved into target surgery for herniated discs, disc degeneration and facet joint pathology. In the 90‘s he developed a spine scope with adequate working chanel and aqiured a patent on instruments to enlarge the spinal foramen.

Production and distribution of an adequate set of instruments and documentation equipment appeared difficult in terms of manufacturing of the proper elements. These first instruments yielded significant technical difficulties with a steep learning curve. Therefore a physician controlled company was founded in 2006, new, safe and easy instruments were developed and the software was improved.

The young innovative team of Hoogland Spine Products ensures best high tech standards by combining a close efficient cooperation with leading doctors and centers from all over the world. Our Research and Development Team constantly looks for more efficient and simpler solutions but more important listens to the needs of the surgeons. By listening and understanding we can quickly adapt the customers needs and we are able to implement safe, precise, intelligent and practical instruments without prolonged developing processes known from bigger companies. This is appreciated by our customers and most important by the patients.

Certified quality management is ensured by Johanna Miklitz and sales, product and software management is provided by Boris Miklitz. Early in 2007 the new complete spinal endoscopy set was introduced to the spine surgery community and a training center was established adjacent to the Alpha Klinik in Munich, Germany. In June 2008 the System is already used in more than 15 countries worldwide. More and more training centers will be established in the future to provide education and to pass on the benefits of the “New Standard” in endoscopic Spine surgery.

Hoogland Spine Products are confident that the now available system will revolutionize the approach to the lumbar spine with comparable systems to come for the cervical spine. The technique and approach allows also a complete new management of disc degeneration and facet joint hypertrophy. The management of modern intravenous anaesthetics allows extensive spinal procedures in local anaesthesia. This minimizes the risks of spine surgery and opens new windows of opportunity for the steep increase of degenerative spine conditions.

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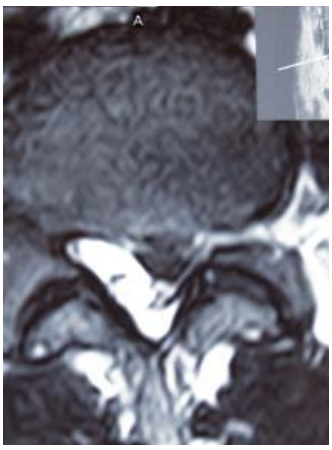
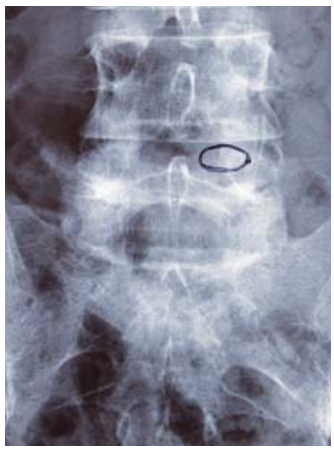
1 preoperative planning

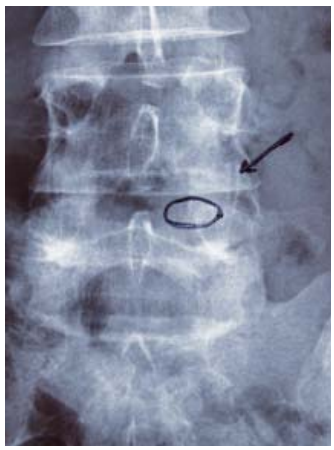
1 a the herniated fragment on the MRI is plotted into the lateral X-ray view of the lumbar spine

1 b the herniated fragment on the axial MRI view is plotted into the AP X-ray of the lumbar spine





2 determination of the entrance point to the foramen on the lateral and AP X-ray view.



3 positioning of the patient in a stable lateral position on the radiolucent operating table

4 disinfection of the skin and sterile draping

5 marking of the skin 12 cm from the midline

6 marking of the approach angle with C-arm guidance

7 determination of the entrance point on the skin and local anaesthesia

8 positioning of a spinal needle at the target area on the facet joint

9 facet joint injection of 5cc 1% xylocain with adrenaline

10 insertion of the guide wire

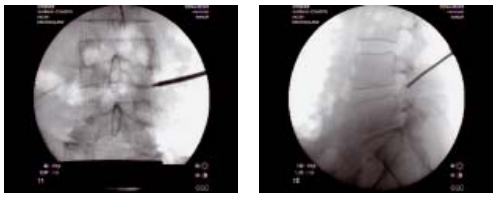
11 skin incision of 8 mm

12 predilation with a 3.0 mm rod

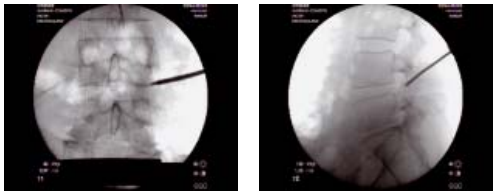
13 dilation with a 6.3 mm rod

14 advancing of TOMshidi

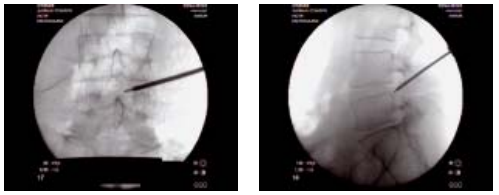
14 a targeting of TOMshidi in to the herniated fragment



14 b advancing under C-arm control



14 c advancing of blunt drill under C-arm control



15 placement of the guide wire through TOMshidi

16 straight line drilling with 1st canulated TOM bone drill, 4 mm

16 a

CAUTION! THE GUIDE WIRE STAYS IN PLACE

17 enlargement of the drill hole/tunnel with 2nd canulated TOM bone drill, 6 mm

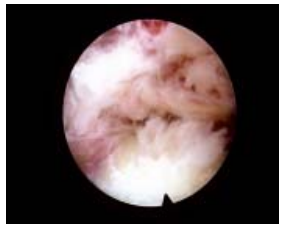
18 tunnel enlargement with 3rd TOM bone drill, 7 mm

19 tunnel enlargement with 4th TOM bone drill, 8 mm and angle correction, if necessary

20 insertion of dilitation over pilot guide wire and working canula

21 positioning of working canula under C-arm control

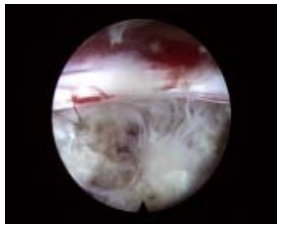
22 endoscopic inspection of spinal canal entrance



23 endoscopic removal of the herniated fragment

24 control of the position of working canula and forceps

25 endoscopic inspection of the spinal nerve: **confirmed by free movement of previously compressed nerve root**



maxmorespine®

INSTRUMENTS

ALL INSTRUMENTS ARE PATENT PROTECTED

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maxMore® Data System

powered by mediDOK®

maxmorespine®

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