

Mr Paul S. D'Urso

MBBS(Hons), PhD, FRACS

Neurosurgeon

Provider N°: 081161DY

Epworth Centre  
Suite 6.1 32 Erin Street  
Richmond 3121  
Tel: 03 9421 5844  
Fax: 03 9421 4186  
AH: 03 9483 4040  
eMail: paul@pauldurso.com  
Web: www.pauldurso.com

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## **WALLIS STABILISATION PROCEDURE**

### **PATIENT INFORMATION SHEET**

You will be admitted to the Epworth Private Hospital on the day of the procedure, sometimes there is a need for admission the day prior to surgery. You should bring all of your xrays (xray, CT scan, MRI scan etc and any other relevant investigations with you). You will be assessed by my anaesthetist, before the operation as to your fitness for the procedure and possibly also a consultant physician if this is indicated.

The operation itself is of short duration, usually about 60 minutes. There is minimal blood loss associated with the surgery and generally the recovery should be quite quick. A Wallis stabilization may be placed after surgery to free pinched nerves in your spine. The nerves are often pinched either due to a prolapsed disc or due to degenerative spinal narrowing from arthritic joints or thickened ligaments within the spine. If you are having surgery for this problem, the Wallis implant may reduce the risk of recurrent disc prolapse or may take some of the strain off the arthritic joints in your spine.

#### **Post Operatively**

On arrival to the ward you will be given adequate pain relief, either by injection or tablets. Occasionally a drain may be used to suck any blood away from the wound. You will be able to stand or go to the toilet to pass urine, but occasionally if there is discomfort a urinary catheter may need to be placed.

The next day it would be expected that your intravenous drip would be removed and you will be able to stand out of bed. An xray to check the position of the implant will be arranged.

The wound will need to be dressed for about seven (7) days, and usually you are discharged home several days before this. You will be given extra dressings such that they can be changed after each shower.

A post operative visit at one (1) month will be arranged. You will then be reviewed a further three (3) months following the post-operative visit.

Thereafter, there is no particular after-care for this procedure, as it does not rely on bone graft knitting.

#### **Complications**

Infection (about 2%) may cause some minor problems but if the infection becomes deep around the device itself, the device may need to be removed.

Further general complications, as explained by Mr Paul D'Urso, including the minuscule risk of death, stroke, heart attack, deep vein thrombosis and blood clots in the lungs etc. These complications are minimized as the operation is small and you will be out of bed hopefully within 24 - 48 hours and walking satisfactorily.

**Benefits:**

Principal benefit of this procedure in the short and medium term is that it produces "instant stability" in all planes of movement, a reduction in movement related pain from the segment stabilized, but a reversible outcome if there is some problem with the device or it does not satisfactorily produce the desired result – in other words the device can be removed and you will not have lost anything. This is different to a fusion operation that is by its very nature, at least partially destructive.

If you wish to discuss this further, please feel free to be in touch pre operatively.

A handwritten signature in black ink, appearing to read 'P. D'Urso', with a stylized flourish above the name.

Paul D'Urso  
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