

6-20-2017

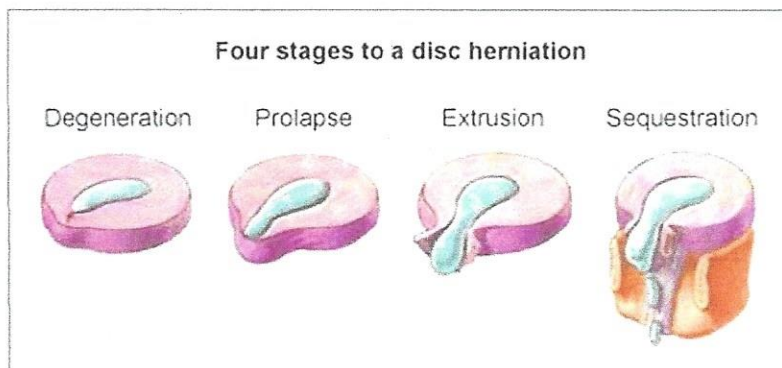
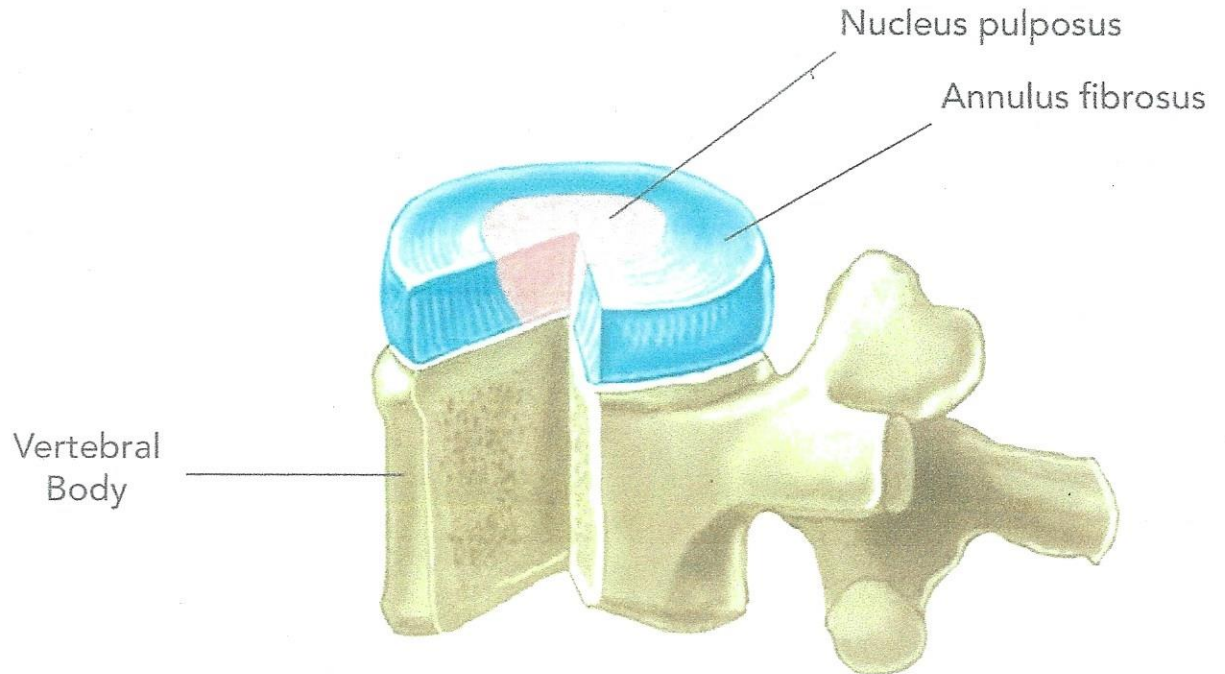
Organic Biological Adhesives. Concept and Surgical Procedure.

We have illustrated through our research study; "Early Detection of Degenerative Disc Disease/Disc Desiccation in Young Asymptomatic Patients". Our clinical findings were 12% of the patients studied were positive, we are more than capable of finding damage discs in young patients without symptoms. Now how do we fix the problem? We believe the ideal solution is an "Organic Biological Adhesive". Repairing a cracked, or pinched disc, because it is an organic product we anticipate little to no rejection. We expect to stop the leak allowing normal function, and giving the patient a pain-free quality-of-life.

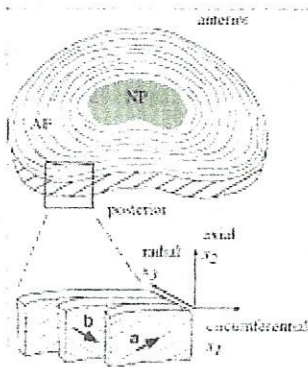
The procedure is performed in a freestanding surgical center, without the need for a hospital admission, no pain medication except lidocaine, there are no pain pills after the procedure, and no painful rehabilitation. The entire procedure should take less than five minutes with nothing more local anesthetic example is lidocaine, the physician works with the benefit of real-time fluoroscopy, a 20-gauge needle with the opening on two sides. The syringe has approximately 10 to 20 ml of the organic biological adhesive. The patient is elevated 2 inches off the ground to ensure the spine is fully extended without compromise, and the organic biological adhesive is introduced to the damaged disk area. The procedure should be completed within 10 minutes and can be repeated on as many discs independently as necessary without undue damage to the spinal or to the other discs within the spinal column.

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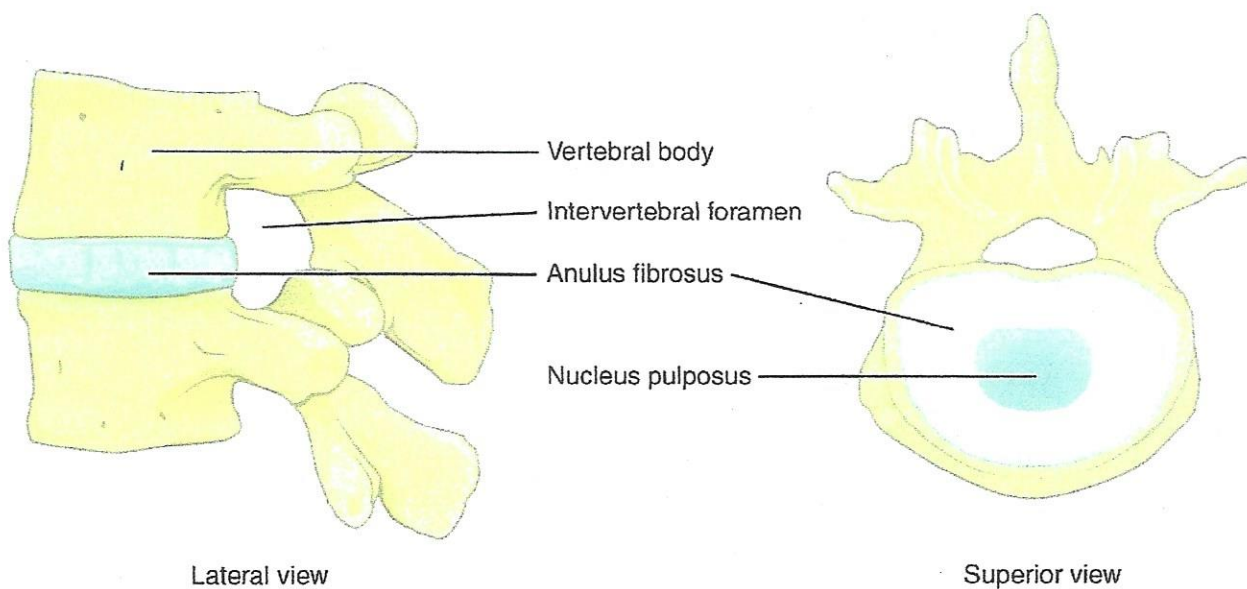
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In the first view “Degeneration” Is the first phase of the leak. The second view “Prolapse” Is the second phase of the leak. These are the two stages where we can stop the collapse of the disc. This is stage 1 & 2 of Degenerative Spine Disease; we can fix the damage at this point. Once it proceeds to “Extrusion & Sequestration”, the patient will need Spinal Fusion Surgery. The surgery is successful 25% of the time. Of the 25% successful surgeries, 41% increase their pain medication, and live on pain pills for the rest of there lives. 75% never go back to work, and have no quality of life.



This is the structure of the disc. It is made of separate fibers rapping around the center. Like the structure of an auto tire. The view below shows a side view of the disc, and to the right a top view of the entire assembly. My plan is to anesthetize the immediate area with lidocaine, elevate the patient 2 inches off the ground to ensure the spine is fully-extended without compromise, then under real-time fluoroscopy introduce a 20-gauge needle into the disc at the point where the disc is beginning to bulge. The needle will have two (2) openings on either side. Then push the plunger on the syringe and allow the organic biological adhesive to flow into the damaged area two sides at the same time. Sealing the weakening bulge, and strengthening the fibers that wraparound the disc. The entire procedure should be completed within 10 minutes per disc.



Lateral view

Superior view