# [Hospital Name] Performs the first two-level pro**disc® L** Total Disc Replacement in [City/State]

[City, State, Date] - [Hospital Name] in [City, State] became the first center in the area to perform a two-level lumbar total disc replacement (TDR) procedure. [Spine Surgeon Name] performed the surgery with [Approach Surgeon Name]. The pro**disc L** system received one-level FDA approval in 2006 and since 2020 is the only total disc replacement device in the U.S. approved for two-level use in the lumbar spine. Recent expanded insurance coverage for lumbar TDR with the pro**disc L** device contributed to the patient’s ability to have this procedure.

The pro**disc L** TDR is an alternative to spinal fusion surgery. It enables motion within the spine— rather than fusing the motion segments together, which can result in a decrease in mobility. Even in the short- to medium-term, a comparative five-year study showed a three times lower likelihood of adjacent level degeneration in those patients receiving the pro**disc L** total disc replacement versus those who received a fusion[[1]](#endnote-1). (Adjacent-level degeneration was characterized by a composite score including disc height loss, endplate sclerosis, osteophytes, and spondylolisthesis.)

[Surgeon Quote]

(recommendation) “With newly approved two-level use for pro**disc L**, more of my patients will be able to benefit from disc replacement technology, which enables motion in the diseased segment of the spine. Using a minimally-invasive anterior approach, my patients also benefit from a much faster recovery and return to active life, while decreasing the likelihood of adjacent level degeneration.”

The first two-level implantation in the U.S. took place in 2002, as part of a clinical study comparing pro**disc L** to fusion. Results from the study have been published in numerous peer reviewed journal articles and are part of the 540+ published articles on the pro**disc** technology platform.

The pro**disc L** device is composed of three pieces—two endplates composed of cobalt chromium and titanium, and a polyethylene core that allows the device to restore normal range of motion at the operated level. Patients can go home quickly after surgery and are encouraged to resume to their normal activities after a recommended post-operative protocol that is generally much shorter than for spinal fusion surgery.

[Surgeon Quote]

(recommendation) “Most people over the age of 40 have some degree of degeneration in their spine—it is just a part of the aging process. Many younger patients have pain due to back injury. For those patients who don’t respond to non-surgical means of managing their pain, disc replacement surgery can be a successful option.”

[insert instructions for making appointments]

About [Hospital Name]

[insert text here]

1. [Five-year adjacent-level degenerative changes in patients with single-level disease treated using lumbar total disc replacement with ProDisc-L versus circumferential fusion - PubMed (nih.gov)](https://pubmed.ncbi.nlm.nih.gov/23082849/) [↑](#endnote-ref-1)