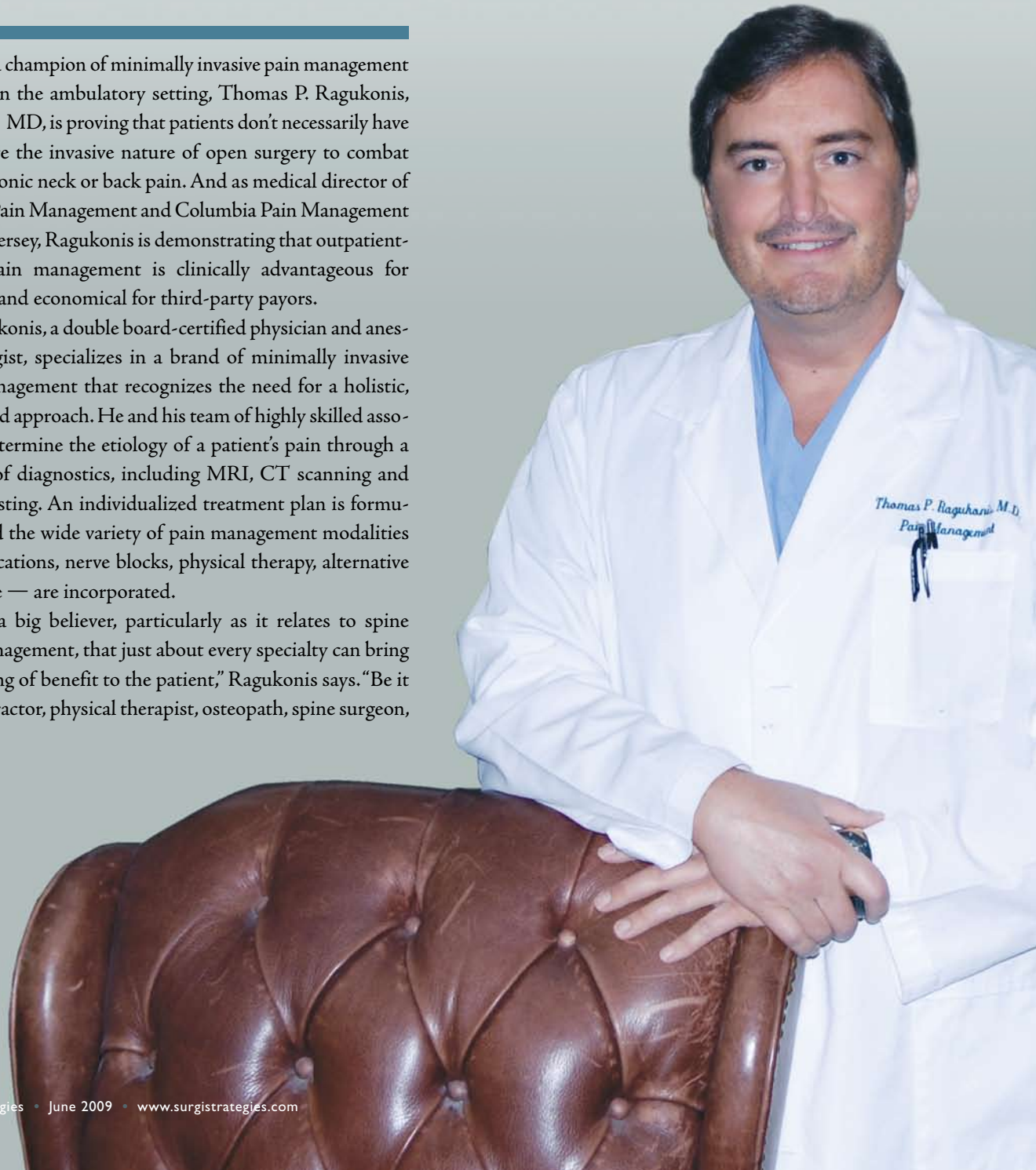
BY KELLY M. PYREK

Physician Champions Minimally Invasive Pain Management, Advocates for ASCs

As a champion of minimally invasive pain management in the ambulatory setting, Thomas P. Ragukonis, MD, is proving that patients don't necessarily have to endure the invasive nature of open surgery to combat their chronic neck or back pain. And as medical director of Bergen Pain Management and Columbia Pain Management in New Jersey, Ragukonis is demonstrating that outpatient-based pain management is clinically advantageous for patients and economical for third-party payors.

Ragukonis, a double board-certified physician and anesthesiologist, specializes in a brand of minimally invasive pain management that recognizes the need for a holistic, integrated approach. He and his team of highly skilled associates determine the etiology of a patient's pain through a battery of diagnostics, including MRI, CT scanning and EMG testing. An individualized treatment plan is formulated and the wide variety of pain management modalities — medications, nerve blocks, physical therapy, alternative medicine — are incorporated.

"I'm a big believer, particularly as it relates to spine pain management, that just about every specialty can bring something of benefit to the patient," Ragukonis says. "Be it a chiropractor, physical therapist, osteopath, spine surgeon,



neurosurgeon, pain doctor, acupuncturist, homeopathic doctor, the more holistic you are and the more angles you take to approach the pain, I think the patient benefits significantly."

Ragukonis also believes in the importance of sparing a patient from a major invasive surgery when a laparoscopic procedure more than suffices. "Minimally invasive pain management surgery is a great option for patients because it saves them from a much bigger surgical cut," Ragukonis emphasizes. He partners with a fellowship-trained spine surgeon when performing minimally invasive percutaneous lumbar interbody fusion procedures and endoscopic discectomies.

"When we perform minimally invasive spinal fusion, patients receive the exact same hardware they would with a traditional open fusion, but instead we do it percutaneously through a camera and through wires, and we spread the muscle instead of cutting it," Ragukonis says. "Because it's performed through a number of smaller incisions instead of through a large, eight-inch midline incision, patients leave the surgery center generally after 20 or 21 hours with a back brace and they do very nicely — instead of staying in the hospital four to five days or more. The convalescence and rehabilitation periods are much shorter than they have been traditionally.

Ragukonis says the advantages of minimally invasive surgery over traditional open surgery are numerous. "It's fantastic for the patient because the recovery is quicker and cosmetically, the incision is better. And frankly, it saves money because an outpatient procedure can save the insurance company four or five days of in-hospital stay. In a healthcare system so focused on cost containment, this is a huge deal."

Another common procedure performed at the pain centers is the endoscopic discectomy, a procedure where a camera is placed into the herniated disc and under this direct visualization, the surgeon can pull out a disc through an incision that's about three-eighths of an inch wide instead of a two- or three-inch incision.

"It does not require a hospital stay, and when done in an outpatient center, it involves the same level of monitoring as performed in an inpatient operating room," Ragukonis says. "Patients are generally out of the surgery center within a three-hour window, and the do very nicely. The procedure is performed essentially as it would be if it were an open surgery except that it is done through a small porthole, much like years ago when you would go in for a cholecystectomy. Fifteen years ago, gall bladder surgery would require a four-, five-, or six-inch incision, and patients would be in the hospital for 10 days. Now, you go into the surgery center, get a few small portal-type incisions, with cameras placed in laparoscopically, and you go home an hour later. It's very similar to that."

With increasingly complex procedures, including orthopedic and neurological surgeries, being performed in the ambulatory surgery arena, it creates an opportunity for Ragukonis to address the importance of the role ASCs play in pushing the boundaries of ambulatory surgery. Ragukonis keeps up with cutting-edge spinal interventions, including disc dekompressor, nucleoplasty, IDET and radiofrequency neurolysis, as well as spinal implantable devices and endoscopic discectomy.

"The ambulatory surgery center environment is the present and very much the future of healthcare," Ragukonis emphasizes. "Because of the advantages and development of technologies that is occurring rapidly, even in pain management we are able to push the envelope so to speak, further and further, and we are able to do traditionally more aggressive procedures through minimally invasive manner with the same efficacy and less morbidity."

Ragukonis's commitment to championing ambulatory surgery is expressed further through his new position as a member of the board of directors of the New Jersey Association of Ambulatory Surgery Centers (NJAASC). "I am dedicated to not just advancing pain management and spine care through the surgery center, but to advancing the surgery center environment in its totality. Sitting on this board is an important way that I can continue my involvement in championing ambulatory surgery and advocating for the further advancement of outpatient technology." ●

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Ragukonis is a clinical assistant professor at the University of Medicine and Dentistry of New Jersey (UMDNJ)'s Department of Anesthesiology. He earned his medical degree at UMDNJ, and after completing his residency at Columbia Presbyterian Medical Center, he began his private practice in Bergen County, New Jersey. He is a diplomate of the American Board of Anesthesiology, the American Board of Pain Medicine, and the American Academy of Pain Management. He was recognized by the National Republican Congressional Committee Advisory Board as Physician of the Year in 2003.