

The Truth About Bone Marrow Aspirate Surgery

1. Bone marrow aspirate is a surgical procedure.
2. Anesthesia must be performed for this procedure (local is usually performed).
3. C-Arm should be used for proper location of the procedure.
4. A cannula (or small, yet long needle) is placed using a C-Arm for proper placement.
5. A larger cannula is placed over the needle. This cannula may be used to gather the BMA. At times a larger cannula may be used.
6. The cannula is usually drilled into the iliac crest of the hip. Thus, creating an acute trauma to the patient. The hard, cortical bone must be pierced or broken.
7. Gathering the BMA leaves a void in the iliac crest of the hip.
8. The harvested BMA, must be processed into a consistency, that the cells can be delivered via an interarticular injection. This process consists of filtering larger bone products out. Culturing and centrifuging the cells further harms the aged cells and cultures are not FDA approved.
9. The purpose for the procedure is to gather signaling cells to be placed into a chronic painful joint. The counterpart to doing this is the procedure has now created an acute trauma. The body's own healing process is to heal an acute trauma before healing a chronic issue.
10. In an attempt to heal a chronic issue, an acute issue has been created. Therefore, in theory, reducing the number of signaling cells borrowed from an acute site to be placed in a chronic site.
11. Most patients complain that the pain from the BMA site is worse than the pain from the acute site – often requiring medication for the acute site.
12. Infections and in time hip collapses have been reported.
13. Today, off the shelf injectables bypass historical invasive and low result practices. Liability is decreased. Time savings and patient comfort are gained. Modern regeneration is enabled.