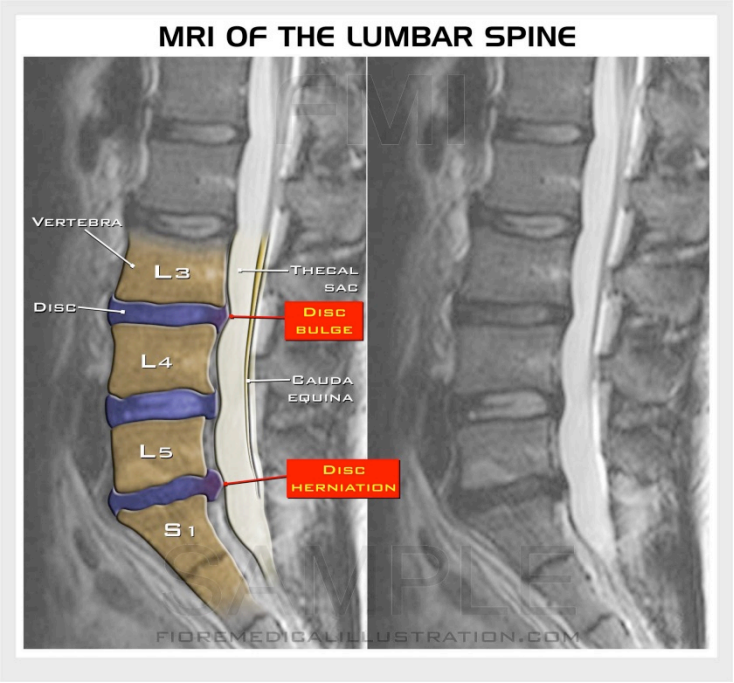
From the Desk of Dr. Packer

Options for Chronic Spine Pain



Whatever treatment you decide to pursue for spinal related pain it is important that the doctor you see take a thorough history of your pain and symptoms, do functional exams to clinically correlate your pain and then order imaging to confirm or rule out the suspected cause of your pain. The order should be: 1. HISTORY/COMPLAINTS 2. FUNCTIONAL/STRUCTURAL EXAM 3. IMAGING based on what is suspected to be the problem. This ABC approach is what leads to an accurate diagnosis. Treatment options should only be considered after an accurate diagnosis is obtained, not based on just A or B or a guess. Causes of spinal pain can vary: disc, nerve root compression, spinal cord compression, facet irritation/inflammation, altered biomechanics and muscular just to name a few. Treatment options vary depending on the diagnosis but most spinal pain options follow this general order from CONSERVATIVE to INVASIVE care. The goal of any treatment program should be the OUTCOME for the patient…..pain reduced and functional quality of life restored with minimized risk.

CONSERVATIVE

Medication – anti-inflammatories, muscle relaxers, opioids (pain killers)

Physical therapy – strength and flexibility of the supporting spinal muscles. McKenzie exercises tend to be widely prescribed which focus on lumbar extension but recent opinions feel this may actually aggravate the facet joints.

Rest – backing off activity that aggravates the condition, using ice for inflammation and heat for muscle spasm

Chiropractic – spinal mechanical issues such as joint pressure and soft tissue repair to the spinal ligaments. Peer reviewed research is promising showing significant improvements in pain levels and reducing disabilities. 80% of back pain is largely a biomechanical problem and doctors credentialed in spinal biomechanical engineering are best suited to diagnose and treat mechanical back pain.

MODERATE

Epidural Steroid Injection – injecting a steroid to reduce nerve root irritation (bathes nerve root in steroids). Needle guided by fluoroscopy to ensure accuracy. Needle goes through ligamentum flavum, doctor hears a pop and then injects the steroid before needle goes beyond the thecal sac of the cord.

Facet Block Injection – injection into the joint (intraarticular) or blocking the nerves near a joint (medial branch block) for facet spinal pain.

Rhizotomy (radiofrequency ablation -RFA) – procedure that severs problematic nerves believed to be responsible for facet oriented spinal pain. Patient must first have a diagnostic medial branch block injection that gives short term relief before an ablation is done.

Morphine pump – infuses morphine into the spinal fluid when maximum conservative and surgical treatment has failed.

SURGERY (we recommend neurosurgeons when it comes to operating on the spine)

Microscopic endoscopic procedures – make small incisions and operate through a small tube to remove debris and decompress the pressure on the nerve and or remove disc material and other anatomy causing compression. Does less damage to normal tissue than traditional surgery and usually involves a smaller incision and quicker recovery time. Preferred method if clinically indicated.

Laser Surgery – uses heat through a laser to remove tissues around the spine. It is not well supported by research nor recommended by top neurosurgeons.

Traditional Back Surgery – laminectomy (removing posterior portion of spinal column to remove pressure), discectomy (removing portions of the disc that are compressing the nerve) and possible fusion to stabilize the spinal region. Typically requires cutting through normal tissue and has higher risk with complications because normal tissue is disrupted to get to the area that needs repair.

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