

Health & Fitness

Spinal pain



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Dr. James Brennan, right, a neurosurgeon, explains a new surgical procedure that helps alleviate some arthritis pains caused by compression of the vertebrae in the spine. At left is Margaret Waddell, who is recovering after undergoing the procedure.

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Anyone who has experienced it will readily admit that severe back and leg pain can be among the worst ills a person can experience.

Margaret Waddell of Florence will attest to that, as her intensifying struggle with sciatica finally worsened to the point where she had to quit playing tennis. Her quality of life further diminished when participation in everyday activities, once taken for granted, became impossible.

It began in April 2005, not long after having knee surgery. Waddell began experiencing pain in both her hip and leg, which she tolerated for the next year. She began to take routinely prescription painkillers as the condition deteriorated and the pain grew much worse.

"I could not get any relief, and I'd had every treatment," Waddell said. "I had steroid injections, went to therapy twice. I was in pain every day and woke up during the night when the medicine would wear off and take more."

A surgical procedure performed last month put an end to all of that.

Traditionally, back problems can stem from a number of root causes. One of them, which was the cause of Waddell's pain, is lumbar spinal stenosis. This occurs when the lumbar spinal canal that houses the nerves extending to the legs begins to narrow and places severe pressure on these nerves, which shoot erratic signals that manifest themselves in the form of pain.

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Dr. James Brennan, a neurosurgeon with Florence Neurological and Spine, has performed a few of these procedures already, which involves placing a small implant between bony segments along the rear of the spine, opening them up to take pressure off the affected nerves.

This approach is superior to the more invasive laminectomy that requires general anesthesia and a larger incision in order to remove a segment of bone behind the spinal canal to provide previously compressed nerves more breathing room.

"When you think about it, it's a pretty simple concept," Brennan said. "It was really just a case of getting the device approved by the FDA. They've been doing it in Germany."

The new method has had about an 80 percent success rate, the remaining 20 percent finding little relief through the decompression process. In such cases, Brennan explained, the more invasive approach would likely be effective at reducing the pressure on these nerves.

Going this extra step has drawbacks, however,

including the possibility of creating greater instability along the spine because of the alteration of its original architecture. There's also the possibility of causing an acceleration of the arthritis along the disks and joints that caused the problem in the first place. The less invasive implant is clearly the route to go, Brennan emphasized, before engaging in the more complex procedure.

"It's not the holy grail for it, but it is a good go-between rather than going to (more invasive) surgery," he said.

In general, this procedure is designed to relieve what is known as neurogenic claudication, which occurs when the squeeze is put on these nerves.

For example, when a person walks, the nerves begin relaying signals from the brain down to the legs to initiate motion.

More blood is necessary to make this happen, requiring associated blood vessels to dilate. But this action is inhibited because of the compression, which causes the nerves to begin giving off a burning sensation.

Brennan said there had been some initial concern prior to FDA trials that using the implanted device to stretch the bone structure might cause a serious, perhaps detrimental, alteration to the anatomy. It was quickly discovered, however, that the spinal construction would actually be restored more to its normal makeup.

Waddell said she had some initial concerns about the more invasive procedure to correct her condition and is glad she had the opportunity to benefit from the newer approach.

She returned to work just a week after the procedure and also hopes to get back to one of her favorites pastimes — tennis. More importantly, though, her overall quality of life has returned.

"Now I sleep all night, and it feels pretty good."



Margaret Waddell, left, recently underwent a new surgical procedure designed to alleviate arthritis pain that originates in the spine. Waddell, an avid tennis player, is eager to get back onto the court.