

Orthopaedic Connection

When Standing And Walking Are Still A Pain

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Transforming patient information into patient understanding.

Welcome back for the conclusion (thrilling??) of pain when standing and walking. I left off talking about how the diagnosis of spinal stenosis is made. I mentioned how the MRI needs to be used to **confirm** the diagnosis of lumbar spinal stenosis and not to be used in place of all the other things.

Arterial Disease

Spinal stenosis and ruptured discs are not the only problems that can cause pain in the legs. Peripheral arterial disease is a common problem that restricts blood flow to the legs and can cause similar pain.

Patients with peripheral arterial disease in their legs almost always have heart disease and are at risk of a heart attack or stroke. The point is I have to consider lots of other things about your health. These include besides heart problems - high blood pressure, diabetes, smoking and cholesterol.

Other tests may be needed to determine if the cause of your leg pain is circulation or spinal stenosis.

And to make matters even worse some of my patients because they are older can have both bad circulation and spinal stenosis!

Since this is an article about spinal stenosis evaluation and treatment I won't spend any more time on arteries.

Treatment Options

Pain medication can help a little but doesn't do a thing to help you walk any further. Another medication, Neurontin has been used to increase walking ability in some of our patients.

- Epidural steroid injections might provide some temporary relief of symptoms and improve walking distance. Realistically this is not a treatment that is going to benefit most patients.

Surgical Treatment

Most patients who have lumbar spinal stenosis are older and have over time developed many arthritic changes making the spine fixed and rigid in the areas we are discussing.

Surgical procedures are designed to enlarge the spinal canal by removing sections of bone and sometimes thick ligament tissue and disc material also contributing to the stenosis.

Nowadays it is very popular in spinal surgery to place many metal devices to stabilize the spine and fuse it with bone graft. These techniques are rarely needed in the treatment of spinal stenosis since the spine is already very rigid and the decompression surgery does not destabilize it.

Prognosis

Spinal stenosis once diagnosed progresses very slowly. Some patients adjust to their condition and require no treatment other than non narcotic pain medication.

Physical therapy can help a small percentage of patients and is always an option to try.

Chiropractic manipulation is not something that is advised if the diagnosis of lumbar spinal stenosis has been made.

Making a decision about surgical treatment is never one that needs to be rushed. Probably 30 – 50% of patients with the condition will end up having a surgical decompression. The others live with it or have found some medical management which helps them.

My patients put their trust in me and what I do improves the quality of their lives.

Gratiot County Herald Archive and Office Website.

I sincerely appreciate all of you loyal readers and patients present and future and welcome all newcomers!

Besides what you read today there is a huge treasure trove of Orthopaedic and musculoskeletal information at www.orthopodsurgeon.com. It contains the Website Library, Your Orthopaedic Connection and complete archive of every GCH article I have written.

I specialize in you. Be well.

Dr. Haverbush