

Orthopaedic Connection

Degenerative Disc; Part Two

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Transforming patient information into patient understanding.

If you didn't happen to read last week's article this may be somewhat confusing. I think you can still learn from it, but I can't repeat all of last week's points. Go to the archive of Gratiot County Herald articles and it is there.

The dilemma for any professional caring for neck and back problems is this: are the changes in one or more discs causing the pain or is it from age related ligament wear and tear changes or facet joint arthritis or – you get the point. Or is it even from arthritis or other problems in the nearby joints like the shoulders, hips or sacroiliac joints.

Adding to the mystery is the fact that the symptoms and pain from the neck and back are not specific and they can be coming from ***many other medical problems*** outside the musculoskeletal system. This is why we have Internal Medicine doctors!

What to do about Back and Neck Pain

The first step should always be conservative treatment. Always.

- Advil, Aleve or Tylenol if you can take one of them
- Topical ointment preparation
- Chiropractic treatment perhaps
- Physical therapy plus exercise program
- Back or neck support temporarily
- Possibly a muscle relaxant
- Notice I did not say Norco, Vicodin, Percocet, Lortabs. No. No.

After conservative treatment most people will be considerably better in 1 – 3 weeks. We often are unsure what part of the conservative treatment helped the patient.

What Next?

If the symptoms are not considerably better in 1 – 3 weeks then further studies are indicated which include plain x-rays if not already done and perhaps an MRI study. Actually I would prefer to be the one who orders the MRI if indicated.

MRI studies have mostly replaced myelograms and discograms that were done in the past.

These things are of course diagnostic studies and not treatment.

Further Treatment Options

- Epidural injections have a place but I believe they are way overused. They are usually administered in a Pain Clinic setting. These are steroid injections placed under x-ray guidance into areas that are suspected to be causing the pain. They are usually given in a series of injections. I don't administer them myself and I don't like patients receiving repeated series of injections that Pain Clinics often give. Maybe once.

- Spinal Decompression and/or fusion

It is too complicated to try to explain all the possible forms of treatment here. While successful in some cases there are a large number of patients who are not better after surgery. Results of surgery are largely connected with who is selected for the surgery. A surgeon has to be really careful about doing this surgery in people over sixty because they usually have a lot more wrong than one or two degenerative discs.

Closing Thoughts

I think back surgery has increased tremendously because of all the new ways backs can be operated. There are screws, plates, cables, rods, cages etc. Only the patient can decide that they are having enough symptoms to warrant such major surgery after it has been realistically explained.

Next week I promise to conclude our 3 part course on treatment of disc problems. So long.

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