

Orthopaedic Connection

Degenerative Disc. The End!

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

At last we are nearing the end of our discussion of “The Disc”. I hope I have been able to shed some light on a very confusing subject that most patients do not understand. In conclusion I wanted to touch on some less well known types of treatment.

Radiofrequency Ablation

It lies in the mid range of treatment for persistent low back pain. It is considered longer lasting treatment than injections. Nerves will regenerate, but relief following ablation can last 6 – 12 months. Electrical impulses are delivered through needles placed in the body to ablate the nerves that are conducting the pain from the affected area of the lower back.

Laser Treatment

Do not confuse this with Laser Spine Surgery which is done through a small incision. Surgery of this type attempts to decompress a bulging disc by thermal energy and it is also used to ablate spinal growths and vascular tumors.

The Laser Treatment I am referring to is a no touch technique which treats lower back pain along with multiple other painful conditions. The Laser light penetrates cells and in very complicated ways decreases inflammation which is the cause of 90% of pain in the body.

The outpatient treatment is usually not covered by Medicare or other insurance plans.

Intra Disc Nutrosis

It is a non-surgical therapeutic intervention for patients with painful disc problems. How it non-invasively specifically treats the disc directly and the associated pain indirectly is unknown to me. I have not been able to determine how this works. How it promotes the natural healing process is not explained by the clinic that does these treatments. I have no direct contact with this technique. I doubt that it is covered by Medicare or any of the commercial insurance plans.

Key Point

The majority of patients with only lower back pain can be treated with non-surgical means.

The most successful spine surgery is done to relieve leg pain (one or both legs). After treatment leg pain may be less, but some back pain persists in most cases.

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 hope all of our loyal readers will take advantage of an endless amount of musculoskeletal information. It is easy! Log onto www.orthopodsurgeon.com.

It gives access to all Website articles, Your Orthopaedic Connection and every GCH article from most recent to the first. Full text! It covers everything I do in the office and hospital.

Good Health. Good life. All the best to you.

Dr. Haverbush