

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.

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 is it even from arthritis 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.

What to do about it

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
- Physical therapy plus exercise program
- Back or neck support temporarily
- Possibly a muscle relaxant

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.

A somewhat invasive study that is sometimes suggested is a discogram. In this study contrast fluid is injected into the disc to see if it reproduces the patients symptoms.

These things are of course diagnostic studies and not treatment.

Further Treatment Options

- Epidural injections
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.
- 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. You have 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.
- Disc Replacement
By replacing a suspect disc with a prosthetic disc the surgeon attempts to relieve pain and preserve some of the motion in the affected segment of the spine. This does the opposite of what a fusion does.

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. The old saying applies that "There is no condition so bad that in some cases surgery can make it worse." That's why there can never be any guarantees with surgery.

Next week: Important things you can do yourself to help your back and possibly avoid surgery.

All Orthopaedic Surgery problems can be evaluated by Dr. Haverbush at the Lakeview Community Wellness Center in Lakeview or at the office in Alma at 315 Warwick Dr., Alma, Michigan.

Please call 989-463-6092 for information or to schedule an appointment.

Future Lakeview Community Wellness Center Clinic dates are October 2, October 16 and October 30, 2009.

Please don't forget there is a wealth of accurate information about all the Orthopaedic conditions I treat on the office teaching website www.orthopodsurgeon.com. Please log on and check it out.

We are happy to answer questions from readers. You can e-mail me at orthopodsurgeon@hotmail.com or write to me at 315 Warwick Dr., Alma, Michigan 48801.

Our goal is simple - To help people return to more pain free functional lives.

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

Be well.

Dr. Haverbush