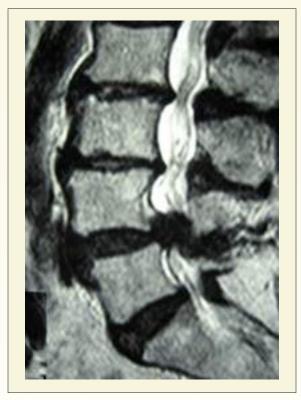
SPINAL STENOSIS

"PINCHED NERVES"

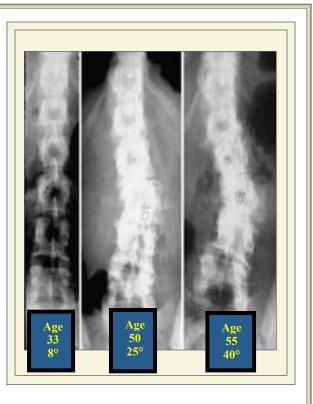


** BASICS OF SPINAL STENOSIS

Spinal stenosis is a very common condition that leads to pinching of the nerves in the lower lumbar spine. It is caused by bulging/herniated discs and bone spurs that narrow the space available for the nerves- resulting in a pinching of

those nerves. While this is not a "life or death" condition, it can be a very debilitating condition and negative effect the quality of your life.



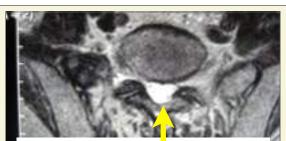


IS SPINAL STENOSIS DANGEROUS?

Progressive lumbar spinal stenosis that occurs in most patients is not dangerous in the sense that it will not cause paralysis. It can, however, be quite painful. As it increases in severity, a patient's ability to stand or walk any significant distance diminishes as they began experiencing back pain &/or leg "heaviness" (pain, numbness, tingling, burning, etc). Patients with spinal stenosis generally feel better by leaning forward when they walk or stand with most patients reporting that they have to lean on a grocery cart to be able to navigate around a grocery store. Very rarely does lumbar spinal stenosis pose a risk for permanent nerve injury (loss of leg, bowel or bladder function) and is generally not a concern.

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NORMAL: Open Spinal Canal (White Fluid Sac with nerves)



ABNORMAL: Completely Closed Spinal Canal (White Fluid Sac is gone)

TREATMENT OPTIONS FOR SPINAL STENOSIS

How is lumbar spinal stenosis treated?

Because the condition in not life threatening or pose a risk for paralysis, it is treated symptomatically. Treatment options include:

1. <u>Medications</u> (Ibuprofen, Naprosyn, Tylenol, etc.) for pain

2. <u>Physical Therapy</u>- good for general conditioning and stretching

3. <u>Epidural Injections</u>- "cortisone" injections in the spine

- 4. <u>Laminectomy</u>- permanently removes the pressure off the nerve(s) and "frees" it
- 5. Minimally Invasive Surgery (XLIF, TLIF)



Surgical Treatment

LAMINECTOMY

A one inch (or longer for extensive stenosis) incision is made in the middle of the back over the effected region of the spine. The muscles over the bone are moved aside until the laminae are visualized. The correct level is then identified again. With the use of a microscope and specialized tools the laminae are removed and the nerves are decompressed (released so that they are no longer pinched). All the unnecessary bone spurs and thickened ligaments that compress the nerves are also removed. This portion of the case is called a laminectomy and is all that is required in the majority of cases of spinal stenosis. This is a very safe operation which is usually performed in a short period of time (30 minutes to 120 minutes depending of the extent of stenosis) without any significant complications (I will discuss individual complications with you). The overwhelming majority of patients with spinal stenosis have immediate relief of their symptoms after surgery and are very satisfied.

LAMINECTOMY AND FUSION

Patients with back pain due to spondylolisthesis (abnormally slippage between bones), scoliosis (curvature of the spine) or spondylosis (severe arthritis of the spine) may require a fusion with or without the placement of screws and rods. While this is also a very safe procedure, it does add more operative time and is generally associated with a slightly longer recovery and post operative pain compared to laminectomy alone.

XLIF- MINIMALLY INVASIVE PROCEDURE

This is a minimally invasive procedure that is performed through a small 1 inch incision on the SIDE of the body. It is much easier to recover compared to traditional low back surgery and patients are generally able to go home in 1-2 days after surgery. Sometimes, this procedure is done in combination with a minimally invasive screw placement if additional stability is needed. This varies from patient to patient and Dr. Pateder will discuss this with you. There is also a XLIF DVD that our staff will provide you for further education. More information can also be found online at <u>www.towncenterorthopaedics.com</u>.

