



OrthoAdvice

Spinal Stenosis Doesn't Have to Slow You Down

By Richard Brower, MD

Spinal stenosis is a common condition that affects thousands of older Americans. As we age, the spinal canal narrows, which puts pressure on nerves and causes pain, numbness, and weakness.

Stenosis is caused by wear and tear changes that happen to everyone over time. Those who develop symptoms generally started life with a smaller than average spinal canal (yet one more thing to blame on our parents). As the joints in the back wear out, they get bigger and grow down into the space for the nerves, causing pressure. In addition, as the discs lose cushioning ability, they flatten down and further narrow the spinal canal.

One of the initial symptoms that many notice is the decreased ability to stand and/or walk. Otherwise, patients may describe their symptoms differently. Some say they experience pain in their back or legs, or they may feel like their legs are dead, tired, or heavy when they try to do too much. Another tell-tale sign is leaning on a shopping cart to get through a store and needing to sit down frequently.

Spinal stenosis is diagnosed with a good history and physical exam, as there are some other diseases, such as diabetic neuropathy, hip and knee arthritis, and peripheral vascular disease, that may cause some similar symptoms. An MRI scan is the most common way to image the nerves and the spinal canal and can confirm the diagnosis. For patients with electronic implants like pacemakers and defibrillators, a myelogram (dye injected into the spinal fluid and x-rays taken) followed by a CAT scan is the proper test. A CAT scan without the myelogram does not supply enough information.

At Crystal Clinic Orthopaedic Center, we prefer to start with the most conservative treatment possible before exploring surgical options. Initially, we recommend

activity modification: sitting when you need to, and using devices like shopping carts to help you be more mobile. Patients should also keep their weight under control, get regular exercise, and if diabetic, carefully control their sugars. Although walking may be difficult, most patients do fine riding a bike or doing pool exercises. Obviously, anyone smoking should quit.

Medications, like anti-inflammatories and epidural steroids, can also help to alleviate symptoms. Other non-surgical treatments for spinal stenosis include the use of braces and participation in physical therapy.

Ultimately, for patients whose symptoms have greatly diminished their quality of life, surgery may be necessary. To help the nerves work better, the pressure must be relieved. For most patients, a decompression procedure will be performed. If they have a concurrent spinal deformity (scoliosis or spondylolisthesis), a fusion may be needed to keep the deformity from getting worse.

Unfortunately, surgical results cannot be guaranteed, and no patient is ever perfect. The role of surgery is to take intolerable problems and make them bearable. The best place to start is with your primary care physician, who can recommend exercise programs, weight-loss plans, and the use of anti-inflammatory medication to help with the pain.

When your activity has become too limited, it is time to see a spine surgeon. Crystal Clinic's orthopaedic spine specialists have expertise in diagnosing bad hips and knees along with spine problems to figure out a patient's primary limitation. We also do nothing but deal with spinal disease, which gives us more practical experience to treat your specific condition.



Dr. Brower is a board-certified, fellowship-trained orthopaedic surgeon who specializes in spine surgery. He has expertise in the treatment of degenerative and traumatic conditions in all areas of the spine, with specialization in conditions of the cervical and lumbar spine and minimally invasive approaches to the lumbar spine. He has been a physician since 1985.



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