Commonwealth ORTHOPAEDIC CENTERS

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ORTHO CONNECT

THE ORTHOPAEDIC AUTHORITY - SPINE & BACK REPORT

UNDERSTANDING AND MANAGING LOW BACK PAIN

RICHARD HOBLITZELL, M.D. SEES PLENTY OF ARTHRITIC HIPS AND assorted joint problems, but many patients visiting his office—40 percent by his estimate—seek relief for low back pain that can be caused by a number of issues, from a strain that irritates arthritis to bulged discs pressing on nerves. Compression fractures, spinal deformity and, rarely, infections, tumors and problems unrelated to the spine can also be responsible for discomfort. In fact, Dr. Hoblitzell says that up to 80 percent of us will one day experience back pain. Why? "Our entire upper body weight is supported by the back," he notes. So when something goes awry in this area, Ouch! We're going to feel it. Here's what to do about it:

First Response

Back pain that lasts less than two weeks is acute. If the pain is tolerable and not accompanied by fever, numbness or other symptoms, treat it at home by applying ice to the area, Dr. Hoblitzell says. If you experience stiffness or spasms, alternate the ice with moist heat. If pain persists, try taking NSAIDS such as Motrin or Advil as directed, in addition to mild back stretching exercises. "We normally do not recommend bed rest," he adds. Immobilizing muscles may increase weakness and may make matters worse.

What Next?

If self-treatment measures fail after two weeks, see a physician for what is now sub-acute pain. You may expect your initial visit to include an order for an MRI, but not so fast! "Almost all back pain will improve with conservative measures," Dr. Hoblitzell explains. After careful evaluation, which includes a thorough history and physical examination, he may recommend physical therapy and X-rays. Unless there is significant nerve irritation or other symptoms, the doctor may wait at least six weeks before considering an MRI scan. Some patients find relief from cortisone or epidural injections and, occasionally, muscle relaxants. Narcotic medications for pain are usually not necessary, he notes, and bring with them some risk of addiction.

Many types of alternative treatments for back pain are also available, notes Dr. Hoblitzell. He refers some chronic pain sufferers (those with pain persisting for more than three months) to pain clinics where a variety of both conservative treatments and aggressive procedures may be offered. He notes that chiropractic treatment does have a place but may be appropriate only for some patients with acute pain. When pain persists and all conservative measures have been exhausted, surgery may be an option. Every patient must make this decision in concert with his/her doctor.

Richard M. Hoblitzell, M.D. *specializes in general orthopaedics and total joint replacement with a particular interest in the care and management of low back pain.*

KEEPING YOUR BACK HEALTHY

A healthy lifestyle may deflect some spine problems. Dr. Hoblitzell shares these tips for staying pain-free:

1. Stay active! Core exercises help maintain strong abdominal muscles. "A sedentary lifestyle is not good for your back," Dr. Hoblitzell says.
2. Avoid smoking.
3. Watch your weight. Eat properly (enough protein and antioxidants) to keep tissues healthy.
4. Check your posture. The computer age has not been kind to our backs, Dr. Hoblitzell notes. Whether you're sitting before a screen or reading a book, change positions frequently. If you must stand on hard surfaces daily, wear well-cushioned shoes. Use proper posture while heavy lifting.
5. Sleep on a medium to firm mattress.

DOCTOR'S SPOTLIGHT

Michael A. Grefer, M.D.

"**I'M AN ETERNAL OPTIMIST," SAYS** orthopaedic surgeon Michael A. Grefer, M.D. Having witnessed many advances in both technology and overall patient care since receiving his medical degree in 1973, he anticipates that future innovation will help him and his colleagues treat patients effectively and with the individual care he believes each person deserves.

Dr. Grefer earned his B.S. degree from Xavier University and his M.D. from the University of Cincinnati. He opted for orthopaedic surgery because being able to facilitate the healing of injuries was a powerful interest. He completed an internship in general surgery and his residency in orthopaedic surgery at Cincinnati General Hospital (now University Hospital). He was certified by the American Board of Orthopaedic Surgery in 1978 and became a fellow in the American College of Surgeons in 1981.

When Dr. Grefer first began treating patients at Commonwealth Orthopaedics, he addressed many athletic injuries. Though he still sees athletes and the occasional weekend warrior, he has found a niche treating patients with back and neck pain, particularly those injured on the job and in automobile accidents. "I treat injuries associated with active people doing active things," he says.

For those injured on the job, workers' compensation situations require specialized knowledge, careful evaluation and subsequent treatment. While Dr. Grefer's objective is to return each patient to his or her prior level of activ-

THE NUTS AND BOLTS OF MINIMALLY INVASIVE SPINE SURGERY

"**MINIMALLY INVASIVE SURGERY**" (MIS) sounds so much gentler than old-school "back surgery," but is it? Absolutely, says spine surgeon Raj V. Kakarlapudi, M.D. Smaller incisions, less bleeding, reduced risk of infection and quicker recovery time are just a few of the advantages of the high-tech techniques Dr. Kakarlapudi performs for patients suffering with a variety of painful spine conditions.

Defining "minimally invasive"

Minimally invasive, percutaneous procedures are done through the skin rather than through a large, open incision. Dr. K., as he is called by his colleagues and patients, employs a new spinal navigation system at St. Elizabeth Medical Center as well as a variety of devices and instruments, from endoscopes to minimally invasive tubular retractors, to reach the bones and nerves of the vertebrae. "In the past, you'd have to make a big incision and strip the muscles to gain access to the spine," he says. Small incisions mean less scarring, less pain and faster recovery.

But there's still another advantage. Because of state-of-the-art tools and technology, some spinal problems can now be surgically treated with a minimally invasive "lateral approach" rather than a more traditional anterior (or posterior) approach. Using this approach, Dr. K. can make a small incision and with fluoroscopic-imaging guidance, gain access to the spine from the side of the body rather than through the abdomen, thus avoiding excessive mobilization of abdominal organs, blood vessels and unnecessary trauma to tissue. Lateral lumbar interbody fusion, or XLIF, is one example of this type of surgery that Dr. K performs.

What conditions can be treated with MIS?

Most spinal conditions can now be treated with less-invasive surgical techniques. With newer technologies, "we can do the same exact procedure" with a smaller incision, Dr. K. says. Herniated discs, spinal stenosis, arthritis, deformities, instability, degenerative changes and fractures may be treated with MIS procedures.

A microdiscectomy is commonly used to remove portions of a herniated disc and compress the spinal nerve root to relieve pain. Foraminotomy and decompression are procedures to take pressure off of a nerve and are also regularly performed with minimally invasive techniques. Dr. K explains that he also uses MIS techniques to perform fusion when needed.

What to Expect

Dr. K. states that recent studies examining the success rate of MIS versus open techniques show a similar outcome, yet with less blood loss and faster healing. Dr. K notes that "MIS surgery accomplishes the same tasks as an open surgery but with much less trauma to the patient." With traditional open surgical techniques, patients typically stay in the hospital for three or four days, he says. "But with MIS, half of my patients go home the day of surgery and the rest go home the next day or the day after that. They are going home faster, getting mobilized, walking and doing everything else faster," he says.

Still, every patient is different. "Spine surgery is a last-resort option," Dr. K. emphasizes, after all conservative treatment measures have been exhausted. Among those who do need surgical intervention, not everyone is a candidate for minimally invasive surgery. Dr. K. spends significant time with his patients reviewing their particular diagnosis, life situation and expectations after surgery.

Dr. K is also trained in spine navigation, which he currently utilizes to perform his surgeries. Dr. K notes "with the use of spine navigation, we are able to visualize the spine with a 3-dimensional image allowing more accurate skin incision and more precise screw placement." Navigation also helps reduce X-ray exposure during surgery.

Minimally invasive spine surgery is evolving. "New technologies are allowing us to do a lot more," he says. This is a trend he would like to see continue for the good of his patients. "This would be an added advantage," he notes.

Raj V. Kakarlapudi, M.D. *joined Commonwealth Orthopaedic Center's Spine Division in 2010.*

"Like you flipped a light switch"

Technically, Dennis R. Humphrey suffered from spondylolisthesis with stenosis—displaced vertebrae and abnormal narrowing of the spinal cavity causing pressure on spinal nerves. What mattered to him was the pain and lack of mobility. "The leg pain was so terrible that I couldn't walk," says the 60-year-old auto mechanic. Decompression surgery followed by minimally invasive transforaminal lumbar interbody fusion surgery restored not only his mobility, but also his quality of life. "I went in (for surgery) on a Tuesday and by Tuesday night I was walking down the hall," he states. "It was like you flipped a light switch…I have no leg pain. I have never felt this great in my life." Dr. Kakarlapudi is "an outstanding surgeon," Humphrey says.

CAN AN INJECTION RELIEVE BACK PAIN?

AN EPIDURAL STEROID INJECTION, OR ESI, IS A TREAT-ment used to alleviate lower back pain and leg pain emanating from the back. It is usually used in conjunction with other treatments, including physical therapy, medication and bracing, to aid a patient's healing and recovery. The injection is a combination of a steroid (such as cortisone) and a local anesthetic, which is injected into the spinal canal in the lower back using an X-ray machine for guidance.

I have been performing successful epidural injections for many years with Commonwealth Orthopaedic Centers in the X-ray department at our Edgewood facility, allowing the patient to have the injection in what often is a less expensive setting. The entire procedure takes 10–15 minutes and does not require sedation; instead, a local anesthetic is used, but we encourage patients to take the day off after the injection and to plan to return to work and normal activity the following day.

The vast majority of patients experience only a mild discomfort from the injection. Generally, we limit patients to 3 – 4 ESIs per year. The most common reasons ESI is used in patients include disk herniations, pinched nerves and spinal arthritis, among others. In addition, ESI can also be helpful as a preoperative planning tool, allowing us to determine the specific source of pain prior to back surgery.

Back pain can be frustrating and complicated, and a spine specialist can best determine whether a combination of ESI with other therapy may be helpful for a particular patient.

Matthew T. DesJardins, M.D. *is a sports medicine and spine specialist with Commonwealth Orthopaedic Centers.*

DOCTOR'S SPOTLIGHT

Michael A. Grefer, M.D.

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ity, he insists that this will happen only when it is safe to do so. He notes that some patients can work in their original positions while their issues are resolved, while some need short-term modifications. Other patients may require time off with rapid rehabilitation to full activity. "All workers/patients are individuals and every case deserves individual attention," he says.

Dr. Grefer embraces increasingly precise imaging techniques and the latest surgical techniques and procedures to strive for optimal outcomes for his patients. "I'm just trying to do the best I can to help people with painful conditions," he says.

Dr. Grefer has served as president of the medical staff and chief of surgery at the former St. Luke Hospital (now St. Elizabeth) and is a member of the American Academy of Orthopaedic Surgeons, Kentucky Medical Association, Northern Kentucky Medical Society and the Freiberg Society. The father of four lives in Ft. Thomas and looks forward to welcoming his 12th grandchild.

PHYSICAL THERAPY CORNER

PHYSICAL THERAPY FOR LOW BACK PAIN

STATISTICS REPORT THAT LOW back pain affects approximately 80 percent of Americans at some point in their lives. Physicians treat low back pain with conservative methods first, which can include medications, epidural steroid injections or physical therapy. If conservative measures are not successful in relieving a patient's pain, surgery may be required.

If physical therapy is prescribed, physical therapists assess a patient's range of motion, strength, gait and posture. Appropriate stretches and core strengthening exercises are given to patients to be performed both in the clinic and at home. These exercises are adjusted each visit as appropriate for each patient's daily activities, recreational activities or job requirements. Education on proper posture and body mechanics are key components to the treatment plan. Other treatments such as hot/cold packs, ultrasound, electrical stimulation and traction may also be used to help decrease a patient's symptoms.

Low back pain can greatly affect an individual's quality of life. Our first goal in physical therapy is to decrease the patient's pain. Ultimately, our goal is to promote independence with a home exercise program. In addition to home exercises, we encourage patients to maintain a healthy lifestyle with proper diet and exercise.

Ellen Cole*, M.S., P.T.*

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