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Series: See sidebar: What to ask your doctor about spine surgery

Big strides made in back surgery

HEALTH TODAY

By ANGELA STEWART

STAR-LEDGER STAFF

If anyone had told William Shearin a year ago that he would be up and walking around within hours of undergoing back surgery, he would have thought they were crazy.

"You hear all those stories from people who did not even get out of bed for days. Five hours after surgery, there I was walking and even climbing a flight of stairs," he said.

Make no mistake: This was not his grandfather's back surgery.

Experts say back surgery has come a long way over the last decade, with improved technology leading patients to recover from the long-dreaded operation quicker than ever.

"What we're doing today was science fiction 10 years ago and wasn't even thought of 20 years ago," said Isador Lieberman, a spine specialist who serves as chairman of the Department of Medical Intervention and Surgical Spine Care at Cleveland Clinic Florida.

For many years, back or spinal surgery involved an incision with a fair amount of dissection before you even got to the problem area, explained Robert Heary, a professor of neurological surgery at UMDNJ-New Jersey Medical School and director of the Spine Center of New Jersey at University Hospital in Newark.

Lieberman put it even more bluntly.

"What your grandfather had done was essentially a complete destruction of the spine to fix one little problem," he said.

What has evolved in recent years are newer approaches that are allowing these surgeries to be done far less traumatically.

Shearin's fusion surgery certainly was not what he envisioned. A procedure called AxiaLIF allowed his surgeon at Hackensack University Medical Center to access the lowest portion of the lumbar spine through his tailbone without cutting or disrupting muscles, ligaments and other spinal soft tissue structures associated with conventional fusion surgery.

Shearin, who lives in Moscow, Pa., had his surgery April 3 and spent just one night in the hospital. In comparison, conventional lumbar fusion patients typically are discharged three to five days after surgery and do not return to work for up to two months. A licensed construction blaster, Shearin returned to work in mid-May.

His neurosurgeon at Hackensack, Roy Vingan, warned that the bone-healing process for his patient could still be lengthy - anywhere from six to 18 months - although his patient's

level of discomfort has no doubt been minimized because of the minimal-access surgical approach.

"We come up underneath the spine, as opposed to the front or the back," Vingan explained. "I think it offers both surgeons and patients a potentially less traumatic option to achieving the same surgical goal."

Shearin says his pain, while not completely alleviated, is not as bad as it was before, although he believes the jury is still out on long-term pain relief.

Forty to 60 percent of American adults suffer from chronic back pain annually, with more than a million spine surgeries performed every year. Americans spend at least \$50 billion a year on low back pain, the most common cause of job-related disability and a leading contributor to missed work, according to the National Institute of Neurological Disorders and Stroke.

Still, the institute recommends that invasive back surgery be performed only on patients with progressive neurologic disease or those who have damage to the peripheral nerves, since this type of surgery is not always successful.

Some doctors, in fact, say they are concerned about whether surgeries like the AxiaLIF and other newer minimal-access techniques will yield long-term results that are as good as conventional open back surgery.

"The lure of new technology is always exciting, but we have to cautiously await long-term results before we wholeheartedly recommend it to every patient walking through the door," cautioned Raj Rao, a spokesman for the American Academy of Orthopaedic Surgeons and director of spine surgery at the Medical College of Wisconsin.

For starters, Rao said, not every patient with back problems really needs a fusion surgery, contending appropriate time should be taken by the physician to ascertain which operation is the right one. A common surgery performed on people with back pain is a discectomy, which helps remove pressure on a nerve root from a bulging disc or bone spur by taking out a small piece of the lamina, which is the arched bony roof of the spinal canal.

Most people, however, are treated with more conservative therapies, such as medication, physical therapy or a combination of the two.

If surgery is deemed necessary, Lieberman said, chances are it will not be as radical as years ago. He said a patient with a herniated disc, for instance, may go home the same day, while 20 years ago he would have been hospitalized for five days and warned not to lift, bend or twist for two months after going home.

Shearin was injured when his pickup was hit from behind by a tractor trailer. Two weeks

later, he was still suffering from low back pain, although the doctor had prescribed anti-inflammatory medication and muscle relaxants.

"He finally sent me for an MRI, and it showed three herniated discs in my back," Shearin said.

He was referred to an orthopedic surgeon and started physical therapy three times a week. Shearin also received a cortisone shot in his lower back and was later referred for an epidural.

The pain persisted despite a series of three epidural injections.

"It didn't work. I got no relief at all," he said.

That's when Shearin's doctor referred him for surgery.

Joanne Campbell, 66, of Oakland, tried everything from epidurals to holistic treatments like massage therapy and chiropractic sessions before undergoing the same type of surgery last August.

"It got to the point where just wiping off my kitchen was painful," she said. "When I couldn't even do that without being in pain, I knew I had reached the end of my rope." Her only regret today is that she didn't have the operation sooner. An aqua therapy class after her surgery, combined with physical therapy, resulted in her progressing "rather quickly." Two months after her surgery, she was able to walk three miles, she said. "Back surgery has come a long way," she said. "I had a very positive feeling right from the beginning."

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PHOTO CAPTION: 1. William Shearin, left, talks with surgeon Roy Vingan hours after Shearin's surgery. 2. X-rays display a medical instrument inside William Shearin's spine during surgery at Hackensack University Medical Center in Hackensack. CREDIT: PHOTOS BY JOHN O'BOYLE/THE STAR-LEDGER

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