Orthopaedic Connection

Back Surgery, To Be or Not

By Thomas J. Haverbush, M.D.
Orthopaedic Surgeon

Transforming patient information into patient understanding.

Probably 90% of our patients have had lower back pain at some time or another. It is almost universal in the population either off and on or continuously. I speak from experience.

It can vary in intensity during the day. It can keep you awake at night.

Some think it is the price we pay for walking upright, but I’m not so sure of that because many animals develop back problems that are disabling to them.

Treatment

The list is endless. I won’t even try to make a list because it wouldn’t be complete and that is not what I am writing about. I have heard an ad on the radio recently about a technique that claims a 95% success rate in curing disc trouble (for how long?) without using medication, injections, physical therapy, Chiropractic or surgery. It claims that none of these methods mentioned can heal the disc. Only their treatment can heal the disc 95% of the time.

I’m not advocating you try it until the guarantee is 100% or your money back!

Back Pain

Why does your back hurt? Unfortunately that is a very difficult problem to pinpoint. And it can come from problems not one problem. There may be many pain generators in the back.

If the correct problem is not treated, what do you think your chances are of getting better?

The back is terribly complicated with its unusual bone structures, tons of little joints, discs, ligaments, muscles, nerves; see what I mean?

How is the poor doctor supposed to pinpoint the pain generator even with all the MRIs and other means we have to diagnose things? Answer is: It is not easy.

It is true that the majority of back pain is, in large part, muscular. It is easy for a back to be out of shape or deconditioned like any other muscle group.

That is why so much emphasis is placed on core exercises, walking and weight loss.

Remember, back pain is a symptom and not a diagnosis.

Leg Pain

Leg pain which goes below the knee and even to the foot is often associated with nerve compression. This makes it possible to more specifically localize where the pain is coming from. And as I mentioned earlier, the more specific the pain is localized the higher the possibility of effective treatment.

When Surgery Might Work

- Pressure on a nerve root form a bulging or herniated disc causing intense pain in one leg below the knee
- Spinal stenosis causing hourglass constriction around several spinal nerves
- Instability in a specific spine level from mobile spondylolisthesis (slippage)
- Excess curvature of the spine in younger patients
- Tumors (very rare)
Why Surgery Doesn’t Work

Back surgery often does not work because the back is so complicated and the origin of the pain is so difficult to diagnose and pinpoint. Patients are not asking the right questions of their surgeons regarding why the surgery is being done and what it can do for them.

There are so many “new operations” including metal implants that surgeons are willing to try on patients. And surgeons are operating on patients repeatedly in attempting to help them, but every time the back is operated the chance for improvement is less.

Back surgery is frequently done for degenerative changes in the back and minimal if any leg pain. Surgery done for this reason is hardly ever a success.

For every patient I see whose history reveals they have had one back surgery and they are doing fine, there are at least six or seven who have had 2, 3 or 4 operations and are “no better”.

Any Place For It?

Definitely. But it should be done way less than what is occurring presently. Back surgery done for the wrong reason is doomed to fail. If you are not sure you need it or have any misgivings it is a good idea to wait or get further evaluation.

*Our goal is quality, highest standards, and best outcomes.*

Office Website and Gratiot County Herald Archive

Wow! Your window to the Orthopaedic and musculoskeletal world opens at [www.orthopodsurgeon.com](http://www.orthopodsurgeon.com). It contains the Website Library of information, Your Orthopaedic Connection and GCH archive of all previous articles.

You will be amazed at all the helpful information it contains.

All of the information pertains to everything I treat in the office and hospital.

Be well.

Dr. Haverbush