

# OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Marc Schroeder & Dr. Fred Miller

## The Perils and Pitfalls of Back Surgery

*Contemplating back surgery? Stop! Before you undergo this invasive procedure, your doctor at Doctors Chiropractic urges you to consider this: it is estimated that the United States averages 25 to 50 thousand cases of failed back surgery syndrome (FBSS) per year (Orthop Clin North Am 1985;16:417-44).*

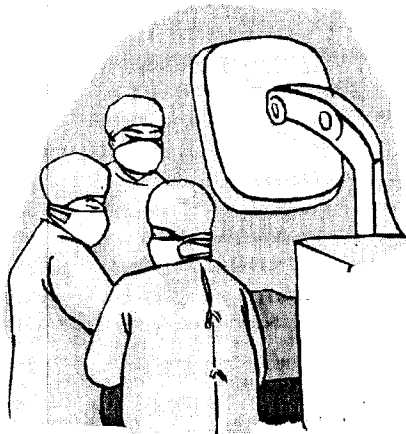
*The incidences of FBSS continue to rise, not only in the United States but also throughout the industrialized world. The reason? More and more "baby boomers" are resorting to surgery for low-back pain.*

Your doctor at Doctors Chiropractic helps patients make informed decisions by explaining the perils and pitfalls of back surgery and teaching them that chiropractic offers a safe and all-natural solution to low-back pain.

Don't feel pressured to leap into surgery. Read on to learn more about the dark side of back surgery and the chiropractic alternative — the latter of which includes no scalpels, sutures or scars!

### Back Surgery 101

According to statistics compiled by Solucient — a company that maintains the largest health-care database in the United States — approximately 522,900 patients were hospitalized for spine procedures in 2001.



Instead of addressing the underlying cause of pain, invasive surgical methods are used to "fix" the back. Chiropractors, on the other hand, focus on discovering the root cause of pain and alleviating it with safe, non-invasive methods.

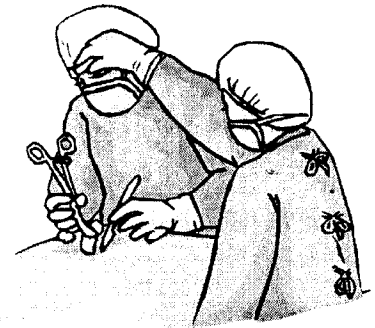
Study after study shows that surgery does not always end back pain — and may actually worsen an already dreadful situation. Fusion of spinal vertebrae, in particular, predisposes patients to additional problems like arthritis. Fusing two or more vertebral units together disrupts the spine's delicate balance and places undue stress on the remaining vertebrae.

### The Chiropractic Way

Chiropractic provides safe, sustained relief from low-back pain without the treacherous side effects of surgery.

**Vertebral subluxations**, areas where spinal movement is restricted or spinal bones (vertebrae) become misaligned, are frequently responsible for low-back pain and other maladies. Your doctor at Doctors Chiropractic corrects vertebral subluxations with gentle maneuvers called *chiropractic adjustments*.

Research supports the use of chiropractic. One study found that



"chiropractors view the spine as a functional entity, thus often [adjust] the spine at levels at which vertebral subluxations are detected — regardless of the location of pain. In other words, patients with low-back pain often also receive upper spinal [adjustments] for treatment." (*Br J Sports Med* 2003;37:195.)

Doctors of chiropractic regularly recommend specific exercises in addition to performing adjustments. This combined approach is a recognized, safe and effective alternative to back surgery.

An article published earlier this year in the journal *Spine* reports that exercise may help patients with chronic low-back pain improve or "eliminate impairments in back flexibility and strength." Other benefits include improved performance of endurance activities and reduced back-pain intensity.

"Most studies of exercise have noted overall reduction in back pain intensity that ranges from ten percent to 50 percent after exercise treatment." (*Spine* 2004;4:106-15.)

The report notes that substantial evidence also exists supporting the use of exercise as a therapeutic tool to improve impairments in back flexibility and strength.

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## Education Is Key

The more a patient knows about low-back pain the more superior his or her recovery, according to several well-documented studies.

After interviewing 162 patients, researchers concluded that “carefully selected and presented information and advice about back pain can have a positive effect on patients’ beliefs and clinical outcomes.” (*Spine* 1999;24:2484-91.)

That’s why this office takes the time to fully answer patients’ questions and provide educational tools, such as this **Optimal Health University™** hand-out.

## More on FBSS

FBSS is a phenomenon that occurs following surgery on the lumbosacral spine in the lower back (*Nurse Pract* 2003;28:31). The operation involves removing intervertebral disks (the “pillows” of connective tissue between spinal bones) and mechanically bracing or fusing vertebrae.

Scientists writing in the *British Medical Journal* comment that “in many ways, failed back surgery syndrome resembles multiple sclerosis: the conditions have the same range of symptoms of pain and numbness, weakness and spasm in the limbs, bladder and bowel difficulties.” (*BMJ* 2003;327:985.)

Late-breaking research from scientists in Stockholm, Sweden — published in the January 30 issue of the *European Spine Journal* — reveals that instability of spinal segments is one of several different factors that may cause or contribute to FBSS after lumbar surgery (*Eur Spine J* 2004).

In the United Kingdom, a significant percentage of back-surgery patients return home without relief. Worse yet, the pain — as soon as six months after surgery — may exhibit traces of neuropathy: a disease or abnormality of the nervous system (*BMJ* 2003;327:985).

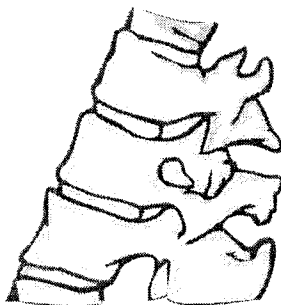
Researchers in Australia also note that surgery does not necessarily put an

end to pain. Despite what they term “advances in surgical technique,” scientists at the University of Sydney say it’s likely that “a number of patients will continue to require long-term pain management.” (*Aust Fam Physician* 1994;23:2308-9, 2312-4.)

## Still Not Convinced to Avoid Surgery?

Following back surgery, 45 patients in Singapore were evaluated with magnetic resonance imaging (MRI). The results showed that 15 patients experienced recurrent herniated discs and 15 developed formation of fibrous tissue within the spinal column itself. Another eight developed both conditions, and five suffered from other assorted back complaints. Only two patients had normal MRI scans (*Med J Malaysia* 1995;50:76-81).

Even if nerves are not damaged during surgery, they may become strangled by scar tissue.



## Discectomy

Instead of fusing lumbar vertebrae, surgeons may opt to perform a discectomy: partial or complete removal of a spinal disc. But researchers are realizing that for some patients, this type of surgery is like opening a Pandora’s box. One surgery leads to another, which leads to another, which leads to ... you get the idea.

Out of 35,309 back-surgery patients in Finland — the majority of whom underwent discectomies — 4,943 had at least one re-operation and 803 had two or more re-operations.

According to researchers, 63 percent of the second re-operations were discectomies, 14 percent were fusions and the remaining 23 percent were decompressions. “Patients with one re-

operation after lumbar discectomy had a 25.1 percent cumulative risk of further spinal surgery in a ten-year follow-up.” (*Spine* 2003;28:621-7.)

## Anxious About Anesthesia

As if back surgery isn’t hazardous enough, anesthesia presents its own set of serious complications.

A study conducted by researchers at the Mayo Clinic shows that people who undergo surgery and anesthesia are more at risk for ischemic stroke. Ischemic strokes are caused by blood supply obstructions (*AORN J* 2000;71:1251).

Strokes are currently classified as either ischemic or hemorrhagic. Ischemic strokes account for approximately 80 percent of all strokes.

Researchers compared the medical records of 1,455 ischemic-stroke patients to 1,455 of their stroke-free peers. They found that “surgery and anesthesia were independent risk factors for developing ischemic stroke within 30 days after surgery.”

## Exceptions to Every Rule

Although chiropractors prefer non-surgical approaches to alleviating back pain, there are times when surgery may be the best option. “Red flags” indicating the possible need for surgical intervention include fever, history of cancer, unexplained weight loss, urinary-tract infection, intravenous drug use, loss of feeling or prolonged use of corticosteroids (*J Manipulative Physiol Ther* 1999;22:96-104).

However, before you agree to surgery, schedule an appointment with a doctor of chiropractic for a second opinion. The bottom line is that you *do* have options, many of which may not involve surgery. Call today — don’t waste another second in needless pain.

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