

Argus Orthopaedic Zone

Spinal Stenosis - Surgery

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

Transforming patient information into patient understanding.

Exploring the world of spinal stenosis really isn't that much different from anything else I treat. Surgery may be an option of treatment, but it is never at the top of the list. Of course, at times I see patients who have had a good work up and the diagnosis is established. They have had treatment that I listed previously and they still are miserable. Nothing so far has worked very well. In those cases, I certainly may recommend surgery instead of a lot of other treatment the person has already had. In a practice such as mine, patients coming to me have often not had all the treatment that I feel might help. But, let's say nothing has helped so far.

Surgery

The dreaded S word. I hope patients know in my office this is recommended only if I feel it is the only remaining alternative. I like that reputation.

Stenosis as you recall is the narrowing of the large canal in the vertebrae through which pass all the nerves to the pelvis and legs. I imagine this would be the ultimate in "pinched nerve(s)" as patients like to call it. In a nutshell this kind of spinal surgery is a decompression or removing the pressure on the spinal nerves. It is done by removing some of the bone roof of the canal and possibly some disc and soft tissue also contributing to the constriction and pressure.

That is always done. Doctor talk, "decompression laminectomy". It involves removing the lamina (roof) of one or more of the spinal vertebrae.

What else? Well... I don't want to get too technical. Spinal stenosis surgery may additionally require a fusion to maintain or increase the mechanical strength of the spine in the areas where bone was removed. Bone grafts are placed between two or more vertebrae. Grafts are taken from the patient or obtained from a tissue bank. Over time the bone graft and vertebrae "fuse" or grow together.

More recently, fusion can also include placing metal cylinders or "cages" between the vertebrae or placing plates and screws on the bone.

Sound scary? It is. Might be why it should be a last resort. But in the properly selected patient it can help tremendously.

Merry Christmas and Happy New Year to all of our Shepherd Argus readers of the Orthopaedic Zone. I hope you have learned a lot this year.

It is my privilege to take care of many of you in the office and a privilege to write these articles to help readers and their families be more knowledgeable about their health.

Much additional accurate information about spinal stenosis is available by logging onto my office teaching website, www.orthopodsurgeon.com, which can also take you into Your Orthopaedic Connection.

Our goal is simple - To help people return to more pain free, functional lives.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush