

Dr. Colin Gage * Dr. Duane Drobot

Nicola Valley Chiropractic
2076A Granite Ave.
P.O. Box 909
Merritt, BC
V1K 1B8

Ph: (250) 378-5456
Fax: (250) 378-8259
Email: info@merrittchiro.com
Website: www.merrittchiro.com

"treating the cause of your problem, not just the symptoms"

Good and Bad Results after Back Surgery

As a chiropractor, I have had thousands of people who have come to see me for acute back pain. Unfortunately, there are always a few people who do not respond to effective conservative treatment. These people are then referred to a neurosurgeon who often performs a "CT scan" or "MRI" so that more information about their problem can be obtained. In severe cases, surgery may then be required.

Although new technology has allowed many types of surgery to improve in leaps and bounds, there is no surgical treatment for low back pain that is guaranteed to be successful. As well, all of them have serious potential risk factors. Do not misinterpret what I am saying. I personally know many people who once again are enjoying life and have returned to work because of a successful low back surgery. But anyone who is considering surgery as an option for their low back problem should explore all of their options and be make aware of the possibility of a good and a bad outcome. The following are a few tid-bits of information that you should know about low back pain and the related surgery.

First, if you are unfortunate enough to be one of the eighty percent of people over the age of thirty who experience at least one bout of acute low back pain, you should definitely try all forms of conservative treatment before considering surgical interventions. See your chiropractor, physiotherapist, or massage therapist. *There are other problems that can produce pain very similar to that of a disc herniation.* Two very common ones that I address every day are piriformis syndrome, facet joint sprain, and a sacroiliac joint dysfunction. When trying conservative forms of treatment, give the practitioners adequate time to make a difference. Although "waiting" for improvement may not be what you had in mind, you may not have much of a choice. After all, unless it is a serious emergency, our "new and improved" provincial medical system will make you wait up to a year for surgery anyway.

Second, do not assume everything you read about low back pain and related surgeries on the internet is gospel. There is a lot of good information out there but be careful where you are getting it from.

Third, surgery cannot literally “cut out” your pain. It is only able to change or attempt to correct the anatomical lesion (such as a disc herniation or bone spur) that was the likely cause of your pain. By far, the number one reason why many surgeries are not effective is because *the area that was operated on was in fact not the actual area that was causing your pain.*

Fourth, when a surgery is performed to remove a lumbar disc herniation that is causing back pain and leg pain (sciatica), a positive result is likely. However, *when the same surgery is performed on a person who has low back pain but no leg pain, the result is far less likely to be successful.*

Fifth, even after an apparently successful disc surgery that gave substantial pain relief, some people can experience a sudden recurrence of leg pain. This is usually due to a recurrence of the disc herniation. This differs from the pain that can reoccur due to scar tissue formation because scar tissue forms gradually over days to weeks where a recurrent disc herniation would cause the pain to come on all of a sudden.

Sixth, when severe degenerative changes (osteoarthritis) in the lumbar spine make it necessary for two neighboring vertebrae to be surgically fused, it is very likely that the vertebrae above and below will degenerate at an accelerated rate. Therefore, do not make a hasty decision to have this surgery done right away. If you can stall for a few years, do so.

Seventh, after a low back operation, your body will produce and lay down scar tissue in and around the area where the surgery was performed. This occurs within the first 6 to 12 weeks after the surgery. One theory is that if you routinely pump the ankle while stretching the hamstrings, the nerve will move across the operative disc site and not become entrapped within the scar tissue, thereby preventing a reoccurrence pain.

If your interpretation from reading this article is that I am against surgery for serious low back conditions, you are missing my point. I just want my readers and patients to know that, with any surgery, there are risk factors and that the results are not guaranteed. As well, you should be proactive rather than reactive with your spine by having it checked regularly by a chiropractor to identify little problems long before they become serious problems that may require surgery.