



303-MY-SPINE



Sanjay Q & A

by Sanjay Jatana, MD

Occasionally, spine surgery doesn't provide the relief patients expect. In fact, 20 to 50 percent of the patients that visit Dr. Jatana's practice have had previous back surgery with another surgeon and are seeking a second opinion on how to resolve continuing pain. The good news is that in many cases, the cause of the pain can be identified and addressed.

In this Q and A, Dr. Jatana discusses this condition, formally known as Failed Back Surgery Syndrome.

Q. How can patients avoid Failed Back Surgery Syndrome?

A. The best way for patients to ensure a good result when confronting spine issues is to consider a non-surgical approach first and to seek alternative treatment options if they don't believe the source of their pain has been accurately diagnosed. If surgery is recommended, stick to operations that have a high degree of success, such as decompression surgery to fix a pinched nerve. It's also wise to ensure that you're a good candidate for the surgery that's being recommended. For example, degeneration is most likely after a two-level fusion in younger patients, so an artificial disc replacement (which should lessen the risk of degeneration in adjacent discs) might be a better option than fusion surgery.

Meet Our Patients



Lori Lewis

In 2013, Lori Lewis was involved in a serious rollover accident that left her with a severe neck injury. Within days of the accident, pain began to take hold in her neck, shoulder and left arm. The neck pain led to headaches and her left arm eventually became so weak she had trouble grasping or lifting anything without pain. Household and work-related tasks such as washing dishes or

Q: What types of issues might cause a patient to experience persistent pain after surgery?

A: The reasons for post-surgery pain will vary depending on the patient and the type of surgery performed. For example, with fusion surgery, common problems include broken hardware and the failure to achieve a solid fusion. In some cases, the level above or below the fusion can degenerate, causing additional pain. Pre-existing nerve damage and scar tissue that develops after surgery can also produce pain after a variety of spine surgeries. Finally, sometimes the cause of a patient's pain is misidentified, leading to surgery on the wrong site.

Q. What's the process you employ to help patients who have persistent pain after spine surgery?

A. The first step is to talk with the patient and address the original goal of surgery. Then, we get X-rays or an MRI to check the hardware, determine if the fusion is solid (in the case of fusion surgery) and assess whether an adjacent level has broken down. When those three areas look good, we then consider other problems, such as nerve damage. We can perform an electromyogram to determine the cause of that damage.

Q. What can be done to resolve pain post-surgery?

A. A non-fusion can be addressed through repeat surgery with stronger implants and bone products to help achieve a solid fusion. If broken hardware is the culprit, sometimes just removing the broken hardware can relieve the pain. Fixing the adjacent level above or below a fusion through surgery is also an option. When diagnostic studies can't find the problem and surgery is not an option, then spinal cord stimulation technologies, which have had success in selected patients, might be considered.

Golf Exercises

The common perception of golf is that it's gentle, can be enjoyed by all ages and all skill levels, and cannot possibly lead to injury like other sports. Actually, research shows that golfers experience a lot of injuries. Consider these figures:

50% of touring pros have stopped playing because of injuries

62% of amateur golfers sustained a significant injury resulting in missed playing time

80% of injuries at the professional level were overuse injuries.

The most injured areas have been found to be the low back, shoulder, neck.

lifting a ream of copy paper, became impossible.

"Throwing a ball for our dogs, singing in a choir and even typing, would cause the pain to radiate from my neck down to my shoulder blade and left arm," recalled Lori.

Lori's primary care physician recommended an interventional pain management practice, which tried a series of pain control injections. When five injections failed to provide long-term relief, Lori's physician suggested seeing a spine surgeon.

Dr. Jatana was the first surgeon Lori visited, and although she described the first consultation as "business-like," she found Dr. Jatana confident and clear in the explanations he provided for the treatment he was recommending. Lori visited other surgeons to obtain second opinions on her condition – a process that re-confirmed her confidence in Dr. Jatana's abilities.

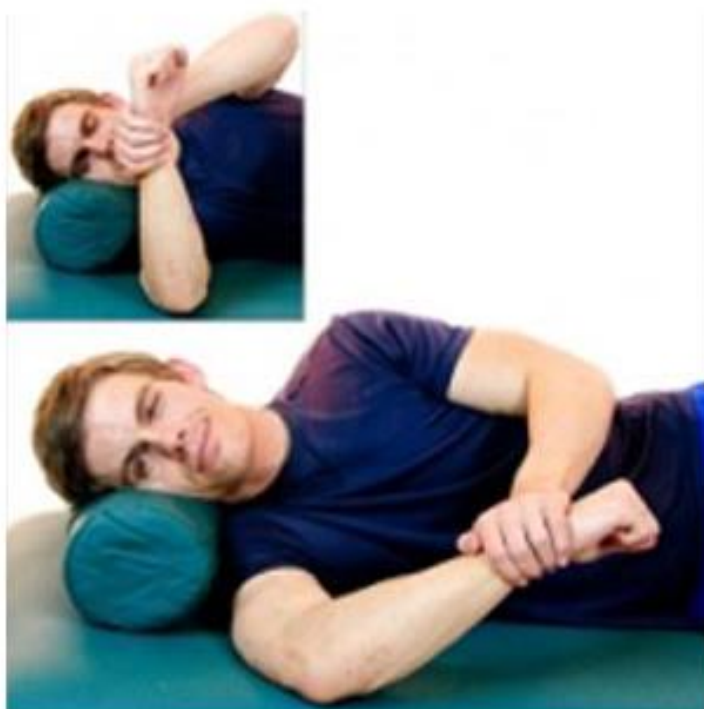
With the accident causing damage to several of Lori's vertebrae, Dr. Jatana recommended artificial disc replacement surgery at the C6-C7 level in the lower cervical spine. Lori had her surgery in November 2015, nearly two years after the accident that has caused her so much trauma.

Here are a few examples of effective golf related exercises that can help prevent injury and improve performance:
Hip Extension on all fours:



The goal of this very effective exercise for gluteus medius strength is to keep the mild arch in the low back while slowly extending the hip. Maintain balance. Doing this with a bent knee is important. You can use ankle weights for resistance. The goal is 3 sets of 10 on each leg.

Sidelying "Sleeper Stretch" for shoulder tightness:



Though the idea of having spine surgery came as a shock, Lori says her post-surgery experience was excellent. She credits Dr. Jatana and his staff for taking their time to explain the procedure thoroughly and for welcoming questions and concerns.

"I have full confidence in them, their staff and their abilities," said Lori. "I would recommend their office and services to anyone without hesitation.

Lori took six weeks off work post-surgery to heal, but is now back on the job and has resumed all of her regular activities.

"I'm confident that this was the right choice and only wish I had acted on it sooner rather than getting the second/third opinions," said Lori.

Read more testimonials [here](#)

Meet Our Team



Toreen Ovind, BSRT
Medical Assistant

Chris Jackson, PA-C, MPAS
Physician Assistant

Brooke Distefano, MS, PA-C
Physician Assistant

Meet Our Team [Here](#)

This stretch is performed for tightness in the back of the shoulder. Hold this stretch for 30 seconds and perform three times for the tight shoulder. The goal is not to touch the surface you are laying and to aim for symmetrical flexibility. Check both sides, and stretch if you find one side to be tighter than the other.

Keep in mind that the best exercise program is individualized by a professional and is based on a thorough evaluation of your biomechanics.

Source: Tim Bernacki, Physical Therapist, Certified MDT; Owner, Front Range Therapies

*Photos provided by HEP2go.



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