



SPINE & SCOLIOSIS SPECIALISTS
ADVANCED TREATMENT & SURGERY



by S. Michael Tooke, MD, FRCS

Are you continuing to have pain after undergoing surgery to correct a lower back problem? Perhaps the pain is worse now than before surgery?

This condition, called “failed back surgery syndrome,” is the chief complaint of about one in every five patients who come to our office. These patients typically have had surgery on the lower back, but the operation either did not make the problem better or might even have made it worse.

What are the causes?

Typically, patients with failed back surgery syndrome have

Failed Back Surgery Syndrome What is it and what can be done?

undergone a laminectomy, a laminectomy with disc excision, or a spinal fusion. Common causes of problems include:

INAPPROPRIATE OPERATION PERFORMED. An example of this is nerve decompression surgery (such as a laminectomy with disc excision) performed on a patient who does not have nerve pain.

This procedure will not help a patient who has back pain, but does not have sciatica (nerve pain down the leg).

APPROPRIATE OPERATION PERFORMED, BUT SECONDARY PROBLEMS DEVELOP. Sometimes laminectomy patients get better for a while, and then they get worse due to a new problem such as a disc herniation.

SPINAL FUSION DID NOT FUSE. The most commonly overlooked problem after a spinal fusion is lack of bone healing. It takes 8-12 months for the bone to fuse. If it does not fuse, patients can have continuing pain from the original problem – or from loose screws at the fusion site.

ADJACENT SEGMENT DISEASE DEVELOPS. About 30 percent of fusion patients develop degenerative changes in adjacent spinal areas because surgery

stiffened the chain – putting more load on adjacent links.

OPERATION PERFORMED IN INAPPROPRIATE LOCATION. Occasionally a surgeon will misjudge which level or levels of the spine are generating the pain. If the surgeon fused L4-5, but the patient’s symptoms originated at L5-S1, the fusion will not help.

DEFORMITIES NOT CONSIDERED. If the surgeon did not address deformities – such as scoliosis and flat back syndrome – the surgery may not alleviate the patient’s pain.

PSYCHO-SOCIAL ISSUES. Studies show that any surgery is unlikely to produce satisfactory results in patients who are clinically depressed.

Assessment

Before we can treat failed back surgery syndrome, we must know the cause. We start with a history, a physical exam and standing x-rays. If the patient had a spinal fusion, we typically perform a CT scan to assess whether the bone healed. **NOTE:** An MRI will *not* show whether fusion was successful.

Other tests to assess the cause of pain may include CT with myelogram, MRI, MRI with gadolinium (to distinguish scar tissue from disc herniation), and selective nerve blocks (to pinpoint the pain generator).

Treatment

If the patient has an unhealed fusion with loose screws, we usually recommend revision surgery. For other problems, we work with patients to assess whether pain is disrupting their lives enough that they consider surgery an option. If

‘It has changed my life’

Marsha Ferguson spent years looking at the floor. Literally.

A series of disc problems and 17 spine surgeries had left her permanently stooped over and in terrible pain. She had little hope left when her pain management doctor recommended she see a surgeon, S. Michael Tooke, MD, FRCS, of Spine & Scoliosis Specialists.

Dr. Tooke, who has extensive experience treating failed back surgery syndrome, found she had a fusion that had not healed, untreated scoliosis, and flat back syndrome as a result of her many fusion surgeries. He performed revision surgery, first removing all of the existing hardware from Marsha’s spine. He then performed a pedicle subtraction osteotomy and re-fused her spine, straightening her nearly 50 degrees.

Today, Marsha cares for the horses on her family farm from a new vantage point. “I never in my wildest dreams thought I would be able to stand up straight again,” she says. “It has changed my life.”



not, pain management therapy is an alternative.

In surgery cases, our office places special emphasis on detecting untreated spinal deformities – because experience tells us those *must* be corrected if revision surgery is to be successful. For example, **Marsha Ferguson** (story below) not only had a spinal fusion that had not healed, she also had two deformities – uncorrected scoliosis and flat back syndrome – which we addressed during surgery.

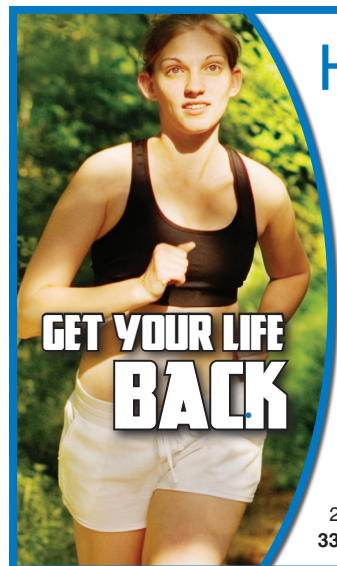
Prognosis

About 70 percent of patients who have revision surgery for failed back surgery syndrome report satisfaction. Revision surgery is not a panacea, but it *can* help many patients who are in pain.

For more information

If you would like an evaluation for failed back surgery syndrome, please call our office at (336) 333-6306, or visit www.spineandscoliosisdocs.com.

S. Michael Tooke, MD, FRCS, is a physician at Spine & Scoliosis Specialists, the Triad’s only medical practice devoted exclusively to spine care. Formerly on the medical staff at the Johns Hopkins and UCLA medical schools, Dr. Tooke specializes in complex spinal disorders and has extensive experience with artificial disc replacement. He is board-certified in orthopaedic surgery.



Have a back or spine problem that’s keeping you from enjoying life?

Call us today for an evaluation. As the Triad’s only medical practice devoted exclusively to spine treatment and surgery, we offer hope – and help – to patients suffering from all types of spinal diseases and injuries.



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