

INhealth

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GET BACK YOUR LIFE

spine surgery offers a new lease on life

After undergoing two spine surgeries in Germany in 2006 to treat severe back and leg pain, Lynnell Green-Keyes thought she was cured. “Life was good again,” says the 52-year-old Dumfries resident. “I resumed my active lifestyle and was even back to playing tennis.” So when her pain returned in spring 2009, she assumed it was merely overexertion from caring for her new grandson.

By mid-June, plagued with constant nagging pain down the back of both legs, Green-Keyes consulted her primary care physician. He referred her to Dennis Carlini, MD, an orthopedic surgeon with the Greater Metropolitan Orthopaedic Institute (GMOI) who practices at Inova Mount Vernon Hospital. “After looking at the results of my MRI (a magnetic resonance imaging scan that shows structures in greatly detailed layers), he said it looked like I needed another surgery,” Green-Keyes recalls. “Never expecting to have to go through that again, I agreed to first try a course of pain management.”

Over the next several months, with her symptoms worsening despite oral, transdermal

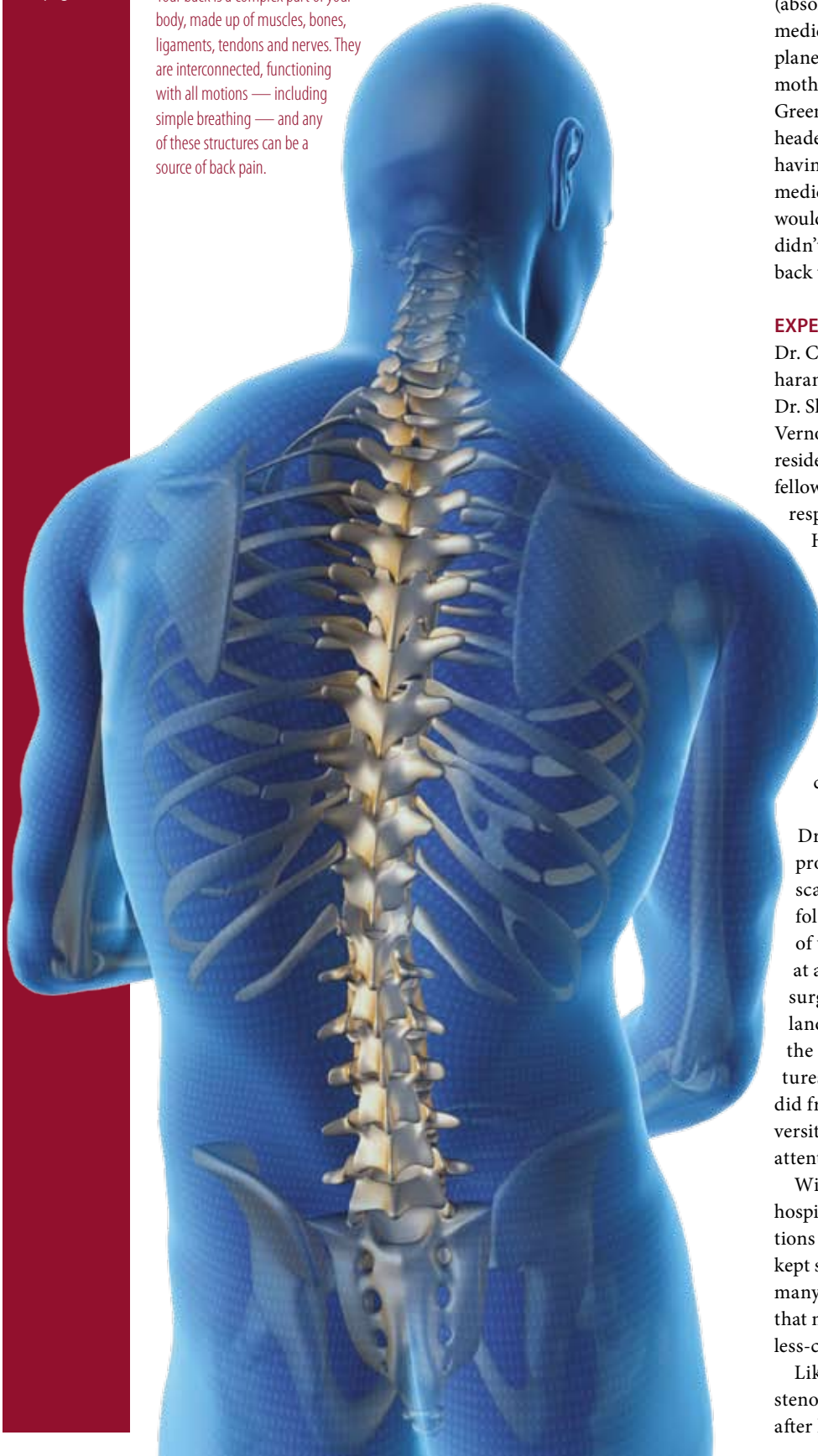
Shyam Shridharani, MD, performed back surgery on Lynnell Green-Keyes in November 2009, relieving her of the pain she had suffered for several years.

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Your back is a complex part of your body, made up of muscles, bones, ligaments, tendons and nerves. They are interconnected, functioning with all motions — including simple breathing — and any of these structures can be a source of back pain.



(absorbed through the skin) and injectable pain medication, Green-Keyes somehow endured several plane trips to Arizona to be with her terminally ill mother. In early October, after her mother's death, Green-Keyes returned home knowing she was headed for surgery. "In addition to the pain, I was having significant side effects from the strong pain medication and knew that another epidural injection would only prolong the inevitable," she says. "If I didn't remedy the underlying problem so I could go back to work, I faced losing my job and my house."

EXPERT CARE

Dr. Carlini referred Green-Keyes to Shyam Shridharani, MD, director of the spine center at GMOI. Dr. Shridharani, who practices at Inova Mount Vernon Hospital, completed his orthopedic surgery residency at the prestigious Mayo Clinic and his fellowship training in spine surgery at the highly respected University of California–San Diego.

His areas of expertise include spinal instrumentation and microsurgery; conventional, minimally invasive and complex spine surgery; and spinal decompression and fusion. In November 2009, he operated on Green-Keyes. "As soon as I came out of the anesthesia, the leg pain was gone," she recalls. "Of course, I knew I'd have some pain from the surgery; but that was nothing compared to what I had endured."

In order to relieve her excruciating pain, Dr. Shridharani had to perform two distinct procedures: removal of a significant amount of scar tissue that had formed around the nerves following the prior surgery, and decompression of what are commonly called "pinched nerves" at a different level of her spine. "Revision spine surgery is high risk because the normal surgical landmarks have been altered," he explains. "Also, the nerves become stuck to surrounding structures, and freeing them up, which is something we did frequently at the Mayo Clinic and the University of California–San Diego, requires special attention and skills."

Within days of her surgery, Green-Keyes left the hospital with only a cane for support and instructions to walk as much as possible. "Years ago, we kept spine surgery patients in bed in the hospital for many days," Dr. Shridharani says. "Now we know that moving around early encourages a quicker and less-complicated recovery."

Like Green-Keyes, patients who develop a new stenosis (a narrowing of the spaces in the spine) after having already undergone spine surgery often

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are candidates for a trial of non-surgical treatment, which includes physical therapy and pain management medication. Patients who do not get the necessary relief or who develop certain other significant conditions may benefit from surgery.

Dr. Shridharani credits the members of the nursing and physical therapy staff at Inova Mount Vernon Hospital, who have significant orthopedic training and experience, with contributing to successful spine surgery outcomes. “These highly skilled professionals understand when to push patients to the next level and when to slow therapy down because patients may be overdoing it,” he says. “Most importantly, they recognize that each patient has individual post-operative therapy needs and that a one-size fits all approach doesn’t work.”

ENJOYING LIFE

Green-Keyes cannot say enough positive things about Inova Mount Vernon Hospital — from the way the nurses stayed on top of her pain management to the signs reminding her not to get out of bed unassisted. “Excellence in customer care is not just the hospital’s slogan,” she says. “It’s something that the staff put into practice throughout every aspect of my stay.”

Since her surgery, Green-Keyes has strengthened her legs through walking, using an elliptical trainer and participating in physical therapy. She also enjoys dancing and swimming. And with Dr. Shridharani’s permission, she even plays doubles tennis, something that months earlier she never imagined would be possible. “Dr. Shridharani literally gave me back my life,” she says. “The compassion and respect he so warmly communicated, along with his surgical expertise and skill, and the exceptional care I received at Inova Mount Vernon Hospital, made all the difference in the world.”

ask the expert

Join Dr. Shridharani on Wednesday, Nov. 17, at 7 p.m. for a FREE community class on the “Latest Treatments and Techniques for Back Pain/Spinal Problems.” Please visit inova.org/asktheexpert or call 703-750-8800 to register.



myths and facts a back pain top ten list

10. **Myth:** Lengthy bed rest is the best way to treat back pain.
Fact: A few days at most is optimal, when bed rest is required at all. Staying in bed can add to muscle stiffness.
9. **Myth:** People who do hard physical labor are most likely to develop back pain.
Fact: People who sit at a desk are at equal risk. Everyone can lessen their risk by being “back-smart” at their place of work.
8. **Myth:** If you lift heavy objects, you are going to hurt your back.
Fact: If you lift more with the larger muscles of your legs, keeping the back in a proper posture with your back straight and your head up, you can lift safely.
7. **Myth:** If you’re thin, you won’t suffer back pain.
Fact: Being overweight is a risk factor, but being thin doesn’t make you immune to injury.
6. **Myth:** If you’re young, you won’t suffer back pain.
Fact: Age-related changes can cause back pain, but the young are vulnerable too.
5. **Myth:** Back pain is usually caused by injuries.
Fact: Back pain is often caused by poor posture over time, degenerative changes over time, infections and even genetics.
4. **Myth:** If you have back pain, you will eventually need to have surgery.
Fact: Surgery is the least common treatment for back pain.
3. **Myth:** If your back hurts, you should not exercise.
Fact: Doctor-recommended activity can strengthen surrounding muscles and otherwise help people with back pain.
2. **Myth:** If you always sit up straight, you will not develop back pain.
Fact: Always sitting up straight can put strain on your back. Change positions, stand from time to time and allow your back to assume its natural curve.
1. **Myth:** If you have back pain, you just have to live with it.
Fact: There is no reason for anyone to think his or her condition cannot improve.

