



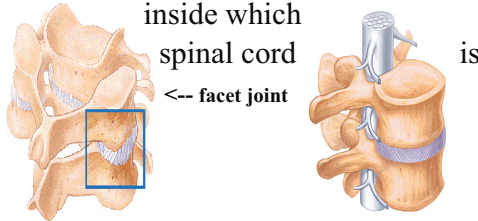
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WHAT IS SPINAL STENOSIS ?

It is basically a narrowing of your spinal canal, the canal inside which your spinal cord is enclosed. <-- facet joint



It can be primary (congenital) or acquired later.

CAUSES. Acquired stenosis develops later in life as a result of degenerative changes associated with the aging process. Spinal degeneration is mainly caused by osteoarthritis, a condition that affects the cartilage that cushions the end of the bones in the joints. As the arthritic process progresses in the **facet joints**, the body in an attempt to repair the damage, produces bony spurs that narrow the spinal canal. The aging process also may cause the bones and joints to enlarge and this growth in the spinal column may contribute to the development of spinal stenosis. Other causes of spinal stenosis are: herniated disc, spinal tumors, slipped vertebra, traumatic injury, Paget's disease and Achondroplasia, calcium deposits on the ligaments that run along the spine, and excess of fluoride. Previous surgery of the spine can also produce spinal stenosis at a later date due to overgrowth of scar tissue.

WHAT YOU FEEL & WHAT THE DOCTOR

LOOKS FOR. Early on spinal stenosis does not cause many problems usually, but as the narrowing gets more severe, the symptoms gradually appear and worsen with time. Initially you may notice numbness and cramping of the legs. NIC or *neurogenic intermittent claudication* is defined as pain or numbness in the buttocks, thighs and/or legs brought on by either prolonged standing or exercise in the erect posture. This condition is worsened by standing or walking downhill and improved by bending forward or sitting down, but it continues if you stand upright. You may also start noticing abnormalities in your bladder and bowel function if the nerves to the bladder and bowel get compressed. This can eventually lead to urinary incontinence and/or fecal incontinence. Difficulty with sexual function may also appear as the compression progresses.

TESTING.

This may include the following depending on the circumstances:

- * X rays. Plain x-rays may be done first when looking for signs of injury, tumor or inherited disorders.
- * MRI. This is particularly sensitive when looking for damaged or abnormal soft tissues, such as disk or ligaments. It clearly shows the nerves and spinal cord. It can also show tumors, enlargements or degenerative problems.
- * CT Scan. Useful for patients with implanted metal in the spine and/or implanted pacemakers.
- * Myelogram. A liquid "dye" or contrast is injected into the fluid around the spinal cord and then x-rays or a CT scan is performed.
- * Other test. Sometimes a bone scan or myelogram may be ordered.

TREATMENT.

Conservative therapy. This should be the first line of treatment. It may include the following:

- *- Non-steroidal anti-inflammatory drugs.
- *- Analgesics such as tylenol and others.
- *-Other drugs such as chondroitin sulfate and glucosamine. May interfere with Coumadin
- *-Exercise. Focusing in flexion of spine will alleviate the pain. Stationary bikes are helpful.
- *-Physical therapy including electrotherapy.
- *-Chiropractic treatments.
- *-Use of back support or corset.
- *-Epidural Steroid injections may provide relief by decreasing inflammation. This may rapidly relieve the pain in the back of the legs.

Surgical Therapy. This is rarely a first line option. It might be considered immediately in patients with sudden numbness, weakness that interferes with walking, impaired bowel or bladder function, or other neurological involvement. When surgery is needed, a procedure called laminectomy is frequently performed, but the long-term success has been mixed. Also the risks are significant especially when you consider general anesthesia and elderly patient.

A new less invasive procedure called X Stop Interspinous Implant was introduced relatively recently for the treatment of neurogenic intermittent claudication (NIC). It can be done under local anesthesia and intravenous sedation. It was FDA approved on 11/21/05.

Prevention. Back and abdomen exercises, good body mechanics, use of furniture with good lumbar support (such as that provided by "Stressless recliners by EKORNES" for example), are all important for a healthy back.