

Understanding Lumbar Spinal Stenosis

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In populations greater than 50 years of age, the diagnosis I see most often is spinal stenosis. Stenosis is a common diagnosis associated with the normal aging of the spine. Most people have heard of stenosis, but few understand what it is and how it affects patients' day-to-day lives.

Stenosis of the spine is defined as a narrowing of the spinal canal. This occurs through the aging of the spinal elements. These elements include the disc, ligaments, and facet joints that work together to support the spine and provide it with its mobility. As the discs degenerate, ligaments and joints grow in size and the area available for the spinal elements to travel from the groin to the limbs decreases. Essentially, arthritic changes in the back cause the stenosis to worsen. The nerves traveling through this degenerative area do not appreciate the loss of space or area and become inflamed or "pinched" – and symptoms soon follow.

Stenosis presents slowly in a myriad of symptoms. Typically, stenotic pain begins as low back pain or achiness, much like a toothache. Patients often find that anti-inflammatories such as ibuprofen or naproxen are helpful early on. Over time, other symptoms may develop, depending on the severity of the stenosis. These often include buttock pain, leg pain, or "sciatica," numbness and tingling in the thighs, as well as an intolerance to exercise. In severe cases, there is often an inability to walk to the mailbox without a need to stop and rest. Interestingly, the symptoms, even in severe cases, abate with sitting or lying down for a few minutes.

In the great majority of cases, the stenosis occurs in the lumbar spine or the low back. It can occur in the cervical spine, or neck, as well, but this is not nearly as common as lumbar spinal stenosis.

I have found that my patients often perceive that they are having "hip or knee" pain, which in many cases is related to the back. Remember that all the innervation in our hips and knees must travel through the lumbar spinal canal, and that any impingement upon nerves in that area will present as pain in the specific innervated body part. X-rays and likely an MRI of the spine are extremely valuable in the evaluation of lumbar spinal stenosis. It helps me, the physician, to identify the level or site of the stenosis as well as the severity of the problem.

So what can we do about stenosis? First, be sure that you have stenosis; there are many diagnoses that mimic stenosis. They include arthritis of the hip and knee, herniated discs, and arterial or vascular diseases. It's always wise to discuss your symptoms with a medical professional so your treatments can be tailored to your disease. In my office, I usually recommend non-steroidal anti-inflammatories. In more severe cases, where the pain is refractory to nonsteroidal anti-inflammatories, oral steroids such as prednisone may also have a role for shorter timeframes.

One question I like to ask patients is, "How is this affecting your daily activities?" If patients are changing their lives to accommodate the stenosis, more aggressive treatment may be necessary. Typically, if a patient is staying home and foregoing family activities or community gatherings due to the pain, we'll consider epidural injections.

An epidural is a shot of steroid around the nerve that serves to decrease the inflammation that the stenosis causes. Contrary to popular belief, it doesn't reverse the stenosis, so the effect may be temporary. In mild or even moderate cases, they are extremely effective and very safe. In more severe cases, the epidural injection may



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be less effective. In these cases - again those with incapacitating pain in the low back, buttock, and possibly legs - multiple epidurals may be in order.

If epidurals and other conservative measures fail, surgery is usually curative, and quite safe. The great majority of severe cases can be addressed by a simple laminectomy. This is a surgery that removes the calcium and ligaments that impinge upon the nerves, thereby permanently removing the inflammation and stenosis.

The great majority of patients I see are not surgical candidates. Most people respond to a designed regimen of nonsteroidal anti-inflammatories, physical therapy, exercise, steroids, and possibly epidurals. With some proper care and appropriate activity modification by you, the patient, the treatment of spinal stenosis can be effective, safe, and easy.

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