



Backing Off Pain

Treatment for an Aching Back

By E. Claiborne Irby Jr., MD

It is the season when millions of winter shut-ins get active outdoors again. We tend to overexert ourselves this time of year, whether cleaning around the house and yard or pulling out the tennis racquet and golf clubs. As you can imagine, the incidence of back injuries goes up in the spring and summer months. After months of staying out of the cold, people are ready to hit the ground running, and sometimes they hit it too hard and too fast.

First, Treat Conservatively

Back pain affects approximately 80 percent of the population to the point of missing work or seeking medical attention. Some people who experience low back discomfort may also feel pain shooting down their legs.

These symptoms vary and may indicate a pinched nerve, referred to medically as *sciatica*. Patients with this condition should definitely seek medical attention.

For most back complaints, the first treatment steps are conservative. After completing an initial evaluation, taking x-rays, and determining the cause of pain, physicians start most patients on prescription medication. These may include prescription-strength anti-inflammatories, muscle relaxants, and pain medications. If this approach does not relieve the pain, an MRI is ordered to see if a ruptured disc is the cause. At this point, the physician will determine if the patient is a candidate for spinal steroid injections, which are quite successful in alleviating discomfort.

Once pain is relieved, physicians generally place patients on an exercise program to strengthen the back and reduce the likelihood of recurrence. Many people feel surgery is required if they have a ruptured (herniated) disc. Studies show, however, that more than 90 percent of these patients will improve with conservative treatment. I try very hard to make surgery the last option.

Then Consider Surgical Options

A small percentage of patients continue to have pain severe enough to disrupt their daily lives despite nonoperative treatment. These patients require surgery to correct the ruptured disc pinching the nerve. A common approach today is microdiscectomy, a minimally invasive procedure that allows many patients to return home the day of surgery.

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In microdiscectomy, I make a small incision (usually an inch or less) in the lower back. I then remove the ruptured portion of the disc (the part pushing on the nerve) through this opening. The remainder of the disc is left intact to continue its role as a cushion between two vertebrae. Following this procedure, most patients experience dramatic relief of leg pain. (A few will have some residual soreness at the surgical site.) The major benefit of this approach is a quicker and less painful recovery, and patients can resume regular activities much sooner. 🧡

For more information on spinal disorders and treatment regimens, visit Dr. Irby's Web site at <http://www.richmondspine.com>.



E. Claiborne Irby Jr., MD, specializes in spine surgery. Dr. Irby graduated from the Medical College of Virginia. He completed his residency at Carolina Medical Center and his orthopaedic spine fellowship at St. Luke's Hospital in Houston, Texas. Dr. Irby has performed more than 2,000 spinal surgeries.