Kulongoski's pinched nerve all too common

Spinal cord - A study on whether back-pain patients do better with surgery or without is inconclusive

Friday, July 20, 2007
DON COLBURN
The Oregonian

Gov. Ted Kulongoski underwent successful surgery Thursday to relieve pressure on a pinched nerve in his neck -- one of the most common and costly ailments in the United States.

Nearly 17 million Americans saw a doctor for neck or back pain in 2004, according to the National Center for Health Statistics. Back trouble leads to more than 100 million lost workdays a year.

The same backbone that allows people to stand up straight and protects their spinal cord is also subject to wear and tear. That can cause painful pressure on nerves leading out from the spinal column.

"It's ubiquitous," said Dr. Kim Burchiel, chair of neurological surgery at Oregon Health & Science University.

For most people, back pain results from age-related degeneration, not a traumatic injury or disease. "We're all aging, and the parts wear out," Burchiel said.

The operation that Kulongoski, 66, had is called a cervical laminectomy. "Cervical" because it involves the neck and one of the seven cervical vertebrae at the top of the spinal column. "Laminectomy" because it removes small amounts of the lamina, a bone at the back of the vertebra.

The surgery requires anesthesia and a small incision -- usually an inch or two long. The surgeon uses a tool like a dentist drill to remove bits of bone and give the nerve more room.

Relief from the original pain is usually immediate. But full recovery may take weeks, with soreness in the neck from the incision and the cutting of muscle tissue to get access to the offending bone.

Kulongoski was "recovering nicely" after the 11/2-hour surgery, which went as expected, his staff reported Thursday. He expects to be home today and back at work Monday.

Kulongoski's staff did not identify the "Portland-area" hospital where he had the surgery, to ensure the family's privacy.

An estimated 125,000 Americans a year undergo laminectomies of the lower spine, said Dr. Arya Nick Shamie, director of the Spine Center at UCLA Medical Center and a spokesman for the American Academy of Orthopaedic Surgeons. He estimated that 30,000 to 50,000 get the type of surgery Kulongoski had.

"It's less common in the neck than in the lower back because the lower back bears a lot more weight," Shamie said.

Doctors typically recommend surgery as a last resort, after more conservative approaches -- such as rest, exercise, weight loss and anti-inflammatory drugs -- have failed to relieve the pain.
Most people with spinal pain don't need surgery, Burchiel said. But those in severe pain may find that surgery provides the quickest relief. "If you can handle the pain, go on without the surgery," he advised.

Back pain takes many forms and has many causes -- including genetics, obesity, injury, arthritis and simple wear and tear. Pinpointing the cause -- along with the most effective treatment -- is not easy.

"This isn't brain surgery, but the medical decision-making can be just as complicated because we don't have all the answers," Burchiel said.

Another source of confusion: A pinched nerve in the spine can cause "referred pain" in the body part where the nerve leads. For example, the pinched nerve in Kulongoski's neck caused pain mainly in his right shoulder.

The biggest study of spinal surgery ever conducted came to a mixed conclusion recently about whether back-pain patients do better with surgery or without.

Researchers divided more than 600 patients with back pain into two groups, depending on whether they got surgery or nonsurgical alternatives, such as physical therapy, steroid injection and pain medication.

Sorting out the results and comparing the two groups got murky. Some patients eventually crossed over -- for example, some "nonsurgical" patients eventually decided to get surgery and some "surgical" patients decided to forgo surgery.

The study, reported in The New England Journal of Medicine last month, came up with a mixed message.

In the long run, both groups -- surgery and nonsurgery -- tend to find comparable relief from pain. But compared with other treatments, surgery helped some patients find relief more quickly.

Don Colburn: 503-294-5124; doncolburn@news.oregonian.com

©2007 The Oregonian