

SMITH Northview Hospital



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THE SPINE LINES

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www.smithhospital.com/spine

OUR GOAL is to be:

- The best surgeons by helping our patients decide which of the latest surgical techniques and non operative treatments are best for them;
- The best doctors by building compassionate long term relationships with our patients and colleagues;
- The best team by treating all of our patients with the same consideration and attention.

SPINE NEWS To GET YOU "BACK in the GROOVE"

Jan. Feb. March

2011

Smith Northview Hospital
Spine Care Center
Provides

- Advanced Diagnostics
- Pain Management
- Conservative Treatment
- Surgical Treatment
- Rehabilitation



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Back and Neck Pain Medications

UPCOMING EVENTS

Community Lectures

March 24th 2011

Back and Neck Pain
and different Options
Dr. Eric Gee
Smith Northview
Hospital Cafeteria
Call for RSVP

There are multiple over-the-counter (non-prescription) and prescription medications that can be helpful in relieving pain and addressing related symptoms while an episode of low back pain is getting better. **Careful attention to pain management is a critical component of a patient's recovery**, as acute or chronic low back pain can lead to depression, difficulty sleeping, and difficulty exercising and stretching, all of which in turn can exacerbate and prolong a painful back condition.

Two types of over-the-counter medications, acetaminophen and non-steroidal anti-inflammatory drugs (NSAIDs), are commonly recommended to alleviate low back pain. Acetaminophen and NSAID's work differently and therefore may be taken at the same time. For short periods of time, prescription medications (such as narcotic pain medications and muscle relaxants) may be helpful to alleviate pain or related complications. Other classes of drugs (such as antidepressants or anti-seizure medications) can also help modulate the sensation of pain and can be taken on a prolonged basis.

There are risks, side effects and drug interactions with any medication, so a medical professional should always be consulted prior to taking medications. Patients should be especially cautious with medications if they are on other medications or have any significant medical conditions (e.g. diabetes).



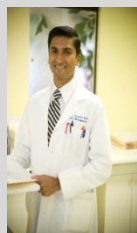
Dr. Eric Gee, Orthopedic and Spine Surgeon
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- Bachelor of Science degree from Presbyterian graduating magna cum laude
- Doctor of Medicine degree from the Medical College of Virginia, Richmond, Virginia
- Internship and residency in Orthopedic Surgery at the Mayo Clinic Graduate School of Medicine
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Dr. James Goss, Orthopedic and Spine Surgeon

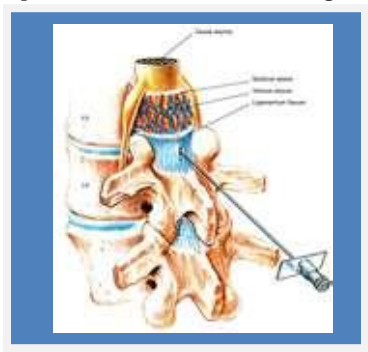
- Bachelors Degree at Florida International University
- D.O. Degree from the University of Des Moines College of Osteopathic Medicine
- Internship at The U.S. Public Health Service Hospital
- Residency in orthopedic surgery was completed at New York Medical College
- Fellowship in Pediatric Orthopedics at Cornell Hospital for Special Surgery
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Dr. Terry Persaud, Pain Management

- Medical School Albany Medical College
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- Internship at Jackson Memorial Hospital
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How an Epidural Steroid Injection Works



The most commonly performed injection is an epidural steroid injection. In this approach, a steroid is injected directly around the dura, the sac around the nerve roots that contains cerebrospinal fluid (the fluid that the nerve roots are bathed in). Prior to the injection, the skin is anesthetized by using a small needle to numb the area in the low back (a local anesthetic).

Epidural Injections Help Reduce Inflammation

Injecting around the dura sac with steroid can markedly decrease inflammation associated with common conditions such as spinal stenosis, disc herniation or degenerative disc disease. It is thought that there is also a flushing effect from the injection that helps remove "flush out" inflammatory proteins from around structures that may cause pain.

Epidural Steroid Injection Success Rates

An epidural steroid injection is generally successful in relieving lower back pain for approximately 50% of patients. While the effects of the injection tend to be temporary (one week to one year), an epidural can be very beneficial in providing relief for patients during an episode of severe back pain and allows patients to progress in their rehabilitation. There is no definitive research to dictate the frequency of the epidural steroid injections; however, a limit of three injections per year is generally considered reasonable. There is also no general consensus in the medical community as to whether or not a series of three injections need always be performed. If one or two injections resolve the patient's low back pain, some physicians prefer to save the one or two additional injections for any potential recurrent low back pain.

Generally, there are few risks associated with epidural injections. The risks are remote and include:

- A wet tap may occur, which means that the needle has penetrated the dural sac into the cerebral spinal fluid (CSF). A wet tap may result in a CSF leak and a spinal headache.
- Infection into the epidural space is also a remote risk.
- While there is no risk of paralysis (since the spinal cord ends at a higher level in the spine), there is a remote risk of damage to a nerve root.

Patients Who Should Avoid Epidural Injections

Epidural steroid injections should not be performed on patients whose pain is from a tumor or infection, and if suspected, an MRI scan should be done prior to the injection to rule out these conditions. For more info visit <http://www.spine-health.com>

While a few major risks and side effects are outlined for some medications on this site, patients should always read the label and package inserts and consult with a physician for a complete understanding of risks, side effects, and drug interactions.