



LUMBAR STENOSIS

Patient Decision Guide



**SUMMIT
ORTHOPEDICS**

ABOUT LUMBAR STENOSIS

Spinal stenosis refers to a condition where there is compression (squeezing) of the nerve roots in the spinal canal. This is caused by arthritis that develops in the spine, resulting in overgrown joints. It also thickens the ligamentum flavum, a soft tissue structure in the spinal canal.

WHAT CAUSES SPINAL STENOSIS?

The most common cause of spinal stenosis is wear-and-tear changes in the spine related to aging. Other causes of spinal stenosis include:

- » Bone diseases
- » Spinal tumors
- » Disc bulges
- » Spinal injuries
- » Genetic predisposition

WHAT ARE THE SYMPTOMS?

In some people, spinal stenosis causes no symptoms, while in others the symptoms may appear slowly and get worse over time.

Signs of spinal stenosis include:

- » Lower back pain or leg pain with standing and walking that is relieved by sitting
- » Fatigue in one or both legs with standing/walking relieved by sitting

HOW IS IT DIAGNOSED?

Spinal stenosis can be difficult to diagnose because its signs and symptoms are similar to many age-related conditions. Your physician will conduct a physical exam to determine where your pain is coming from and review your medical history carefully.

Your physician may use a variety of diagnostic tools to confirm spinal stenosis, including diagnostic imaging (X-rays, MRI, and CT scans), injections, and electromyography (EMG) testing to determine if nerves are functioning properly.

NONSURGICAL TREATMENT OPTIONS

Fortunately, despite the pain associated with lumbar stenosis, symptoms can improve on their own with supportive treatments. In order to compare and determine the best treatment for you, here is a summary of the possible next steps once lumbar stenosis has been diagnosed:

NO TREATMENT/OBSERVATION

Depending on how severe and what caused the condition, some patients begin to get better on their own. If symptoms do not begin to subside within 6 weeks, or if they consistently keep you from performing activities of daily living, additional treatment options should be discussed. This is to make sure the right treatment happens at the right time to get the best results.

ACTIVITY CHANGES

Patients with lumbar stenosis may experience relief with some lifestyle changes. If specific activities, such as prolonged standing or walking, make your symptoms worse, then avoiding those activities can provide relief. The use of a cane or a walker that allows you to lean forward with support may also help.

○ ADVANTAGES

- + no surgical risks
- + low to no cost
- + minimal time investment in recovery
- + nonsurgical option

✗ DISADVANTAGES

- will likely only partially address the pain
- often results in severe limitation of activities

MEDICATION

Some medications, such as anti-inflammatories, can be used to help reduce pain and swelling. Note that Summit Orthopedics does not offer long-term narcotic medication pain management.

○ ADVANTAGES

- + can be a lower-cost option
- + less-invasive treatment option

✗ DISADVANTAGES

- some medications and supplements can cause a harmful reaction with pain medications and therefore may not be an option for all patients
- pain medications can cause dependency

INJECTIONS

Injections can help relieve pain and improve function by relieving inflammation, irritation, and swelling. It may help you be able to participate in a physical therapy program designed to strengthen muscles and improve range of motion.

○ ADVANTAGES

- + cost-effective
- + nonsurgical option
- + shorter recovery time
- + enables activity to address causes of pain

✗ DISADVANTAGES AND SIDE EFFECTS

- possibility of allergic reaction or side effects such as headache
- temporary pain at injection site

PHYSICAL THERAPY

Physical therapy aims to strengthen muscles and improve range of motion, with the desired result of reducing pain and improving function. Physical modalities such as deep heating treatment and electrical stimulation may help relieve pain from muscle spasms. While it may not be an available option for everyone depending on the severity of the condition, if effective, therapy can have long-term benefits.

○ ADVANTAGES

- + facilitates strengthening of spinal muscles
- + nonsurgical option

✗ DISADVANTAGES AND SIDE EFFECTS

- time commitment
- doesn't address pain the short-term

SURGICAL TREATMENT OPTIONS

Surgery is considered when there are persistent, severe limitations to your daily ability to function, and the symptoms are not improving with nonsurgical treatment for at least 6 weeks. Other “red flag” symptoms or exam findings may require surgery sooner or even urgently.

Examples of these are:

- » Significant weakness
- » Worsening/progressive weakness
- » “Saddle anesthesia” (numbness in buttock, groin, perineum)
- » Bladder problems or incontinence
- » Severe pain preventing daily activities

The ideal time to have surgery is when symptoms have persisted for at least 6 weeks, but less than 6 months. The results of surgery are not as reliable in patients who have been experiencing symptoms for more than 6 months so this should be a factor when considering surgical options.

○ ADVANTAGES

- + addresses the structural issues responsible for the pain
- + improved pain, mobility, and function
- + return to quality-of-life-improving activities
- + better enables health-promoting activity
- + Prevention/reversal of neurology deficits

✘ DISADVANTAGES AND SIDE EFFECTS

- high cost
- recovery time for patient and caregivers
- standard surgical and anesthesia risks

DECOMPRESSION (LAMINECTOMY)

The aim of this surgery is to relieve lower body pain by addressing nerve impingement (pinching). This option is ideal for patients whose main symptoms are related to nerve impingement. In addition, this is a good option for individuals with good spinal stability (no spondylolisthesis). The spine is accessed from the back, and the bone in the back of the spine is removed to access the spinal canal. Arthritic bone spurs and thickened ligament are then removed to fully decompress the nerves.

FUSION SURGERY

In addition to the decompression procedure, titanium screws and rods are placed in the spine to hold the bones together. The surgeon cuts the remaining bone and then lays down new bone. Over time, the bone will heal the two bones together. A fusion is the treatment of choice when a decompression will lead to an unstable spine. The spine can be accessed from the front, from the back, or from both if fusion is necessary.



Summit Orthopedics is the first surgery center in the nation to receive the prestigious **CERTIFICATE OF DISTINCTION IN THE MANAGEMENT OF SPINAL FUSION** by The Joint Commission for superior patient outcomes and quality of care.

NONSURGICAL TREATMENT VS. SURGERY

The decision to continue nonsurgical treatment versus pursuing surgical intervention ultimately depends on the severity of the symptoms and how much it impacts your function. For patients with mild symptoms and minimal functional issues and do not have neurologic concerns (such as leg weakness, difficulty walking, numbness in the legs), continued nonsurgical treatment may be a good option. This can be in the form of activity modification, medications, injections, and physical therapy. However, in patients who have moderate to severe pain and functional problems even with nonsurgical management, and in those who have neurological concerns, surgical intervention is the treatment of choice. While any surgery for these conditions carries risks, this has to be balanced with the knowledge and evidence that patients who undergo surgery for spinal stenosis have been shown to achieve significant improvement in pain, functional ability, and overall quality of life.

STENOSIS SURGERY PATIENT RESULTS

EXPECTED OUTCOMES OF SPINE SURGICAL TREATMENT AT SUMMIT'S SURGERY CENTERS*

Patient can expect improvement in buttock and leg pain at 3 months and 2 years compared with nonsurgical management.

Patient can also expect improved function at all time points compared to nonoperative management.

SURGERY RISKS FOR SPINAL STENOSIS*

9% of patients have a dural tear (tear in the covering of the spinal cord)

3% of patients experience a reoperation rate at 4 years

2% infection rate in hospitals, 1% in Summit surgery centers

10% recurrent stenosis at 8 years or greater

Risks listed above are common. There are many more risks associated with surgery; speak with your surgeon.

MAKING A TREATMENT DECISION—DETERMINING YOUR VALUES

Your personal values are just as important as the medical facts. Think about what matters most to you in this decision, and place an “x” in the box for each row below that indicates which goal is more important to you.

○ REASONS TO HAVE SPINE SURGERY	« MORE IMPORTANT	EQUAL	MORE IMPORTANT »	✕ REASONS NOT TO HAVE SPINE SURGERY
I understand that surgery has risks. But I am comfortable with the idea of having back surgery, because there is a chance that it might help.				I don't like the idea of surgery at all, because of the risks and the chance that it might not help.
I've tried exercises, medicines, and working with a physical therapist, and I don't think they have helped me.				I think the exercises I've been doing or the medicines I'm taking are starting to help.
I'm in a lot of pain and I don't see how I can stand it much longer.				My pain isn't bad enough that I need to have surgery right now.
It is very important that I get my pain under control so that I can go back to work as soon as possible.				Time is not a problem for me. If I get better slowly using exercises and/or medicine, that's OK with me.
I'm not worried about how much this surgery will cost.				I don't have insurance and I don't see how I can afford this surgery.
Other:				Other:

GETTING TO A DECISION

<p>After reading and completing the above, which way are you leaning regarding your treatment options for your condition?</p> <p>A. Leaning toward having spine surgery</p> <p>B. Leaning toward <i>not</i> having spine surgery</p> <p>C. Undecided</p>	<p>Do you feel you know enough about your condition and the treatment options available, including surgery, to make a decision?</p> <p>A. Yes</p> <p>B. No</p>	<p>Do you feel you have enough support, advice, and resources to make the best decision for you?</p> <p>A. Yes</p> <p>B. No</p>
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NEXT STEPS

Use your responses above to help guide the discussion during your next appointment with your provider.

*To view the complete list of sources cited for patient surgical result statistics, please visit <https://www.summitortho.com/back-surgery-patient-results/>