



# STEP UP YOUR GAME AGAINST BACK PAIN

DON'T SUFFER IN SILENCE. MANY TREATMENTS CAN BRING RELIEF!

IF YOU'VE EVER SAID, "OH, MY ACHING back!" or "My sciatica is acting up again," the culprit may be **lumbar spinal stenosis**. This condition, which becomes more common with age, involves a narrowing of the spinal canal in the back's lower, or lumbar, region. This narrowing puts pressure on the spinal cord or spinal nerve roots, potentially causing lower back pain, leg pain at rest or while walking, and sensations of weakness, tingling or numbness that radiate from the back to the buttocks and legs.

"Our backs experience a lot of wear and tear over the years," says Nitin Sekhri, M.D., Medical Director of Pain Management at Westchester Medical Center. "And by the time people are in their 60s, osteoarthritis, disc degeneration and other conditions can cause lumbar spinal stenosis and the pain that results, which people often call sciatica."

Treatments can include lifestyle changes, medications, new surgical techniques and a high-tech device, the doctor says.

The first step is a thorough evaluation to arrive at the correct diagnosis. (See "What Could Be Causing Your Leg and Back Pain?" at right.) Dr. Sekhri and his team also seek to understand how the pain is affecting the patient's life and what his or her goals and concerns are. "If a man is worried that he won't be able to dance with his granddaughter at her wedding in three months because of leg pain, we include that objective in the treatment plan we devise," says Dr. Sekhri. "And if someone customarily enjoys a morning walk and now finds that it has become difficult, we put a priority on restoring that pleasure."

Dr. Sekhri says that weight loss and physical therapy are the initial interventions for many people and often provide considerable relief. "When you reduce your weight in a medically sound manner, you ease a lot of the pressure on your spine while getting other health benefits too. And physical therapy—and appropriate exercise generally—will strengthen your core and tone muscles."

Medication also plays a role in the treatment plans devised for patients at Westchester Medical Center. Dr. Sekhri, who is board-certified in both pain medicine and anesthesiology, notes that the wide range of medication options enables him to individualize therapy for each patient's needs. "Sometimes patients have understandable concerns about becoming dependent on



medications, but we can now reliably assess individual and family risk factors for addiction and make treatment decisions accordingly.”

Injections and epidurals are options for some patients, Dr. Sekhri notes, though he adds that these interventions typically offer short-term relief rather than an ongoing solution.

When other treatments don't provide sufficient relief, he says, surgery is an option. The most common procedure is a **decompressive laminectomy**, in which a neurosurgeon or orthopedist removes portions of the vertebrae and/or nearby thickened tissue that is causing the narrowing, or stenosis, of the spinal canal and placing pressure on the spinal nerve roots. In some cases, the laminectomy is accompanied by a **spinal fusion**, a major surgery that involves using bone taken from elsewhere to create a sort of bridge linking adjacent vertebrae.

“In recent years, less invasive approaches have been introduced that have proved effective for many patients,”

says Dr. Sekhri. These include a technique called **minimally invasive lumbar decompression**, or MILD, and placement of a device called the X-Stop® Spacer, which keeps open the space between spinous processes to reduce the pressure on spinal nerves and relieve symptoms. (The spinous process is a bony protrusion off the back of each vertebra.)

“**Neuromodulation** is a newer approach that can work well for properly selected patients,” says Dr. Sekhri. With this technique, a small, pacemaker-sized device is implanted just above the belt line. A thin wire connects the device to

the spinal cord, delivering electrical stimulation. “The brain can only process one sensation at a time, so this stimulation effectively displaces the tingling, burning or numbness that a patient otherwise would experience,” the doctor says. Before the device is implanted, he explains, patients have a five-day trial of electrical stimulation to ensure that the technique provides adequate pain relief.

“As the baby boomers age, we're seeing more lumbar stenosis than ever, but we also have more options than ever to relieve pain,” says Dr. Sekhri. “Given all that we can do today, there is no reason to suffer in silence.” +



Nitin Sekhri, M.D.

**THE TEAM** led by Nitin Sekhri, M.D., Medical Director of Pain Management at Westchester Medical Center, includes physicians, advanced practice nurses and other healthcare professionals with extensive expertise in managing acute and chronic pain in adult and pediatric patients.

» To learn more about pain management services at Westchester Medical Center, visit [westchestermedicalcenter.com](http://westchestermedicalcenter.com) or call 914.909.6416.

**WHAT COULD BE CAUSING YOUR LEG AND BACK PAIN?** Yes, the leg pain you get while walking could be a sign of lumbar spinal stenosis. But it also could be caused by a circulatory condition called intermittent claudication—or something else. And that numbness and tingling you sometimes experience in your legs? They too could be due to lumbar spinal stenosis, but they also could result from diabetic neuropathy (nerve damage) or other causes.

“A thorough history, coupled with a physical examination, is critical to identifying the cause of leg and lower-back symptoms because they can be signs of many different conditions,” says Nitin Sekhri, M.D., Medical Director of Pain Management at Westchester Medical Center. “What we learn will guide our selection of laboratory tests, imaging studies and other assessments and will help focus us on the most likely causes.”

“One of the key questions we ask is, ‘What lessens the pain, and what makes it worse?’” says the doctor. “If you say, for example, that walking downhill increases the pain in your legs, we become more suspicious of lumbar spinal stenosis. Similarly, there's what we call the ‘shopping cart’ sign. People who have difficulty walking distances on their own sometimes find they can walk indefinitely when they're pushing a shopping cart. By bending slightly at the waist to hold the cart's handle, they're relieving the pressure on their nerves. When a patient reports this sort of improvement while doing the weekly food shopping, we focus on lumbar spinal stenosis.

“The important thing is to know what we're dealing with,” says Dr. Sekhri. “The symptoms of lumbar spinal stenosis can be subtle and can vary over time in severity and location. They also can overlap with those of many other conditions, a number of which are serious and require prompt medical attention. The sooner you and your healthcare provider know what you're up against, the sooner you can take steps to relieve your pain and improve your health.”