

By Fred Newton, MD
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As a physiatrist (specialist in physical medicine and rehabilitation), Dr. Newton provides diagnosis and nonsurgical treatment for painful spine, muscle, bone and joint conditions.

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Do you have a question related to this column or a general orthopedic question you would like to have answered in a future issue? Send an e-mail to AskPiedmont-Ortho@sosbonedocs.com.

Q. I am a 65-year-old woman who has burning lower back pain that comes and goes. It is worse when I have to stand for a long time, like when I am washing dishes or waiting in line. My doctor did x-rays, which showed arthritis in my back, but an MRI didn't show any disc problems. I've had this for months, and nothing – medications, physical therapy, chiropractic treatment, even epidural injections – makes the pain go away. Can anything be done to help me?

A. Yes, radiofrequency ablation may help. This 30-to-40-minute procedure, which can be performed in the office under local anesthesia, typically provides at least 9 to 18 months of manageable pain relief for patients whose symptoms are due to arthritis in the facet joints of the back.

The pain you are feeling develops when a nerve sends a signal from the arthritic facet joint to your brain, telling you that it hurts in this area. When this happens in another area, such as the knee, we can replace the arthritic joint. However, we can't replace facet joints.

What we can do, using radiofrequency ablation, is to eliminate the tiny medial branch nerve that is sending pain signals to your brain. In a procedure that is similar to an injection for pain, we give the patient a local anesthetic and then insert an electrode near the nerve branch going to the problematic joint. This causes the tissue around it to heat up, similarly to what happens in a microwave. The proteins in the nerve are destroyed and the scarred nerve disappears, resulting in pain relief. It typically takes 9 to 18 months or even longer for the nerve to repair itself and begin sending pain signals again. At that point, patients can repeat the procedure.

This is a very safe treatment that has been performed for years in hospitals; now it also can be done in the office. Medicare and most private insurers will cover this procedure if the patient has tried conservative treatments but remains in pain.

Q. I've had back pain for years, but thought it was just arthritis. Then suddenly my pain got really severe. My doctor sent me for an MRI, and it showed that I have a recent compression fracture in my spine. I also have been diagnosed with osteoporosis. I am in horrible pain. Is there anything that might help?

A. Compression fractures in the spine occur most often in women and usually in individuals who have been diagnosed with low bone density or osteoporosis. They often result from trauma. Even a sneeze or a small fall may be enough to cause a fracture in someone with low bone density.

We typically start with conservative treatments – including bracing and pain medications – because most of these fractures eventually feel better without intervention. If you have tried conservative treatments and your pain remains severe, there is a procedure that may help: vertebral augmentation. It involves adding bone cement to the area where the fracture is located.

This outpatient procedure is performed under light sedation, with local anesthetic, in our office or a surgery center. Using fluoroscopic x-ray equipment to guide us, we use a small hand tool to enter the vertebral body where the compression fracture is located. A balloon is inflated to create a cavity in the area of compression. The balloon is then deflated and bone cement is added. Pain relief is usually instantaneous.

You also need to be treated for your osteoporosis to prevent more compression fractures. Once you have had one, you are more likely to have another.