

Spinal Stenosis: Common in the 50+ Set

Spinal stenosis, or narrowing of the spinal canal, is a condition which typically affects individuals over the age of 50. A gradually degenerative process, stenosis causes compression of the spinal nerve roots leading to persistent back pain which radiates to the buttocks, thighs or legs. There also may be weakness, tingling or numbness in the lower extremities. Symptoms are usually worsened by standing or walking and relieved by sitting or reclining. Pain relievers tend to be unsuccessful. Stenosis affects at least 400,000 patients a year, and it is the most common indication for surgery in people over 60. I see several hundred patients with spinal stenosis a year.

Symptoms usually gradually develop, but if they persist or worsen a primary care doctor or spine specialist should be consulted. During the exam, the doctor takes a complete history, performs a thorough physical examination including assessment of muscle strength, sensation and reflexes. The physician must also rule out other musculoskeletal or vascular conditions that may manifest themselves with similar symptoms. In most cases plain x-rays of the spine are obtained at the initial office visit. MRI (Magnetic Resonance Imaging) or CAT (Computerized Axial Tomography) are commonly used to confirm the diagnosis.

If the patient experiences progressive weakness, progressive sensory loss, or loss of control of bowel or bladder function a doctor should be seen immediately. These are symptoms of a rare condition known as *cauda equina* syndrome, which is caused by severe compression of the nerves in the lower portion of the spinal canal. This is considered a surgical emergency and if left untreated, it can lead to permanent paralysis and loss of bowel or bladder control.

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Spinal stenosis cannot be prevented and usually gradually worsens over time, but the progression can be slowed with regular exercise, weight control and smoking avoidance. Symptoms can be treated with exercise, physical therapy; activity modification; lumbar braces/corsets; non-steroidal, anti-inflammatory drugs and epidural blocks.

If noninvasive measures fail, surgery is effective in greater than 85 percent of patients. Decompressive laminectomy is the most common surgery performed to correct spinal stenosis and creates more room for the nerve roots. Symptoms of stenosis may reoccur as early as seven years after laminectomy, as it does not stop degeneration of the spine. Minimally invasive procedures such as a laminotomy or foraminotomy utilize smaller incisions with less soft tissue damage to decompress the nerve roots and allow more rapid recovery and return to normal activities. Spinal fusion, a process in which screws, rods and pieces of bone are used to connect vertebrae together to stop painful motion, is occasionally necessary in treating patients with stenosis associated with spinal instability.

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