

There is Big Help in a Small Way for Sufferers of Spinal Stenosis



Dr. A. Jay Khanna

Spinal stenosis affects millions of Americans. It is a narrowing of the space around the spinal cord and nerve roots that can cause pain, numbness and/or weakness in the arms and

legs. Spinal stenosis often occurs due to age-related degeneration of the spine in middle-aged to older people and due to herniated discs in younger patients. However, it can also result from injuries such as fractures, congenital (from birth) conditions, infections and tumors.

“Surprisingly, most patients that come to see us are better treated with non-operative options rather than with spine surgery,” says Suburban Hospital Spine Surgeon, A. Jay Khanna, M.D.

“These options include activity modification, physical therapy, anti-inflammatory medications and interventional pain procedures such as epidural and facet injections.” Dr. Khanna says that the patients who are considered for surgical intervention typically have symptoms that persist after non-operative management and have findings of significant stenosis or other problems on their MRIs or

other imaging studies. For many, the symptoms interfere with work, family and their ability to be productive and active.

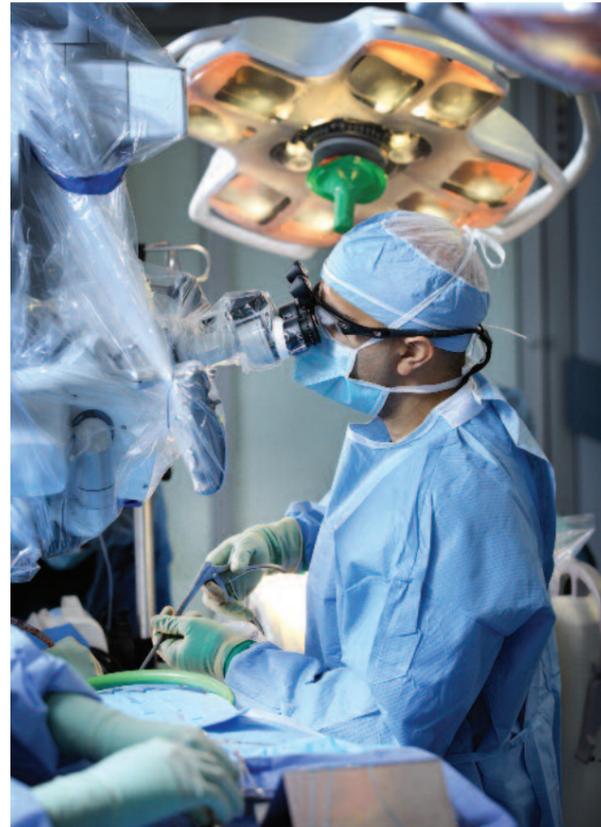


Photo Caption xxxxxxx

Dr. Khanna performs the newest techniques in minimally invasive surgery on patients with spinal stenosis and other conditions of the spine.

“Many patients still require spine surgery through a conventional open incision; these techniques are tried and true” says Dr. Khanna. “However, for the right patients with particular findings on their MRI studies, we offer minimally invasive options that allow us to take care of the problem and get our patients back to their activities sooner.”

Minimally invasive procedures are performed through smaller incisions, with smaller instruments and with imaging and other technology, such as an operating microscope, that allows the surgeon to place his or her instruments precisely where they need to be. These techniques make spine surgeries safer for patients because the risk of damage to surrounding tissue is

minimized. Recovery times are generally shorter and patients typically return to daily activity much sooner.

Dr. Khanna coordinates the care of his patients with their physicians, including the patient’s primary care physician and medical specialists. Each provider has a different contribution to the patient’s well-being and it is important that we work together as a team or at least share our thoughts.”

Read about two of Dr. Khanna’s patients who found relief for spinal stenosis through a minimally invasive procedure.

TO LEARN MORE | Dr. Khanna will speak about minimally invasive spine surgery on Wednesday, October 17 as part of our month long “Transforming Treatment” series of seminars featuring 21 physicians from Sibley Memorial Hospital and Suburban Hospital. To register for Dr. Khanna’s program, call 301-896-3939. For more information about the entire series of seminars, please see page 9.

Wayne Morris

Age 58. Maintenance, yard and groundsman. Worked 35 years for Seagram in Baltimore. Married. Hobby: Softball

Wayne Morris had spine surgery in 2003 to repair damage to his spine from a fall at work. He managed well until the pain gradually returned with periods of numbness in his left leg. He had to halt almost all activities, including work, because the pain was so severe. The resident of Glen Burnie, who gave up playing softball, believed he was too young to be sidelined this way. When efforts to manage his pain failed, his physician Dr. Rehan Khan in Baltimore, agreed that it was time for another opinion and referred Morris to Dr. Khanna. Morris had a new problem — severe stenosis in his lumbar spine at the L3-4, above the level of his prior spine surgery. Dr. Khanna performed a minimally invasive *decompression and fusion procedure* from the side of the spine to stabilize the next level and take the pressure off of the nerves. Morris, whose surgery was in June, returned home the next day and reports that he feels like a new man. “Dr. Khanna says that I should be able to play softball again soon,” he notes. “That is exactly what I intend to do.” To see a video simulation of Morris’ procedure, go to: <http://hopkinsortho.org/dcregion/xlif.html>

“Surprisingly, most patients that come to see us are better treated with non-operative options rather than with spine surgery.”

Susan Townsend-Gray

Age 49. Assistant Director, Holton Arms Creative Kids Camp in Bethesda. Responsibility: Create summer fun for 200 4 to 7 year olds. Mother of three. Hobbies: Susan knows this sounds funny, but... she loves to rake leaves. She also loves being active with her daughters, Kaitlyn and Heather (pictured).

Townsend-Gray lived with chronic lower back pain for 20 years. She admits it was a roller-coaster ride of trial and error through the years. She had two spine surgeries that gave her relief for a while, but each time the pain returned becoming worse in the last two years, with the pain and numbness occurring mostly in her foot. After three epidural injections that provided her with only temporary relief, she wanted to explore other options. Dr. Glenn Babus of the Spine Center at the Center for Pain Management in Rockville suggested she see Dr. Khanna. Townsend-Gray’s MRI showed spinal stenosis, degenerative disk disease and a herniated disk in her lumbar spine. “In Ms. Townsend-Gray’s case, the leg and

foot weakness was persisting and progressing,” says Dr. Khanna, noting that she was at risk of having a permanently weak foot unless the pressure was taken off the nerve. Dr. Khanna performed a minimally invasive *transforaminal interbody decompression and fusion (TLIF)* to remove pressure from the nerves and stabilize the vertebra. “Dr. Khanna and physician assistant, John Volatile, were very supportive, explaining every step of the way,” says Townsend-Gray, who spent just two nights in the hospital. For the first time in 20 years, Townsend-Gray reports feeling great! She anticipates at the time this issue of *New Directions* is out, she will be happily raking leaves! To see a video simulation of Townsend-Gray’s procedure, go to <http://hopkinsortho.org/dcregion/tlif.html>

Alyce Sarno

Age 50. Communications vice president at a local corporation. Mother of three. Hobbies: anything water-related, including boating, fishing and swimming.

All Alyce Sarno had to do was turn her head a certain way and pain would shoot from the back of her neck to her arm. Sometimes her arm would go completely numb. It began three years ago, and she was able to manage the pain conservatively for much of that time. The pain finally increased to the point where Sarno could not sleep or function normally. In her position she had to be at the top of her game every day. It was time to look for other options. She

was referred to Dr. Khanna by Dr. Chandrashekar Kalmat, of the Pain Management Institute in Bethesda. Sarno’s MRI showed severe stenosis in the cervical spine (neck). “Bone spurs and disc protrusions at the C5-6 and C6-7 levels in



Ms. Sarno’s neck were pressing on her nerves and spinal cord causing the numbness, pain and weakness in her left arm,” says Dr. Khanna. Given the progression of Sarno’s arm pain and weakness Dr. Khanna felt that it would be best to proceed with surgery. “With the help of an operating microscope, we

performed *anterior cervical decompression and fusion (ACDF)*, which allows us take the pressure off of the cervical spine nerve roots and spinal cord and stabilize the area,” he explains. Though not considered a new minimally invasive procedure, Khanna says the ACDF is a procedure that has always been performed through a small incision and has an excellent track record. Sarno spent one night in the hospital after surgery and went back to work five weeks later. She has resumed all activities, has more energy to concentrate fully at work now that the pain is gone. Her only regret? “I should have had surgery sooner.”

To see a video description of the procedure, go to <http://hopkinsortho.org/dcregion/acdf.html>

