DR FRANCOIS SWART
NEUROSURGEON

PATIENT INFORMATION: CONSERVATIVE TREATMENT OF DEGENERATIVE SPINAL PAIN

Degenerative spinal pain is pain due to normal ageing (wear and tear) of the joints in the spine.

Patients with degenerative back and/or neck pain are considered for neurosurgical treatment (i.e. operations or injections) in only 3 situations:

1. The inability to control bowel or bladder function as a result of the spinal problem.
2. Objectively evident significant muscle weakness in the distribution of an involved nerve root(s).
3. Unmanageable pain despite a properly conducted conservative treatment program, in which a clear target/cause for the pain can be seen on MRI scans. Conservative therapy should be optimal for 6 weeks at least, before surgery is to be considered.

**** CONSERVATIVE THERAPY SHOULD BE MANAGED BY YOUR USUAL GP**

IT IS NOT NECESSARY TO CONSULT WITH A SPINAL SURGEON **

1. REASSURANCE ON GOOD PROGNOSIS

Spinal pain is a chronic, but benign condition that does not end in functional impairment. Patients should be aware of this to decrease anxiety and depression due to chronic pain.

2. PHYSICAL HEALTH

Patients should nurture a healthy lifestyle (**this is the single most important aspect determining long term pain disability)**:

- When the pain is severe, a brief period of rest, ice or heat applied on the area and early mobilization is recommended.
- Smokers have almost double the amount of spine pain compared to nonsmokers.

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- If you are diabetic, make sure glucose level is well controlled.
- Both overweight and underweight people have more spinal pain.
- You may continue with normal activities of daily life. It is not necessary to limit physical activities. Even on painkillers the symptoms will not be "masked" enough to cause further damage.
- Mood problems should be aggressively managed – there is often a significant psychological stress component to spinal pain. Cognitive behavioural therapy, mindfulness-based therapy and other therapeutic modalities have been shown to be beneficial. My rooms have contact details of specialists in the field.
- Exercise to an equivalent of 6000 steps per day. I advise walking, cycling or swimming, but any equivalent exercise is acceptable. It is important to encourage sustainable exercise There are many smartphone-based applications that can help to monitor activity levels.
- "Specialised" exercise programs like active range of motion exercises, progressive resistive techniques, isometric exercises and others are not required or beneficial. It is more important to perform generalized aerobic exercises.

3. PHYSICAL THERAPIES

- Physiotherapy, chiropractic treatment, biokinetic treatment and acupuncture have an important role to play. At least 50% of patients improve on these therapies and their respective success rates are very similar, so it is a matter of personal preference who to use. Traction is a useful technique in cervical pain but has no benefit in lower back pain.
- Bracing is not required.
- There is no scientific evidence that prolotherapy, magnet therapy, Yoga, Tai-chi or massage therapy is beneficial.
- Improving physical and behavioral ergonomics at work and home is imperative to avoid continuous exacerbation of pain.

4. REGIONAL INJECTIONS

The only proven indications for spinal 'infiltrations' are for patients with severe radicular pain (sciatica type pain down the limb in a nerve root distribution) and for neurogenic claudication (pain down both limbs when walking in the context of spinal canal narrowing). Select patients with arthritis type pain that does not respond to conventional conservative measures, may benefit from regional injections and rhizotomies. These are temporary measures to control severe pain and are not universally successful and may have to be repeated periodically.

5. MEDICATION (you may get this from the GP)

- Paracetamol (guidelines recommend no more than 3 grams per day)
- Anti-inflammatory medication

- Muscle relaxants may be used. Note that some of these preparations already contain paracetamol, so no additional paracetamol should then be taken
- I do not use Corticosone as a rule, but its short-term use may be considered in severe pain episodes and not more than three times per year
- Strong painkillers to the level of Tramadol and Codeiene
- Your doctor may add drugs like Trepilene and Lyrica to relieve more widespread or nerve-type pain

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