Post-Laminectomy Syndrome

Chronic Pain that Continues After Spine Surgery





Spine surgeons perform back surgery to reduce or eliminate chronic back or leg pain due to spinal nerve compression. Should surgery fail to achieve all of its desired outcomes, the result is known as postlaminectomy syndrome (sometimes called Failed Back Syndrome). If you are among those who continue to suffer from back and/or leg pain after surgery, you know the frustration and despair this can cause. What you may not know is that there is hope. When accurately diagnosed, most post-surgical pain can be managed effectively. Our network of pain management physicians is skilled in determining the true source of your pain and providing the most effective non-surgical approaches available.

Understanding postsurgical pain

About 500,000 spine surgeries are performed in the U.S. each year, and yet surgery is not always successful for everyone. In fact, up to 20 percent of Americans who undergo spine surgery each year still have some degree of persistent back or leg pain afterwards. When spine surgery does not achieve the results desired by you and your physician, this condition is often referred to as post-laminectomy syndrome.

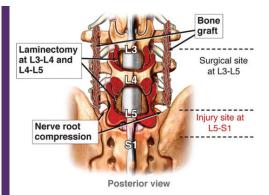
Why post-surgical pain occurs

There are a variety of factors that may cause post-laminectomy syndrome. In many cases, the spinal nerve root, which has been decompressed by the surgery, simply does not fully recover from

its prior trauma and continues to be a source of chronic nerve pain or sciatica. In other instances, the body's way of healing includes scar formation, which can surround the nerve roots and give rise to chronic pain. Another relatively common occurrence is the presence of structural changes in the spine that develop above or below the site of a spinal fusion. Other causes include recurrent or new disc herniation, post-operative spinal or pelvic ligament instability (such as SI joint dysfunction*), and myofascial pain*.

The symptoms of postsurgical pain

The symptoms of postlaminectomy syndrome depend on the cause. You may continue to experience pain similar to the pain you had prior to surgery.



Symptoms may also include dull and achy pain that is primarily located in the spinal column. You might experience sharp, pricking, and stabbing pain called neuropathic pain that radiates from the back down the legs.

Neuropathic pain is caused by a primary injury to the nervous system. In post-laminectomy syndrome, the nerve root injury caused by the spinal disorder that led to surgery may cause neuropathic pain. Neuropathic pain is associated with abnormal sensitization of the spinal nerves followed by "central sensitization" of the spinal cord, which receives the initial pain signals. "Central sensitization" leads to the reorganization of pain pathways, resulting in chronic pain. One result of this reorganization is the

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experience of allodynia, which is the interpretation of a non-painful stimulus as painful. For example, a light touch or brush against the skin would cause a painful experience. Hyperalgesia may also occur, which is an increased response to a painful stimulus. For instance, heat or a light pinprick may be perceived as more intense pain than typically expected.

The importance of accurate diagnosis

As with any painful condition, a precise diagnosis is critical to determining the most effective treatment. To correctly identify the cause of your pain, our affiliated physicians use state-ofthe-art diagnostic techniques. An in-depth evaluation may include a combination of studies such as x-rays, MRI, EMG studies, or x-ray guided diagnostic spinal injections. After determining the true source of your pain, our medical experts devise a customized treatment plan specifically to help you.

Effective pain relief without surgery

Understanding that each patient is unique, our network of board-certified physicians takes an individualized approach to your post-surgical pain. A comprehensive plan typically includes a tailored combination of conservative measures and sophisticated techniques, such as physical therapy, spinal stabilization exercises and treatments, anti-inflammatory and other medications, trigger point injections*, epidural nerve blocks*, radiofrequency denervation*, lysis of adhesions, or spinal cord stimulation*. Advanced regenerative treatments, such as prolotherapy* and platelet rich plasma therapy*, may also be recommended. Potentially offering significant long-term relief, these techniques may provide more complete and permanent improvement.

Proven to be safe and effective, all of these procedures are performed in a sterile, officebased setting without general anesthesia, hospital stays, or prolonged recovery periods. Many who have not gained pain relief through surgery benefit from the help of these non-surgical approaches. Talk to our pain specialists to learn about which treatment options may help you.

*For more details, ask for an information sheet specific to this condition or procedure.

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