

IS IT TIME FOR SPINAL SURGERY?

PIERCING BACK PAIN. NUMBNESS DOWN THE LEGS. A DRAMATIC DECREASE IN ACTIVE ABILITIES.

Degenerative spondylolisthesis is twice as common in women as men, but it doesn't have to ruin your life.

Spine specialist Dr. Jeffrey Spivak acknowledges that no one wants to talk about the "f" word—that is, fusion.

"To many, spinal surgery—especially spinal fusion—is a scary, negative proposition, but it doesn't have to be," says the board-certified orthopaedic surgeon and renowned researcher who has dedicated his career to the advancement of spinal surgery.

Spinal surgery is usually the last line of treatment for degenerative spondylolisthesis, a debilitating slipped vertebrae condition often accompanied by back pain and numbness and weakness in the legs. The differing pelvic anatomy of men and women is often considered to be the reason why this condition is more prevalent in women.

Spinal surgery seeks to accomplish two goals: enlarge space for nerves that have been pinched as a result of a compressed spinal canal and fuse the slipped vertebrae to realign and stabilize the spine. A newer procedure that uses a stabilizing clamp, called **coflex® Interlaminar Stabilization®**, may be appropriate for many patients, avoiding traditional fusion surgery.

Most patients can be well managed with nonsurgical treatment for many years before needing surgery.

Dr. Spivak first assesses the patient's pain and activity level and examines for any neurologic weakness. Only when conservative measures—such as physical therapy and injections—fail to provide relief is surgery recommended.

"Surgery is not for the person who used to jog eight miles and now can only jog five; it's for the person who can't jog two blocks," says Dr. Spivak, who serves as Director of the NYU Langone Center for Musculoskeletal Care Spine Center.

"But when it's appropriate, surgery is routinely successful in helping patients who are very disabled get back to active lifestyles."

AM I A CANDIDATE?

Pain from degenerative spondylolisthesis can begin in a person's mid-to-late 40s and can grow in intensity over the following decades. Its degenerative nature means it will likely worsen with time.



Jeffrey M. Spivak, MD

Associate Professor, NYU Langone Medical Center
Department of Orthopaedic Surgery

"Gave me back my life"

Nancy Kaplan was a healthy, active, 59-year-old Long Island resident when the pain overtook her life.

"It was horrific, just unbearable," she recalls. "I had numbness down my leg and excruciating pain in my lower back. I was unable to do anything."

Nancy had been diagnosed with degenerative spondylolisthesis 10 years prior, but it had progressed to the point of debilitation. Injections and physical therapy failed to provide relief.

In February 2015, Nancy underwent spinal fusion performed by Dr. Spivak.

"Was it worth it? I'll just say this: Just four months post-op, I did 61 flights on the StairMaster® at the gym," she says. "I'm doing amazing. Dr. Spivak and his staff are phenomenal. They gave me back my life."