

# TalkBack

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FREE TO MEMBERS

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Don't delay, be active!

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## Surgeons speak out

Surgery can't fix all

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## Back from catastrophe

A personal journey

# A surgeon's perspective on surgery for back pain

George Ampat is a consultant orthopaedic surgeon with a special interest in spinal disorders currently based at Royal Liverpool University Hospital. He qualified in medicine at the University of Madras in 1986 and moved to the UK in the mid-1990s, joining the John Radcliffe Hospital at Oxford University as a specialist registrar in orthopaedic and trauma surgery.

After years of surgical practice, and witnessing the alarming trend in unnecessary and inherently risky surgeries being performed, he has decided not to operate. His mission now is to provide quality orthopaedic and spinal opinion, particularly to patients who have doubts about their diagnosis, are unsure about surgery or who have not improved after surgery.

**T**hough back pain is one of the most common health problems, its cause is not usually clearly identified. More than 80 per cent of adults will experience an episode of back pain at some point in their life. Half of us will have back pain in a given year. Men and women of all ages can be affected by back pain.

Most back pain is simple and will settle with no active intervention. The general advice is to keep mobile and to rest as little as possible. However, back pain can be worrying and needs to be looked at if patients have "red flags". Red flags include the history of cancer, infection, fever, inability to pass water or numbness in the saddle area. If these symptoms are not present, then back pain can be managed with mobilisation, simple stability exercises and over-the-counter medication.

Research shows that only two or three patients out of 100 who attend a health professional for back pain finally require surgery. The remaining 97-98% get better without surgical intervention<sup>1</sup>.

Unfortunately, there is a false belief that surgery or new technology can fix back

pain. This is far from the truth. Surgery is very rarely required for back pain. Surgery is generally only needed when the nerves in the back are compressed and that causes leg pain. This leg pain in association with back pain is commonly called sciatica. Though numerous inventions and devices have come into the market claiming that they would resolve back pain, it has all made a quick exit when subsequent research has not substantiated their claim.

The usual cause of sciatica (back and leg pain) is a disc prolapse and in most cases it usually resolves without surgical intervention. The vertebral column is composed of blocks of bones with cartilaginous cushions in between these bones. The cartilaginous cushions are composed of a firm covering with a softer inside just like a jam doughnut. In a disc prolapse the softer inside comes through the firm outer covering and pushes on the nerves that go down into the legs. This is like how jam may come out of jam doughnut. Even with sciatica there is no need to consider any surgical intervention for six weeks if there are no red flags. Most

sciatica and leg pain is usually resolved within this period.

However, some patients who continue to experience significant leg pain beyond six weeks may benefit from surgery. A recent research from America performed in different centres compared patients who underwent surgery and those who did not<sup>2</sup>. That research has shown that surgery in carefully selected patients is beneficial over non surgical methods and the benefits persisted for up to eight years. Equally, that same research showed that patients who did not undergo the operation also continued to improve over the same eight year period. There were a number of patients even in this research study who refused surgery and have done well without surgery.

Unfortunately, there is also worrying evidence of unnecessary and wrongful surgical interventions in the spine. Dr Epstein from Winthrop University suggests that 60.7% of patients who attended their hospital and who were previously recommended to undergo spinal surgery by other spinal surgeons did not require spinal surgery<sup>3</sup>.

Dr Trang Nguyen, a researcher at the University of Cincinnati, College of Medicine, reviewed records of 1,450 patients from the Ohio Bureau of Workers' Compensation database who had back pain. Half of the patients had surgery to fuse two or more vertebrae in hopes of curing low back pain. The other half had no surgery, even though they had similar diagnoses. After two years, just 26% of those who had surgery returned to work. That's compared to 67% of patients who did not have surgery. The most worrying finding of this study was that there was a 41% increase in the use of painkillers, specifically opiates, in those who had surgery. The study provides clear evidence that for many patients, fusion surgeries designed to relieve pain from a bad back do not work<sup>4</sup>.

When the first operation does not work, sometimes a repeat operation is required on the spine. This type of surgery is called failed back surgery. Research from the Netherlands showed disappointing results after spinal fusion for the treatment of failed back surgery; 65% of the patients were worse off after the operation than before. The researchers recommend that non-operative treatment is probably more beneficial<sup>5</sup>.

The media hype around new devices and operations, and the false promises that they may provide magical cures,

may be down to the commercialisation of medicine and the spinal devices industry in particular. The spinal devices industry in America alone is worth £11 billion. This is the single biggest sector in the medical device industry, beating even the market for pacemakers and cardiac surgery<sup>6</sup>.

To quote an example, a device called GelStix<sup>7</sup> has been in use since 2010 for implanting into worn out discs. This device is manufactured in the United States but has never been approved for use in American patients. Instead, it is being implanted into patients from the UK and other countries. Excluding company literature, the only publicly available research evidence on this device was published in 2014, presenting a complication where the implanted device had fragmented and was compressing the spinal nerves<sup>8</sup>.

Unfounded claims of miraculous cures for back pain are by no means uncommon. This is true for many devices or new cures that appear for back pain. It is possible that the lack of a reliable cure for back pain is driving industry to invest in new research. However, patients should be very cautious before agreeing to undertake any procedure with a new device. The large surgical device industry may be pushing the need for surgery; patients and professionals need to be cautious before embarking on surgery for back pain.

It is possible that a new surgical fix for

back pain may be an empty promise. Any patient considering surgery must take into account that surgery can backfire, leaving patients in more pain. Patients with bad backs should understand that there is no easy solution. There is no magic bullet. It is vital that patients scale back their expectations. Legally, it is also possible that consent between a vulnerable patient in severe pain and an enthusiastic surgeon may not withstand the legal test of a fair consent in the future. With appropriate treatment, pain can be eased, but a complete cure is very difficult.

**There is no magic bullet. It is vital that patients scale back their expectations**

...there is worrying evidence of unnecessary and wrongful surgical interventions in the spine

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- take part in research questionnaires and surveys?

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