

# OPTIMAL HEALTH UNIVERSITY™

Presented by Dr. Michael Corey

## Failed Back Surgery

*Do you know anyone who is considering back surgery? Dr. Corey urges you to ask him or her to get a second opinion from a doctor of chiropractic. Why? Back surgery isn't always necessary, and many of those who opt for an operation suffer the same or worse pain — months or years later.*

*Back surgery is also linked to a host of possible side effects, such as nerve injury, infection, bleeding, scar tissue, spinal weakness and instability. Dr. Corey has gathered research about back surgery and wants you to share it with anyone you know with back pain.*



### Failed Back Surgery Syndrome

When back surgery doesn't work, the situation is called "failed back surgery syndrome." Ten percent to 40 percent of patients who undergo back surgery develop failed back surgery syndrome. It's a condition characterized by pain and decreased function. If surgery is ineffective the first time, subsequent surgeries have an even lower success rate (*Am J Med* 2008;121:272-8).

### Long-Term Pain

Research documents that back surgery patients may experience continued pain and disability.

In a five-year study, researchers followed 152 patients — 86 men and 66 women — who underwent lumbar (low-back) surgery. Two months after the operation, participants completed a self-reported questionnaire regarding back and leg pain, functional capacity, disability and motivation to work. After five years, researchers assessed lost time from work due to recurrent back pain.

"All 152 patients were prescribed sick leave for the first 2 months. Thereafter, 80 (53%) of them reported back pain-related sick leave or early retirement. A permanent work disability pension due to back problems was

awarded to 15 (10%) patients, 5 men (6%) and 10 women (15%)." Patients with moderate to severe pain were absent from work on average 67 days per year (*Eur Spine J* 2008;17:386).

### Back Surgery Complications

Dr. Corey explains to patients that back surgery is linked to a host of possible complications — many of which pose disabling long-term consequences.

One report pooled data on 412 patients who underwent back surgery during a two-year period. The participants were aged 34 to 79 years. Over 16 months of follow up, 50 of the individuals in the study experienced significant complications, including wound opening, chest pain, bowel laceration, vascular injury and intestinal obstruction.

Some patients also experienced accumulation of watery fluid in the space between the membranes of the lung and the inner chest wall. Others had dysfunction related to part of the nervous system consisting of nerves that arise from the thoracic (mid-back) and lumbar (low-back) regions of the spinal cord (*J Neurosurg Spine* 2009;10:60).



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## Sharp Increase in Surgeries

In the past two decades, the number of back surgeries performed each year has skyrocketed. “In 2001, over 122,000 lumbar fusions were performed nationwide for degenerative conditions. This represented a 220% increase from 1990 in fusions per 100,000.” (*Spine* 2005;30:1441-5.)

According to researchers, the number of spinal fusion surgeries especially accelerated in 1996 following the approval of new surgical fusion cage implants. On the other hand, during the same period, other types of major orthopedic procedures increased only minimally. “From 1996 to 2001, the number of lumbar fusions increased 113%, compared with 13 to 15% for hip replacement and knee arthroplasty.” (*Spine* 2005;30:1441-5.)



## Big Business

The sudden, sharp surge of spinal operations suggests that back surgery is big business. In the above report, scientists question whether the surgeries were necessary and effective. “These increases were not associated with reports of clarified indications or improved efficacy, suggesting a need for better data on the efficacy of various fusion techniques for various indications.” (*Spine* 2005;30:1441-5.)

Another analysis found that “the rate of back surgery in the United States was at least 40 percent higher than in any other country and was more than five times those in England and Scotland. Back surgery rates increased almost linearly with the per capita supply of orthopedic and neurosurgeons in the country. Countries with

high back surgery rates also had high rates of other discretionary procedures such as tonsillectomy and hysterectomy.” (*Spine* 1994;19:1201-6.)

## Seek a Second Opinion

Even if you’ve already received a second (or even third or fourth) opinion from a medical clinician, we urge you to get a second opinion from a doctor of chiropractic before agreeing to surgery.

Doctors of chiropractic have helped many patients recover from back pain and regain function after physicians and surgeons have insisted surgery is the only option. Unfortunately, medical schools do not typically provide adequate education about the benefits of chiropractic care, so many members of the medical establishment remain unaware as to just what chiropractic can accomplish.

## Preventive Approach

Most individuals will experience back pain at some point. Trauma, improper body mechanics and normal wear and tear all take a toll on the spine. The good news is that 90 percent of people with back pain improve with conservative care within a reasonable timeframe.

Chiropractic resolves back pain without surgery or drugs. In fact, doctors of chiropractic work to prevent pain and dysfunction before symptoms arise. Chiropractic care ends a condition called **vertebral subluxation**. Vertebral subluxation is a common condition in which spinal bones or vertebrae become misaligned, limiting range of motion.

Chiropractors correct vertebral subluxations with safe and precise maneuvers, called **chiropractic adjustments**, which restore movement and alignment to dysfunctional vertebrae.

## Chiropractic Care: a Better Option

Research shows that chiropractic care is successful in eliminating back pain even when surgery has failed. In one case study, a 41-year-old male patient sought chiropractic care after two unsuccessful back surgeries. He suffered

from chronic, severe low-back and leg pain.

Over a four-month period, he received weekly chiropractic care and performed rehabilitative exercises. Each week, he completed a questionnaire measuring low-back pain and disability and ranked his pain on a pain rating scale. His doctor of chiropractic also assessed his range of motion and his ability to carry out daily tasks at each weekly visit.

After 16 weeks of care, his range of motion was restored to normal, and his pain decreased from “severe” to “moderate.” He was also more able to perform daily activities.

The researchers reported: “The patient no longer required a cane to walk and was able to walk up to 7 miles without difficulty. Sleep increased from 5 to 7-9 hours per night. The patient halted use of pain medications, except for occasional days when he felt a significant increase in pain.”

The authors conclude that “a multifactorial treatment approach using passive [chiropractic] care plus active rehabilitative exercises can be effective in the treatment of chronic low back pain associated with failed back surgery syndrome.” (*J Manipulative Physiol Ther* 1996;19:41-7.)

## Wellness Care

Doctors of chiropractic know that prevention is key when it comes to spinal health — as it is with all aspects of wellness. Caring for the spine with preventive care is just as important as regular visits to your dentist or optometrist. Don’t wait until back pain emerges; schedule a chiropractic checkup today. We want to help keep your spine pain-free and in top form!

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