

When other pain relief treatments fail

Roger Evans was suffering with excruciating back pain.

"I have major deterioration of my lower back in combination with arthritis," explains the former CFO. "I've had multiple surgeries on my lower back, which now contains a significant amount of titanium hardware used to build artificial discs to separate my vertebrae. Additionally, the interior of my spinal cord was too small to handle the nerve bundle that was going through it, which meant yet another surgery."

Roger has been dealing with arthritis and lumbar radiculopathy, or pain radiating to the legs, for approximately 14 years. When he moved from Georgia to Florida in December 2003, another physician referred him to Mark Fallows, DO, who is board certified by the American Osteopathic Board of Anesthesiology and specializes in spinal cord stimulator trials. Dr. Fallows and his associate, Mark Hashim, MD, at Naturecoast Pain Associates offer comprehensive treatment by employing a variety of interventions to alleviate their patients' agony.

"Initially we prescribed medication and performed a number of epidurals for Roger," remembers Dr. Fallows.

An epidural steroid injection, commonly referred to as a cortisone shot, is the injection of corticosteroids, a powerful anti-inflammatory agent, into the epidural space outside the spinal cord.

"However, as time went on Roger's back was becoming progressively worse,"

recalls the doctor. "Because he was receiving only limited relief from the treatments, I recommended that we try a spinal cord stimulator."



Roger appreciates the pain relief his spinal cord stimulator provides.

"I was very enthusiastic about a treatment that could give me some relief as well as possibly reduce the level of pain medication I was taking," reflects Roger.

Spinal cord stimulator

Dr. Fallows explains how the stimulator functions. "The spinal cord stimulator delivers low-voltage electrical stimulation to the spinal cord from a device implanted just under the skin. A cable with electrodes smaller than a pen tip is threaded up into the spinal canal and extends from the very small generator to an area next to the spinal cord. The implantable signal generator, which is similar to a cardiac pacemaker, sends electrical signals that interfere with the reception of pain sensations at the level of the spinal cord, interrupting the transmission of the pain information as it travels from its place of origin up to the brain. Rather than receiving the information as pain, the brain perceives it as simply a tingling or a buzzing sensation, which most patients prefer to the pain sensation they have been experiencing.

"To some extent the patient is able to control the generator, depending on the model installed. In some models, the patient controls the generator; in others it is reprogrammed on a regular basis according to how it is performing for the patient.

"In the past, if the stimulator needed to be adjusted, the surgeon would have to go in and physically reposition the electrode, but today no surgery is involved.

The patient goes into the office, the physician hooks up a programmer to the device and makes the needed adjustment, and then the patient is on his or her way."

Successful trial run

When Dr. Fallows has a patient like Roger who might benefit from the spinal cord stimulator, he first implants a temporary device to see if it will produce the anticipated results.

"Basically it is like a test run," describes Dr. Fallows. "During the trial, the wires are brought out to the skin, and the device is worn outside the body, typically clipped to the patient's belt. The one- or three-day trial period allows the patient

to preview the results of the procedure. If the patient is happy with the results, then we remove the trial device, wait a few weeks for healing, and then implant the permanent stimulator."

Results vary. Comedian Jerry Lewis's physical gags — including a comedy stunt in 1965 that landed him spine first on a steel cable — caused him decades of overwhelming pain. He has spoken on television about the tremendous success he has enjoyed from the spinal cord stimulator. However, it does not work for everyone.

According to Dr. Fallows, some patients whose pain may be only partially relieved still report requiring less pain medications and functioning better in daily life.

Fortunately for Roger, his trial proved successful.

"It performed wonderfully," observes Roger. "I was totally pleased."

"A major blessing"

Roger had his permanent spinal cord stimulator with multiple programs implanted in April 2006.

"I change the program or frequency of my device on a daily basis," notes Roger. "This keeps my body from growing accustomed to or recognizing a single masking level and then adapting to it, allowing breakthrough pain."

"Other reasons for using various programs include that during the day, pain can change," informs the doctor. "Discomfort may be more intense in one area, such as the buttocks, during morning hours but later in the day may shift to the legs and ankles. Our patient can adjust the relief accordingly."

Each of Roger's programs also has varying degrees of power. "I can alter the amount of energy I supply to the device to change how it stimulates my nerves," points out Roger. "Like most people who have arthritis, the pain reaches a higher level on chilly, rainy days than on bright, sunny days."

Robert says that he can now walk comfortably.

"Using the spinal cord stimulator, I have also been able to reduce my medications, which was one of my goals," reminds Roger, "and Dr. Fallows's willingness to sit down with me and discuss my case in depth has been invaluable."

Drs. Fallows and Hashim always make it a priority to discuss details with their patients. "They need to know that though spinal cord stimulators can help some patients immensely, it is not a first-line treatment.

"The decision for this procedure is made on a case-by-case basis. Patients suffering with a source of pain that is not surgically correctable, such as peripheral neuropathic pain, may be ideal candidates for a spinal cord stimulator; patients who have been in very bad health and may not be able to withstand surgery may be good candidates for this easily implantable procedure. On the other hand, for otherwise healthy patients with an unstable spine that could possibly be corrected through spinal fusion, then surgery would typically be tried first to both stabilize the back and relieve the pain."

Roger concludes, "For me, this procedure has been a major blessing."

FHCN—Kris Kline

These skilled doctors also specialize in:

Back pain

Herniated discs

Sciatica

Numbness or tingling

Neck pain

Failed back surgery syndrome

Please call **(352) 527-9444** to find out more about the open house with Drs. Hashim and Fallows.



Mark Fallows, DO, is board certified by the American Osteopathic Board of Anesthesiology. He completed his undergraduate work at Alma College, Michigan, and earned

his osteopathic medicine degree from Kirksville College of Osteopathic Medicine, MO. Dr. Fallows interned at Wellington Regional Medical Center, West Palm Beach, FL, and completed his anesthesiology residency at Detroit Osteopathic Hospital/Bi-County Community Hospitals, Warren, MI, with a fellowship in cardio-thoracic anesthesia completed at Ingham Medical Center, Lansing. He is a diplomate of the National Board of Osteopathic Medical Examiners and is a fellow of the American Osteopathic College of Anesthesiologists. Dr. Fallows is a member of many professional societies, including the American Osteopathic Association, the American Society of Regional Anesthesia, and the American Society of Anesthesiologists.



Mark Hashim, MD, is board certified by the American Board of Anesthesiology. He completed his undergraduate degree at Swarthmore College, PA, and earned his Doctor

of Medicine degree, cum laude, from the University of Pittsburgh, PA, where he was a member of Alpha Omega Alpha, the medical student honor society. Dr. Hashim completed his internship and residency at Medical College of Virginia, Richmond. He is a diplomate of the American Board of Anesthesiology and a member of the American Society of Anesthesiologists and Florida Society of Anesthesiologists.

If you have pain ...

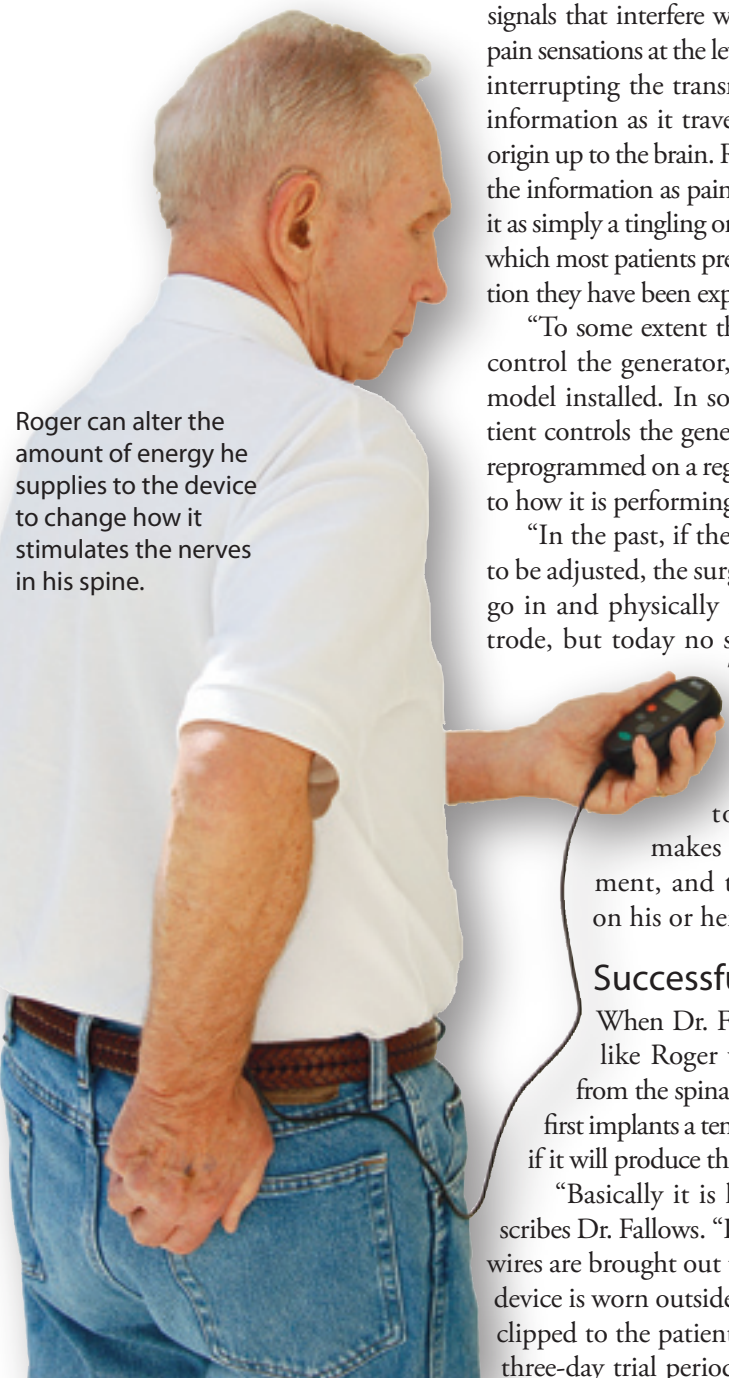
Drs. Fallows and Hashim invite your inquiries regarding the management of chronic pain. For information or a consultation, please contact:

Naturecoast Pain Associates

Allen Ridge Medical Mall
520 N. Lecanto Hwy.

Lecanto

(352) 527-9444



Roger can alter the amount of energy he supplies to the device to change how it stimulates the nerves in his spine.