



Health & Wellness

Are You Suffering From Pinched Nerve Pain or Sciatica? With a flip of a switch, you may shock away your pain!

As seen on Fox News!

By Dr. Ahmed Elborno



Patients who have been sidelined by chronic neck or back pain caused by failed back surgery may now find relief with a flip of a switch.

Agonizing, and sometimes debilitating, back pain is most often experienced by people with herniated discs, an injury that strikes about one and a half-million Americans each year. Commonly

referred to as a "thrown-out back" or "pinched nerve," this injury can be accompanied by intense pain in and around the affected disc as well as in surrounding areas of the lower back and in the leg.

When resulting from failed back surgery, the pain is often so disabling and debilitating that patients often find it difficult to walk and to perform normal activities of daily living.

What are the conservative modalities that are offered in an interventional pain clinic for the treatment of neck and back pain and pinched nerves? And what are the general rules of back pain management?

Like any other medical condition, correct and accurate diagnosis is the key for effective treatment. Proper diagnosis is achieved by obtaining detailed history and through an extensive general and neurological evaluation.

Interventional, non-surgical pain management procedures for treatment of neck and back pain may include, but are not limited to, epidural injections, nerve blocks, radiofrequency ablation, non-surgical disc decompression (nucleoplasty), Facet injections, Sacroiliac joint injection, neurostimulation, and other. Very important for a successful outcome is to use treatment appropriate to the patient.

What is the clinical role of neurostimulation therapies in the management of chronic low back pain?

Neurostimulation therapies can be effective for managing pain in patients with intractable pain resulting from pinched nerves. Most commonly, these patients have chronic back or leg pain associated with failed back surgery syndrome.

Appropriate candidates for these therapies are individuals where more conservative treatment therapies have

failed and who meet established selection criteria for implantation of neurostimulation system.

Is neurostimulation an appropriate alternative to repeating the operation?

Neurostimulation has been demonstrated to provide an acceptable alternative to re-operation for patients with chronic back or leg pain.

Of course there are multiple factors to consider. Appropriate candidates should meet general selection criteria for neurostimulation. The patient should not have progressive neurological deficit or dysfunction (e.g. weakness or bladder or bowel dysfunction) related to the structural lesion nor should the spinal canal be compromised substantially by a structural abnormality such as large central intervertebral Disc herniation.

The patient and physician should carefully compare the relative benefits and risks and expected outcomes of re-

operation for correction of structural abnormality and implantation of a neurostimulation system for symptomatic treatment.

It is important to know that the placement of neurostimulation system does not preclude a future operation should neurological deficits develop.

What does the neurostimulation system consist of?

The system consists of:

- one or two wires which deliver electrical stimulation to the spinal cord or targeted peripheral nerve.
- a power source which generates the electrical stimulation.

The neurostimulation system is typically implanted in two-stages separated by a trial screening period lasting approximately 1 to 10 days. Stage 1 involves trial screening. Stage 2 involves implantation of the complete neurostimulation system.

How does neurostimulation control pain?

Neuro stimulation delivers low voltage electrical stimulation to the spinal cord or targeted peripheral nerve to block the sensation of the nerve pain or sciatica. It is operated by a hand held programmer and rechargeable battery.

My patients and I continue to be wowed by the success of this method and other interventional pain management techniques. Patients whose life styles changed for the worse after chronic neck or back pain set in claim that, after this procedure or other minimally invasive pain management procedures, they once again were able to do things they missed doing for so long (such as lifting grandchildren, playing golf, swimming) because of disabling back and leg pain.

It's very gratifying to take away the pain and see my patients improve the quality of their lives. With all the available modalities for treating back pain, pinched nerves and sciatica, you should not let the pain control your life. You should conquer your pain and recapture your life.

Ahmed Elborno, M.D., is the Medical Director of the Hinsdale Hospital Pain Management Clinic, and was formerly the Chairman of Rush Oak Park Hospital Anesthesiology Department and associate professor of Anesthesia and Pain Management, Rush-Presbyterian-St. Luke's Medical Center. Dr. Elborno offers many less invasive procedures for management of neck and back pain due to disc herniation and teaches the procedure to new practitioner.

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