

WINTER 2010

Wellness Matters



HOWARD COUNTY
GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE



Top 5%
nationwide

Newlywed Wins Fight
for Her Life with
HCGH Award-Winning
Critical Care

Putting Back Pain
on the Chopping Block

CLINICAL EXCELLENCE IN OUR COMMUNITY

A man with a mustache, wearing a camouflage cap, a plaid shirt, and light blue jeans, is shown in a wooded area. He is holding a large axe and is in the middle of chopping a log. The background shows bare trees and a clear blue sky. The text 'GIVING BACK PAIN THE AXE' is overlaid on the image. 'GIVING BACK' is in white, 'PAIN' is in white, and 'THE AXE' is in purple.

GIVING BACK PAIN THE AXE

When 46-year-old David Estell of Pasadena, Md., arrived at work each morning following his 67-mile commute to Virginia, he felt as if he would almost have to crawl out of his truck to get into the building. For nearly 10 years, David had suffered from chronic back pain. Over the years, he had seen a chiropractor and taken anti-inflammatory medication with no relief. By the spring of 2009, his pain had increased to becoming almost constant. “When I cut my grass, I couldn’t move for three days,” said David. “It had gotten to the point that I had no life, and I knew I had to do something.”

HCGH Patient is Back in Full Swing Thanks to Spine Surgery



Heave-ho to Back Pain

David contacted **Dr. Oren Blam**, an orthopaedic surgeon on staff at Howard County General Hospital, who diagnosed David with a ruptured and bulging L4/5 disc. According to Dr. Blam, the wear and tear of the discs that separate the vertebra, called disc degeneration, can be caused by age, genetics and overuse. Disc protrusion or bulging can apply pressure to nerves, causing back or leg pain. Also, because David's disc was no longer able to act as a shock absorber, the vertebrae were compressed, grinding against each other and resulting in extreme pain.

Using this technique, no major blood vessels or intestines are manipulated, reducing the risk of complications and bleeding. Postoperative pain is greatly reduced and recovery also is much quicker; this results in a shorter hospital stay—typically one to two nights versus a three- to four-night hospital stay with open back surgery. Patients also experience a more rapid return to normal activity. Usually patients are walking the same day after surgery, and full recovery is typically around six weeks.

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On May 11, 2009, David underwent minimally invasive extreme lateral fusion (XLIF) back surgery at HCGH. “Although surgery is the last option, we identified a non-invasive technique that would stabilize David's spine and take pressure off the nerves,” notes Dr. Blam.

Dr. Blam used the XLIF surgical approach to reach the disc from the side rather than the front or back. This technique allows surgeons to avoid cutting the large back muscles that can lead to pain and postoperative scar tissue. Guided by X-ray and electrical neuromonitoring, the surgeon removes most of the compromised disc and spreads the compressed vertebrae apart to provide room for nerves. “In the remaining space, I placed a cage packed with bone graft that would encourage the body to grow bone, fusing the vertebrae together,” notes Dr. Blam. “A side plate and screws provided immediate stability until the bone generates, which typically takes six–12 months.”

Putting Limitations on the Chopping Block

After five weeks, David returned to work pain-free. Today, he works out at the gym six days a week and enjoys chopping wood—things he could not have dreamed of doing before the surgery. “I feel as good as I did when I was 30,” says David. “Dr. Blam gave me my life back.”



Dr. Oren Blam is a board-certified orthopaedic surgeon with a subspecialty in spine surgery. He practices with Orthopaedic Associates of Central Maryland in Columbia.

For referral to an orthopaedic surgeon on staff at HCGH, call 410-740-7750.