

Doctors at Salina Regional Neurosurgery offer comprehensive treatment options for spinal stenosis BY JOHN BERGGREN

nyone with severe back or neck pain will tell you it can make life miserable. When back pain is caused by a narrowing of the spine, known as spinal stenosis, and there are other neurologic symptoms, surgery may be the only option for relief.

"The pain just owns you," says Tim Sankey, who many may recognize for his Salina car dealership. "It hurts to sit down. It hurts to stand up. There's no place to hide from it."

Sankey had his first spinal surgery at age 35 and, now in his early 60s, recently underwent two more surgeries. The surgeries involved vertebrae in the lower back, at levels L1 through L5.

"I had numbness down my leg and into my foot," Sankey says. "I tried pain injections, physical therapy, chiropractic care, exercises and other techniques, but surgery was the only thing that really worked."

WHAT IS SPINAL STENOSIS?

Spinal stenosis in the cervical spine (neck area) and lumbar spine (lower back) are prevalent conditions. Sometimes people are born with a narrow spine and symptoms can develop in early adulthood. More commonly however, symptoms develop later in life as a result of osteoporosis or wear and tear on the body.

"It's a fairly common condition for hardworking people," says Ali Manguoglu, MD, Sankey's neurosurgeon at Salina Regional Neurosurgery. "Around here, many people work in agriculture or have other physically demanding occupations. People are living longer, too, and sometimes it may not catch up to you until advanced age."

In many cases, the narrowing of the spine is the result of deterioration of the cartilage that cushions the spine's joints, leaving bones exposed. When the bones in the joint rub against each other, people begin to experience pain, swelling and tenderness. The condition generally worsens over time and becomes more severe.

WHAT ARE THE SYMPTOMS AND TREATMENT?

Symptoms of spinal stenosis vary but typically involve pain or numbness in the extremities and the back. People with cervical spinal stenosis often experience pain in the neck and shoulders and may experience weakness, pain and numbness that radiates down through their arms. People with lumbar spinal stenosis experience similar symptoms in the lower back, hips

X-rays, MRIs, CT scans and other studies may be used to evaluate the condition of the spine and spinal canal and to determine whether disk herniations, bone spurs or tumors are present.



Doctors at Salina Regional Neurosurgery often recommend a conservative approach when treating spinal stenosis. Pain management injections, physical therapy, lifestyle modification, exercise and chiropractic care are usually the first line of treatment options.

"Many people do find relief using these therapies and we try to reserve surgery as the last option," Manguoglu says. "Not every surgery will be a success. Most back surgeries that fail happen because the symptoms are being treated, not necessarily the actual back problem. There are other causes for leg and back pain. In some instances our radiologic studies only show borderline findings.



"However, when people are in extreme pain or there are other neurological problems present, surgery may be the first option," Manguoglu says. "For those with borderline findings, for whom we've tried everything in the book and nothing has worked, surgery is the best option."

Manguoglu, along with neurosurgeons Justin Whitlow, MD, and Scott Boswell, MD, of Salina Regional Neurosurgery, provide a comprehensive array of spine surgeries ranging from minimally invasive, microscopic nerve decompression surgeries to open techniques and spinal fusions. Treatment using spinal cord stimulators, which use low voltage stimulation of the spinal

nerves to block pain, may also be an option for some patients.

For Sankey, whose last surgery was a laminectomy (surgery to remove a part of the bone that makes up a vertebra and can take pressure off the spinal nerves or cord) in 2012, recovery included three days in the hospital and a couple of days at home before he slowly began to venture back to the office.

"I'm not a guy who can lay around for long," Sankey says. "I have to be active. I came to live an active life. It's a miracle that they can do all of these surgeries right here in Salina. I'm proud of the advances Salina Regional has made. They've given me my life back." ∭

OUTPATIENT CLINICS IMPROVE ACCESS

Drs. Manguoglu, Whitlow and Boswell hold monthly outpatient clinics in communities throughout the region where patients can access initial consultations or follow-up care. A doctor's referral is required for an initial visit. Call the main clinic in Salina at 785-823-1032 for more information.



Ali Manguoglu, MD

Holds clinics the first and third Wednesdays of each month at Trego County Lemke Memorial Hospital, WaKeeney, and the second and fourth Wednesdays of each month at Russell Regional Hospital, Russell.



Justin Whitlow, MD

Holds clinics the first and third Mondays of each month at Mitchell County Hospital, Beloit, and the second and fourth Mondays of each month at Hutchinson Regional Medical Center, Hutchinson,



Scott Boswell, MD

Holds clinics the first Tuesday of each month at 4101 Anderson Ave., Manhattan, and the second Tuesday of each month at the St. Rose Ambulatory & Surgery Center Specialty Clinic, Great Bend.