


A VICTORY LAP AROUND THE FAST TRACK





After successful surgery for repairing a herniated disc that almost paralyzed him, Patson, pictured on page 16, is living his dream of becoming a NASCAR mechanic.

Back and neck pain are extremely common, affecting more than 90% of people at some point in their lives. Although most episodes resolve on their own, it's important that patients see a physician for proper evaluation, diagnosis, and treatment.

When Patson first felt neck pain, he dismissed it as a minor nuisance. But the pain worsened over time and the 41-year-old Annandale resident sought treatment at a number of local hospital emergency rooms. "Each time, they told me it was nothing serious and sent me home," he recalls. After a long drive from North Carolina, the pain became so acute he called 911 to take him to the emergency room once again. There, an MRI revealed the worst: a huge herniated disc was crushing his spinal cord.

The radiologist immediately called Commonwealth Orthopaedics surgeon Thomas Mazahery, MD, who rushed to the emergency room. "When I got there, Patson was almost completely paralyzed," Dr Mazahery recalls. "He had no sensation from the waist down and no motion in his legs—a progressive neurological deficit. There are very few emergencies in spine surgery. This was one of them."

A herniated disc occurs when one of the small, spongy discs that cushion the vertebrae bulges or breaks open. Also known as a slipped or ruptured disc, this condition can affect any part of the spine, but is most common in the lower back. "Think of a jelly doughnut where the jelly has ruptured," explains Ronald Childs, MD, who specializes in spine surgery at Commonwealth Orthopaedics. "When a herniated disc bulges out from between the vertebrae, the

spinal nerves and spinal cord become pinched, causing pain in the back or neck, or radiating down an arm or leg. Patients also may experience numbness, tingling, or pins and needles."

Herniated discs are very common. They are usually the result of injuries, wear and tear, or degeneration over time. In many cases, the problem will resolve on its own. But if the pain persists or becomes worse, patients should see their physician. "Prompt evaluation, diagnosis, and treatment are essential, especially if symptoms include progressive weakness, numbness, or tingling, or if balance or coordination problems develop," says Tushar Patel, MD, an orthopaedic spine specialist at Commonwealth Orthopaedics. "It's important that the evaluation include a thorough examination of the cervical spine as well as the lumbar spine. People don't usually associate neck pain with herniated discs, so they might not make the connection."

Treatment ranges from conservative methods such as anti-inflammatory medications, epidural injections, and physical therapy, to surgery.

"Surgery is usually a last resort and performed if the disc is touching the spinal cord and causing compression or a neurological deficit," says Steven Hughes, MD, who specializes in spine procedures at Commonwealth Orthopaedics. "Many of my patients come in afraid they will need surgery, but I reassure them that for most people—between 75 and 80%—conservative treatments do the trick."

Patson's situation, in which the herniated disc had grown so large it crushed his spinal cord, was extremely rare. And his prognosis was poor. As he prepped for emergency surgery, Dr. Mazahery delivered the difficult news. "I had to look him in the eye and tell him he might never walk again," he says. During the procedure, Dr. Mazahery performed a corpectomy to decompress Patson's spine, removed two discs, and reconstructed his cervical spine with a bone graft. Time was of the essence because his spinal cord had shut down completely.

Fortunately, this story has a happy ending. When Patson woke up from surgery, he felt sensation in his legs. When he left the hospital four days later, the full strength of his legs had returned. Physical therapy helped him walk again. "Commonwealth's integrated approach enabled me to recover completely," says the Zimbabwe native. "Now my pain is gone and I can do anything I want. I walk two miles a day. I can sleep. I have my quality of life back."

With Dr. Mazahery's blessing, Patson will realize a dream later this spring when he moves to North Carolina to become a NASCAR mechanic. "This was a very unique case with many red flags, and this guy should have had a good neurological exam somewhere along the way to rule out the worst," Dr. Mazahery says. "Happily, we had a great outcome. We hoped for the best and we got it."



Patson proudly displays his NASCAR certificate.



Ronald C. Childs, MD, a Major in the United States Army Medical Corp, Dr. Childs earned a BA in Psychobiology from Boston University before going on to complete his medical degree and orthopaedic surgery residency at Howard University. Dr. Childs then pursued additional training in Chicago where he completed a spine surgery fellowship program at Rush-Presbyterian—St. Luke's Medical Center.



Steven S. Hughes, MD, graduated *summa cum laude* from the University of Rochester and completed his medical degree with honors from the University of Rochester School of Medicine. Dr. Hughes worked as a surgical intern at Bethesda Naval Hospital and was later honorably discharged after serving as a Commander in the United States Navy. Following his internship, he completed an orthopaedic surgery residency at Strong Memorial Hospital in Rochester and a fellowship in spinal surgery at Case Western Reserve Hospital.



Thomas Mazahery, MD, received a BA in Biology from the University of Virginia and earned his medical degree from the Medical College of Virginia. He then completed a general surgery internship and an orthopaedic surgery residency at Northwestern University. Additionally, Dr. Mazahery completed a spine fellowship at Case Western Reserve University.



Tushar Ch. Patel, MD, received his medical degree from the University of Pennsylvania and completed his internship and residency in orthopaedics at George Washington University Medical Center followed by a spine fellowship at the Cleveland Clinic Foundation. Before joining Commonwealth Orthopaedics in 2000, Dr. Patel served as Chief of the Section of Spine Surgery and as Assistant Professor in the Department of Orthopaedics at Yale University.

For full biographies and a complete directory of the physicians at Commonwealth Orthopaedics who perform these and other procedures visit our website at www.c-o-r.com.