

Quick, simple procedure for vertebral fractures

Philip Lowe has had to contend with a few health challenges in recent years.

"First I had to have a kidney taken out," says Philip, "and then I had a hip replacement operation. The whole thing was a merry-go-round."

While in the hospital for his hip replacement procedure Philip complained of persistent back pain, and doctors took x-rays to see what was wrong.

"For years I've had muscle spasms in my back periodically," notes Philip, "going back as far as my 20s. But for the last five or six years I haven't had any muscle spasms. When they checked my back in the hospital they saw that I had three cracked vertebrae. I don't know when I'd fractured them."



Harold J. Cordner, MD, ABIPP
• Board certified in anesthesiology and in pain management by the American Board of Anesthesiology
• Medical degree, St. George's University School of Medicine

- Internship in general surgery and residency in anesthesiology at Monmouth Medical Center, Long Branch, NJ
- Member, American Society of Interventional Pain Physicians, Florida Academy of Pain Medicine, American Academy of Pain Medicine, Society of Pain Practice Management, International Neuromodulation Society, International Spinal Injection Society, and numerous national and international pain societies
- Frequently lectures and teaches physicians advanced interventional pain procedures nationally and internationally
- Named one of "America's Top Physicians" by Consumers Research Council of America

Phyllis Lowe worked until age 75, and that means she definitely stays active.

"I love ballroom dancing," she says, "and I'm a chauffer for a couple of friends who have macular degeneration."

Unfortunately, her daily activities came to a halt in 2005 due to severe back pain.

"I've had degenerative disc disease for a long time, but this was something new," explains Phyllis. "I could tell the difference. The other back pain I could handle, but this was entirely more painful. I had a lot of pain in my left leg from it as well.

"I wasn't able to do much of anything but sit around. I was really in misery," she says. "It was horrible."

Defining the problem

Both Philip and Phyllis suffered vertebral compression fractures, explains Harold J. Cordner, MD, who is board certified in both pain management and anesthesiology.

"Fractures in the vertebrae can wreak havoc in patients' lives if left untreated," notes Dr. Cordner. "When someone gets a fracture in their spine, it almost always causes severe pain. Osteoporotic fractures, for example, can take an especially long time to heal on their own and are quite painful. If you think about it, every time you stand, sit, or even lie down, you move your vertebrae. It isn't like a fracture in the arm, where we can use a cast to immobilize it for a prolonged period.



Mahalo ("Thanks").
Phyllis is "thankful" to Dr. Cordner and his staff for relieving her pain so she can hula dance once again.

FHCN PHOTO BY NERISSA JOHNSON

"I have seen patients who reported that standing, sitting, or even just breathing caused them so much pain that it was like they were standing on a broken leg; the pain may be frequent, even constant, growing increasingly worse over time."

Dr. Cordner always offers the most conservative treatment first before recommending an outpatient procedure.



Harold J. Cordner, MD, FIPP, ABIPP

"It is possible to alleviate the pain of a vertebral fracture conservatively," he explains, "because sometimes the fracture will heal on its own. We can prescribe a back brace, for example. However, it may require months for that to have an effect. In the interim, most patients still have significant pain and may not be able to stand up or walk as a result. Some are actually admitted to the hospital because of their intractable back pain.

"In cases where the pain is severe, where the patient has already suffered several months before seeking treatment, or where the fracture is getting demonstrably worse, we may recommend a nonsurgical outpatient procedure called *vertebroplasty*."

Nonsurgical relief

Vertebroplasty involves injecting a specially formulated orthopedic cement

into the area of the fracture, providing the patient a speedy solution that offers pain relief and renewed mobility, while simultaneously preventing further deterioration of the bone.

The procedure is guided by the images from a fluoroscope, an instrument that provides the doctor with the multiple views required to guide the needle to the appropriate place in the vertebra where the liquid cement will be injected.

"The images are in real time," says Dr. Cordner, "which means we can see the exact position of the instrument at all times. Consequently, the placement is extremely precise."

The cement hardens in about 20 minutes, sealing up the cracks and preventing broken pieces of vertebrae from rubbing against one another.

"Of course, not everyone with back pain is a candidate for the procedure," reminds Dr. Cordner, "as it is specifically used to treat traumatic or osteoporotic compression fractures. Most patients who are vertebroplasty candidates,

however, report feeling relief almost immediately after the treatment."

Fast and easy

Philip explains that Dr. Cordner was brought in to provide him with the vertebroplasty procedure while he was still in the hospital.

"The procedure was nothing," Philip assures. "It was very quick and painless. Dr. Cordner just cemented the vertebrae and that was it."

"I saw him for a follow up afterward, and he said I was looking fine," he recalls. "He's very nice, very pleasant, and the experience was easy — one, two, three."

Now back to normal activities, Philip is doing well.

"I put in 10 miles a day on a bicycle, go to the pool, and do my own gardening. All I know is that Dr. Cordner fixed it."

Phyllis reports a fast, easy procedure as well.

"I had immediate relief, right after the procedure," she says. "Dr. Cordner had said it might be a couple days, but for me it was immediate."

"Now I'm back to dancing, and I also walk in the pool, which helps my degenerative disc pain quite a bit. I'm driving my friends around again, too."

She truly appreciates her experience at Florida Pain Management, from her initial consultation to her postprocedure follow up.

"Dr. Cordner really explained very well both what he does and how he does it," says Phyllis. "It was excellent care. I can't say enough about him and his staff. He's fantastic." **FHCN—Michael J. Salmo**

Get back into the swing of things ...

Pain management allows individuals who experience chronic pain to enjoy life and get back into the swing of things. Dr. Cordner treats a variety of painful conditions, including arthritic back pain, cancer pain, whiplash injury, arthritis, bursitis, vascular disease, reflex sympathetic dystrophy, herpes zoster (shingles), intercostal neuralgia, sacroiliac joint arthropathy, failed back surgery syndrome, post-laminectomy syndrome, scoliosis, diabetic neuropathy, and headaches. Dr. Cordner welcomes your questions about pain management. To schedule a consultation, please call Florida Pain Management Associates at **(772) 388-9998**. Office locations are **13825 U.S. Hwy. 1** in Sebastian and **787 37th St., Suite E-140**, in Vero Beach.

YES! I'd like to know more.

- Please send me additional information about pain management.
 Please contact me to schedule an appointment with Dr. Cordner.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Mail to: Florida Pain Management Associates, 13825 U.S. Hwy. 1, Sebastian, FL 32958

*The American Board of Anesthesiology is the only Pain Management Board recognized by the American Board of Medical Specialties (ABMS) for certification in pain management.