

Epidural steroid injections ease chronic back pain

“For a number of years, I’ve had a lot of pain in my lower back,” says Matt Littell. “The pain got progressively worse as time went by.”

Matt explains just how bad the problem became.

“I couldn’t stand for more than 15 minutes or walk very far,” he recalls. “If I went to a normal-sized mall, I couldn’t

PRC Associates, LLC

Vinod K. Malik, MD • Youssef Guergues, MD
Juliet D. Burry, MD • Nathan Hanflink, DO

make a full lap around the mall without having to take a break and sit down. I couldn’t stand in one spot for more than five minutes without starting to feel very uncomfortable.

“The pain came on pretty quickly, and I’d have to bend over or lean against something. It was unbearable.”

Matt finally got to where he could take no more. He consulted his family physician, who referred him to an orthopedic specialist.

The orthopedic doctor determined Matt’s low back pain was caused by the early stages of degenerative disc disease; he referred him to PRC Associates for pain management treatment. There, Matt met pain management specialist Youssef Guergues, MD.

Finding help

“When patients have severe low back pain, whether from degenerative disc disease or some other type of disc problem,” explains Dr. Guergues, “the cause of the pain is typically inflammation and swelling around the nerve roots, which lead from the spine to the arms and legs. Initially, we attempt to relieve this type of pain with anti-inflammatory oral medications. If medication fails to relieve the pain, we usually recommend a lumbar epidural steroid injection [ESI].”

Commonly referred to as a cortisone shot, an ESI involves the injection of a powerful anti-inflammatory agent into the epidural space, which is the area where nerves pass through from the spinal cord to the rest of the body.

The main goal of treatment is to introduce cortisone directly into the painful area around the nerves, where they may be trapped or pinched. The steroid solution attacks the inflammation.

As Dr. Guergues assures, this is a minimally invasive treatment with a low risk of complications.

“Because of the low risk and low incidence of any significant side effects, this is felt to be a reasonable first-line treatment and is a common procedure.”

Patients with a history of allergic reaction to steroids, however, should not seek the treatment.

“The efficacy of these injections depends on how long the patient has had the pain and the degree of damage to the nerve roots,” he continues. “Treatment is quite effective in both chronic and acute cases, particularly before the six-month mark. We encourage patients to seek treatment early — the earlier the better. However, even in chronic cases such as Matt’s, we have achieved remarkable outcomes. Many patients avoid surgery

“I was able to be on my feet for seven or eight hours at Epcot without any problems,” says Matt, “and I hadn’t been able to do that in years.”



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Targeting the source of your pain

Drs. Malik, Guergues, Burry, and Hanflink welcome your inquiries about this article and the management of chronic pain. Visit one of their convenient locations:

Daytona Beach

1671 N. Clyde Morris Blvd.
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(386) 274-2977

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130 Wallace Rd.
(386) 423-3177

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2720 Rebecca Ln., Suite 104
(386) 456-1160

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740 1/2 W. Plymouth Ave.
(386) 740-1123

Palm Coast

28 Office Park Dr.
(386) 445-3919

by receiving epidural steroid injections.”

When performed by an expert, an ESI is relatively painless. “There is little discomfort,” notes Dr. Guergues, “and the procedure generally takes just 10 minutes.”

Trouble-free resolution

Matt was delighted with the dramatic difference ESIs made for him. “Before I got the injections, on a scale of one to

ten, my pain level at times was as high as a nine, where I couldn’t function,” he says. “Now it’s a one.”

“I’m totally happy with the results. They helped out a lot.”

They helped Matt so much, in fact, that he is able to participate in life again in ways he’d almost forgotten. “I went to Epcot [at Walt Disney World] for our company Christmas party that year,” describes Matt, “and I was able to be on my feet for seven or eight hours without any problem. I felt fine, and I hadn’t been able to do that in years. It was pretty surprising to me that I lasted that long without having to sit down.”

Matt appreciates Dr. Guergues’s skill as well as his thorough explanations.

“Dr. Guergues is very informative, and he explained everything he was doing,” says Matt. “He made everything comfortable, and there were no surprises. I’d recommend him to anybody.



Vinod K. Malik, MD, is a diplomate of the American Board of Anesthesiology (ABA) and received a certificate of added qualification from the ABA in pain management. He is also a diplomate of the American Board of Pain

Medicine and a diplomate of the American Academy of Pain Management. He attended medical school and received his surgical training in India. After completing his internship in internal medicine at the Catholic Medical Center, Jamaica, NY, and a residency at the New York Medical College Department of Anesthesiology, he was awarded a fellowship in pain management. He then became assistant professor at Lincoln Medical & Mental Health Center, Bronx, NY. He has written book chapters on anesthesia and pain management and a handbook on patient-controlled analgesia. He has also published various articles on anesthesia and pain management. He is currently assistant professor at Nova Southeastern University. He has been in practice since 1996 and is president of Pain Management PRC Associates, LLC, located in Daytona Beach, New Smyrna Beach, Orange City, DeLand, and Palm Coast.



Youssef Guergues, MD, is a diplomate of the ABA. He attended medical school in Cairo, Egypt, after which he was awarded an internship in general surgery at Harlem Hospital Center, New York City. He then completed a

residency in family practice at South Nassau Communities Hospital, Oceanside, NY, and a residency in anesthesiology at Texas Tech University Health Sciences Center, El Paso. After completing his residency in anesthesiology, he practiced anesthesiology and pain management at North Baldwin Hospital, Bay Minette, AL; Flagler Hospital, St. Augustine; and Ocala Regional Medical Center. He is currently practicing at Pain Management PRC Associates, LLC, located in Daytona Beach, New Smyrna Beach, Orange City, DeLand, and Palm Coast.



Juliet D. Burry, MD, completed her undergraduate studies in pharmacy, earning a doctorate in pharmacy and becoming a registered pharmacist in the state of Florida. She then earned her medical degree at the University of Florida,

Gainesville, where she also served her internship in the university’s College of Medicine, Department of Community and Family Health. She completed her residency in anesthesiology at Shands Teaching Hospital. Dr. Burry later completed a fellowship in pain management through the University of South Florida Department of Anesthesiology at Moffitt Cancer Center and Tampa General Hospital. She is a member of the American Society of Anesthesiologists, Florida Society of Anesthesiologists, and American Society of Regional Anesthesia and Pain Medicine.



Nathan Hanflink, DO, completed his undergraduate studies at Florida State University with a major in chemistry. He attended medical school at Nova Southeastern University. He then served an internship

at St. Joseph Health Center, Warren, OH. From there, he completed his anesthesiology residency at Doctors Hospital, Columbus, OH, and his pain management fellowship at Pontiac Osteopathic Hospital, MI.

“Anyone who is having pain has to get this done. It’s worth it.” **FHCN**—Michael J. Sahn

“When we administer an epidural steroid injection,” notes Nathan Hanflink, DO, “we use an imaging tool called *fluoroscopy*, which is a kind of video x-ray that enables us to view internal structures.”

Fluoroscopy is used in a wide range of medical applications, from gastrointestinal exams to radiological treatment. For ESI treatment, it is essential.

Fluoroscopy crucial for ESI treatment

“We use a contrast material called *omnipaque*, a special dye we inject to confirm that we are in the epidural space,” explains the doctor.

“Various journal articles report that there is a 30 to 50 percent chance you’re not in the epidural space if you don’t use fluoroscopy,” he adds. “Consequently, it’s important to make sure your physician uses fluoroscopy for your ESI.”

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