

To Have Surgery or Not to Have Surgery – That Is the Question!

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Mention to someone that you need to have surgery and anyone within earshot of the conversation feels free to join in and tell you a horror story about a relative, friend, acquaintance or any combination of the above who had disastrous results with the same surgery that you are having.

The decision to have surgery is a difficult one for anybody, but for those of us who have chronic ongoing health problems, it is especially challenging. In addition to the typical worries one associates with having surgery, we have the added fear of aggravating our current condition and ending up in even more pain or with more limitations than we already have. Another big concern is recovery time – will it take longer than usual because of our current health issues, and how long will we be experiencing more pain than we normally do on a daily basis?

In March of 2005, my orthopedic surgeon ordered an MRI because of a pain in my lower back that was running down my right leg and into my foot. The MRI showed I had moderate spinal stenosis. Spinal stenosis is a

narrowing of the spinal canal caused by the growth of bone or tissue or both that reduces the size of the openings in the spinal bones and causes pressure and constriction on the nerves and/or spinal cord.



Dr. Mayo and Debbie Hardy

My physician advised that eventually I would need to have surgery for this condition and said I should think about that possibility. In the back of

my mind, I started replaying all of those horror stories you hear about people having back surgery. I thought I would have the surgery the 12th of never or when I couldn't walk at all – whichever came first.

Occasionally, over the course of the next two years, I would seek medical help when I physically over-extended myself in some way and was in such pain I could barely get around. Sometimes, I even let the idea of surgery roll around in my head for a few days, but eventually the steroids, pain pills and rest would significantly relieve the pain, and I would dismiss the thought of surgery and get busy with the process of living life.

While recovering from a serious fall in June, I found myself unable to move my right leg from the knee

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down. This was a particularly devastating problem for me. Polio had partially paralyzed my left leg, so I use a long leg brace and crutches to ambulate. But my right leg has always been extremely strong, and without it in proper working order I knew I could not get around at all on my own feet.

My first thought was I had injured my quadriceps muscle in the fall. When I saw my physician, he assured me my quadriceps muscle was intact. He ordered an MRI of my back, saying he thought it was causing the problem with my leg. He also sent me to a neurologist to assess the problem and to test for nerve damage.

The nerve conduction studies completed by the neurologist showed there was nerve damage in the right thigh above the knee. However, he said the nerve damage was “old,” probably from polio, and that a combination of overuse of the leg and injury from the fall had stunned the damaged nerves. He thought that once the nerves had healed a bit, I would once again regain full use of the leg.

Unfortunately, the MRI showed that the spinal stenosis had progressed from moderate to very severe and was almost completely compressing the spinal cord at L-4 and L-5. I was advised the problem was severe enough to cause loss of bladder and bowel function in the near future. That was enough for me to make my decision. Pain and difficulty walking was one thing, but the thought of losing control of my bowels and bladder was unfathomable – I would have the surgery.

After thoroughly explaining the procedure used to do the surgery and

advising that this would take care of the leg pain only and not the lower back pain I had due to another condition, my orthopedic surgeon advised me to get a second opinion. He also suggested I access the Internet to read everything I could about my condition, as well as the surgery, and to ask as many questions as I needed to make myself comfortable with my decision.

In September of 2007, I had a decompression lumbar laminectomy. Through an open incision in my lower back, the bone and soft tissues of the spine that were compressing the spinal cord and nerves were removed and enlarged to relieve the pressure on my spine.

Even though my surgery took longer than expected and was particularly difficult because I had waited until things deteriorated to a severe level, when I awoke the first thing I noticed was that the pain that had run from my lower back down into my foot was no longer there. Also, I wasn't in as much pain from the surgery as I expected. After spending two nights in the hospital, I came home. Within a week, I was cooking and doing light housework.

When I mentioned to my orthopedic surgeon, Dr. Joseph G. Mayo III of Placentia, California, that I was going to write this article, he told me he was glad somebody was going to shed a positive light on this surgery because back surgery is still associated with such negative connotations.

I asked him what advice he would give to people contemplating surgery, and he offered the following:

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Having surgery?

Check out the [Summary of Anesthesia Issues for Post-Polio Patients](http://www.post-polio.org/edu/hpros/sum-anes.html) at www.post-polio.org/edu/hpros/sum-anes.html prepared by Selma H. Calmes, MD, (retired), Chairman and Professor, Anesthesiology Department, Olive View–UCLA Medical Center, Sylmar, California.

Recommend an Orthopedic Surgeon

Have you had successful surgery during the last three years?

Post-Polio Health International wants to expand its list of orthopedic surgeons who have performed surgery on polio survivors. If you feel that your surgeon did an exemplary job and should be included on our list, we ask that you please mail the following information to the email or address listed on page 2:

- Your physician's name and degrees
- his/her specialties
- business address
- phone, fax, and website (if applicable)



It is time to update *Post-Polio Directory* for 2008.

Published since July 1985, *Post-Polio Directory* is an international listing of post-polio clinics and health professionals who are committed to staying abreast of the developments in post-polio syndrome and aging with a disability. The *Directory* also includes post-polio organizations and supports groups worldwide.

If you have been in past editions, watch your email for the request to update your entry. If you are not listed and would like to be, contact the PHI office.

The *Post-Polio Directory 2008* will be ready March 1 and is a benefit of Contributor and Sustainer Memberships. Others may contact the PHI office for a print copy (\$12 USA; \$14 Canada and Mexico; \$16 Overseas air, USD only).

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- ◆ It is important for patients to get a correct diagnosis.
- ◆ Patients need to be treated properly to see if the condition can be resolved medically before surgery.
- ◆ Patients need to understand their condition and treatment plan and be comfortable with it – ask questions.
- ◆ The surgeon and patient need to work together as a team – it is a joint effort.

As a patient, I think it is most important not only to find a good surgeon, but also to find one who treats you with dignity and respect and one you trust and with whom you can com-

municate. I did and I feel it made a huge difference in my outcome. Am I happy I made the decision to have surgery? Yes! Even though I have post-polio syndrome and limited mobility, I didn't have any more problems recovering from this surgery than anyone without these pre-existing conditions. In fact, this was the least painful surgery I've ever had, and the recovery was the quickest.

But, I am sorry I waited so long and suffered needlessly because of my own fears about what could happen. I wish I had realized sooner that back surgery, just like everything else in the field of medicine, keeps improving all the time. ▲