ARC (ARACHNOIDITIS) NEWSLETTER

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FROM THE EDITOR'S DESK

After a terrible fall season, where many southeastern states were not only drenched with rain, but also soaked with floods and castigated by over 160 mile/ hour winds, the country settled for a cold winter. And cold it was in some regions and in some cities of the country. Perhaps not too many records were broken, but it was too cold, for too long in some areas of the country. Sufferers of ARC, rheumatoid arthritis, osteoarthritis, fibromyalgia and other inflammatory, musculoskeletal disorders underwent a tough winter. These patients' abilities to predict the arrival of humid, moist weather is incredible precise. Though this may appear to be a light topic it is by no means a laughing matter since aches become pains and the occasional discomfort appears to be a constant deep throbbing pain "in the bones".

Nevertheless we must look forward to the arrival of Spring which although gives us an occasional damp weather spell, and occasionally a cold "front" with an unexpected storm that may surprise those that thought that spring was here to stay!
The good weather will return everywhere, though at some nordic places, it will blend into early summer.

Those fortunate to have, more or less, a healthy back know little about the fact that patients with ARC are walking barometers that can predict when the weather will change as they can predict cold damp atmospheric changes before they are usually announced by weather newscasters.

They did not ask for this special ability, as a matter of fact most did not even knew that it existed or could occur as a complication of spine surgery, a misplaced injection or the administration of oil soluble dyes for myelograms. These exacerbations of symptoms may follow a fall, a twist or an overdone physical activity and their sudden apparent unprovoked worsening of symptoms is not "made up" or imagined by patients with ARC; it is real and should be treated as such.

ANTIDEPRESSANTS, ANTI-INFLAMMATORIES AND THE F.D.A.

This is a follow up on my previous reports on this subject. As time goes, the various decisions taken by either the U.S. Government Agency or by the legislative branch of it, on the subject of

antidepressants used to treat the so called, relatively new psychiatric condition "ADHD" (attention deficit disorder) first described in mal-behaved children and of late extended to poorly adapted adults. These medications were initially restricted to Ritalin, then Concerta, Methyllin and Metadate were added for the treatment of children. Adderall, Focallin, and Stratera have been used for adults. As more and more individuals have been labeled victims of ADHD, the sales of this type of medications has increased exponentially from 759 million in the year 2000 to 3.1 billion in 2004. Evidently 25 patients died from serious cardiovascular complications, the FDA does not consider this number (25) large enough to warrant an investigation, yet. But knowing the mode of action of these drugs it is very likely that more will follow. The amazing set of circumstances is that in many cases, in primary schools, misbehaved children are sent to the school nurse who records whatever incident caused to have the kid sent to her/his office, then sends him/her to the local psychologist who affirms the diagnosis and a psychiatrist prescribes the medication. This peculiar process goes on without the child's parents consent; but if they object, they can be referred to the State's children' agency and the child may be removed from the parent's care. So a new generation of future citizens is being created already on medications that seriously alter the brain's chemistry. What the future of these youngsters will be, no one really knows, but it will be different and I doubt it if it will be better.
This non-challange attitude about "only 25 deaths", "only 6 neurological complications of more than 4000 epidurals" apparently did not warrant an investigation; moreover , more recently it was capped by one more center page statement was underscored on a report about "Psoas block plus sciatic block sufficient for total knee arthroplasty" highlighted proudly with the following bizarre commentary :

"*Adverse events were rare. In one patient, the psoas compartment block was misplaced into the subarachnoid space; in another an accidental intravascular application of local anesthetic caused a short loss of consciousness" (Anesthesiology News March 2006).*

To those 25 patients that died from treatment with amphetamine-like drugs it was a big deal; for six patients that were left with serious neurological deficit for the rest of their lives "it was a big deal" and for the two patients that developed those two, near death "events" that could have killed them it was a big deal. It seems that we are displaying a casual attitude of "I don't care" in the attempt to prove that a drug works or that we can do injections in delicate spaces within the human body and that the poor patients were left, crippled for life, so what. Similar attitudes have prevailed about patients developing Arachnoiditis from either laminectomies, spinal fusions, injections of steroids, blood or any other local anesthetics. To accept that we have adopted an uncaring attitude about casualties of medical practice is in my opinion unacceptable

Perhaps the analogy is to a point invalid, but it serves to reminds that every single human life and every one's quality of life is precious, if not to all of us, they certainly are to those that died or were left permanently disabled.

Casual "brush off" comments on complications and deaths from studies reflect an "I don't care" attitude, as long as the authors show "how good the drugs used were" (with few exceptions), or "how well I can perform this procedure" (most of the time). This reminded me of the list of casualties from Iraq that we read every morning four or six young soldiers die every day, supposedly defending our country, but to their families it is a big tragedy. This appears to be

common reporting in wars, as I remember the lists from Vietnam were even longer. Nevertheless, in Medical practice callous reporting is unacceptable. We must think that those 25 patients died unnecessarily, in the hope to receive a cure for a non-life threatening illness.

THE GROWING EPIDEMIC OF "FAILED BACK SURGERY SYNDROME CASES"

Three out of five new cases that I see these days are secondary to spinal surgical operations. The number of cases that are assigned this diagnosis is on the rise. As with many other diseases, the causes are multifactorial although commonly due to one or more interventions in the spine, that failed to relief the crucial, more frequent and more severe symptom "BACK PAIN". So patients keep searching for someone to relief their pain, resulting in more operations, physical therapy, fusions with metal (hardware), physical therapy, injections of steroids, more physical therapy, zapping of nerves, burning of the facet joints, spinal cord stimulators, more physical therapy. But at the end the patients have more low back pain, now radiating toward one leg, have bowel, bladder, and sexual dysfunction. These patients are still experiencing a great deal of pain in spite of the narcotics, antidepressants, anticonvulsants, muscle relaxants and hypnotics that are being prescribed. (Ostello RW et al: Rehabilitation following first-time disc surgery. *Spine* 2003:28:209-18).

What happened to the low back pain? It became worse, plus everything else, too. So now, at the end of the road, the patients receive one more final diagnosis "FAILED BACK SURGERY SYNDROME", which means little to them, although it is clear to everyone that the treatment did not work but it does not stipulate that the patient is much worse. (Taylor VM, Deyo RA et al: Patient oriented outcomes from low back surgery. A community based study. *Spine* 2000:23:244-55)

However it does not say what went wrong and why are these patients suddenly referred to Pain Clinics. (Wilkinson RS: The *Failed Back Surgery Syndrome*, Springer Verlag, New York 1st Edition 1983; 2nd Edition, 1997)

Is it because all conventional treatments failed?
Is it because the patients insurance is about to run out?

Is the allocated Workers Compensation fund exhausted?
Is it because the two years statute of limitations has passed?

According to Deyo et al: Spinal fusion surgery: A case for restraint. *N Eng J Med* 2004:350:722-6, the number of spinal fusions, per year, is on the rise, having reached over 280,000 in the year 2002 and rising. In addition, other spinal operations (laminectomies, re-explorations, removal of hardware, etc.) exceeded 900 000/year, too. In spite of all this intense interventional care, the rate of disability in these groups of patients is increasing, too. Only few patients have less pain than before, fewer get well, and even fewer go back to the same work. (Deyo RA, et al: Lumbar spinal fusions, complications, reoperations and resource use. *Spine* 1993:18:1463-70).
Also, a coherent explanation of why patients in the USA undergo spinal surgeries 7 or 8 times fold more than citizens of any other industrialized country has never been given. Is it because we do not protect the low backs of young and middle aged workers? The answer to that question is YES. No where else do construction workers lift by hand wood, sheath rock, stones, bricks, etc. There is a lack of consciousness for the avoidance of back injuries and an even grater lack of "protect your back" courses. So it is true that work conditions can be made safer for workers. In the long run, the costs would be lower as all of us know that Workers Compensation costs are on the rise exponentially; so, why not implement some preventive measures. (Cherkin DC, Deyo RA et al: An international comparison of back surgery rates. *Spine* 1994:19:1201-6.) Perhaps it is the financial gain of those involved in these procedures.

Who is loosing? The patients, their insurance companies, their employers, the health care system.

Who is winning? Everyone else, but mainly the manufacturers of hardware devices, the hospitals, the implanters.

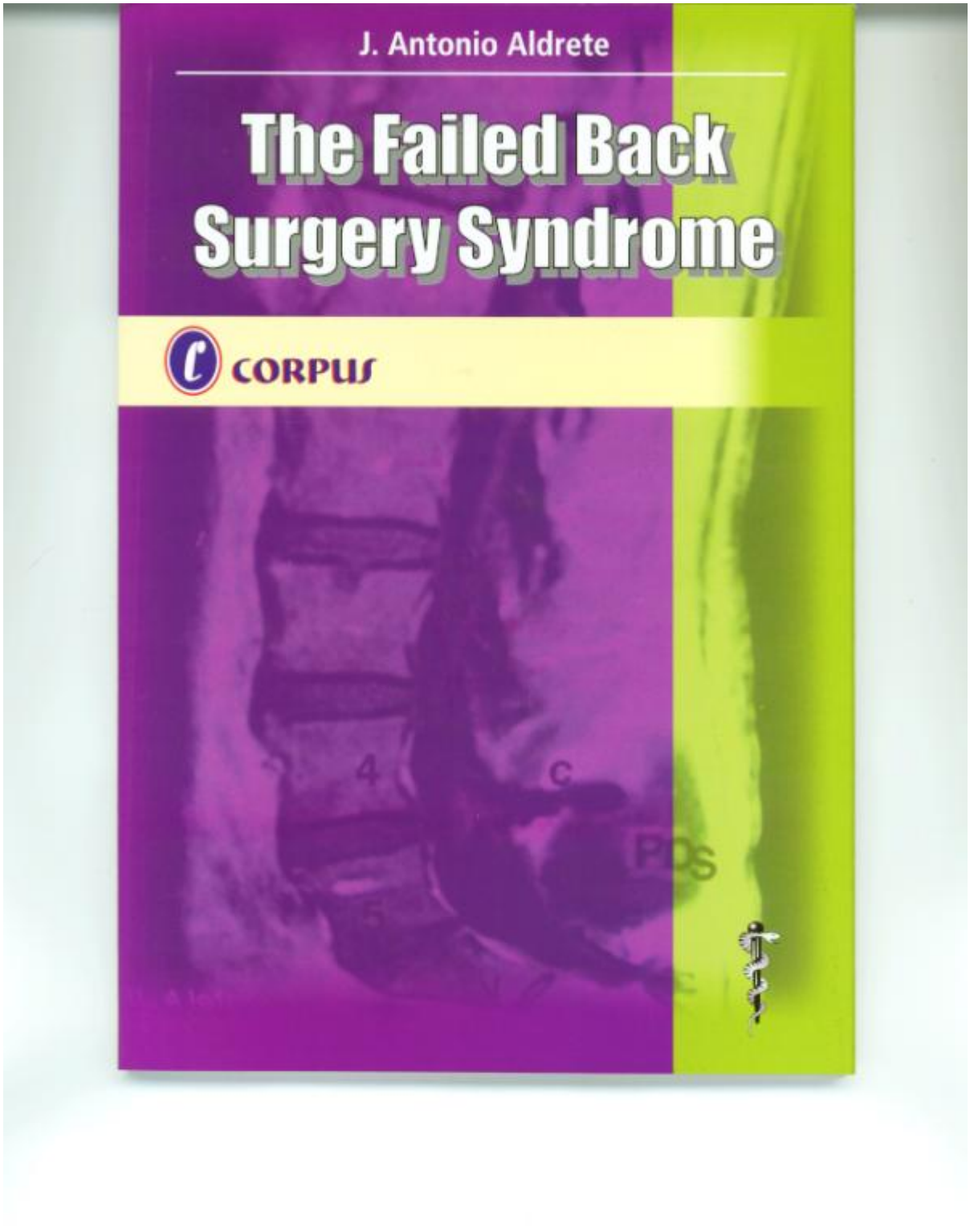
The call for a study of how patients with low back pain get to this terrible quagmire was made by North RB et al: Failed Back Surgery Syndrome; a 5 year follow-up of 102 patients undergoing repeated operations *Neurosurgery* 1991:28:685-9. Nevertheless, as more fusions and laminectomies are being performed in 2006, it is obvious that the number of patients with the diagnosis of FBSS will increase, so we will see more and more of these patients in the pain clinics. It seems that an ironic commentary could be made, as it represents more business for every one. But what about the suffering and disability of the patients? Most of them want to continue working, all of them want to be pain free and no one intended to be on opioid medications for the rest of their lives.

This apparent epidemic is taking more and more resources of the health care budgets everywhere. I am seeing more patients with this problem almost daily. Some of them have arachnoiditis, too. Others have the FBSS without arachnoiditis; further operations or interventions increase the risk of ARC as incidental durotomies and pain-relieving procedures may go astray ensuing in this dreadful complication. Patients are advised only to have invasive procedures when absolutely necessary.

My concern has been such that we have developed another WEB SITE on this disease; for those of you interested on reviewing the predisposing factors, the causes and events that may lead to FBSS please go to www.failedback.info

Also, I have written a book on this subject that explains in detail this new entity, how to prevent it and warns about the misleading concept that “more is better”; this premise can not be applied to surgery of the spine. In total, it has 62 pages, contains 30 illustrations of radiographic films depicting all possible images found in FBSS and five other illustrations, plus five tables.

This book is crucial for every physician dealing with patients having this diagnosis and it is a must for any patient contemplating the first, the second, third or fourth operation on their spine.



If you would like to purchase
"The Failed Back Surgery Syndrome"

Special price for Failed Back Surgery Syndrome sufferers is $16.00.
Price for healthcare providers and attorneys is $32.00.
Shipping and handling is $4.20.

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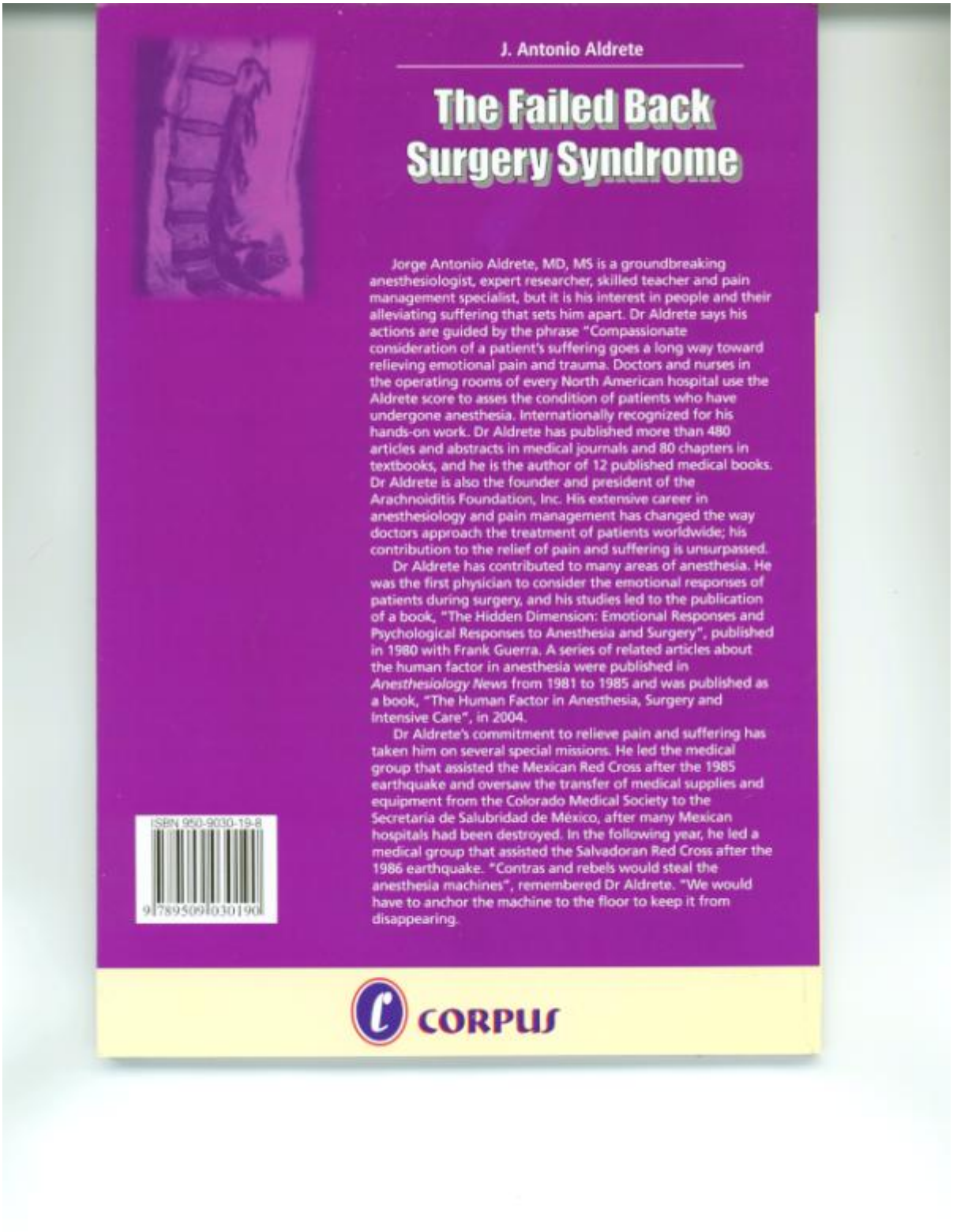

FAILED BACK SURGERY SYNDROME

FBS Usually leaves you with:

Pain that is still unbearable despite the invasive procedures.

Answers to your questions and validation of your symptoms have not been forthcoming.

Insulted by “its all in your head” insinuations?

Nobody to turn to, nobody to talk to; constant feeling of confusion, despair, hopelessness and anger.

CONTACT US
at **(205) 601-3062**
and we WILL talk to you,

or come and see us at
1 Perimeter Park S., Suite 100 N
Birmingham, Al 35243

FOR AN INDEPENDENT MEDICAL EXAMINATION

(This consultation consists of 4-5 hours face to face with the doctor, detailed review of your medical records and MRI films, and an extensive written expert report.)

CALL FOR WRITTEN CONTRIBUTIONS

As in the past, we invite contributions by physicians, patients, relatives of patients, therapists on subject related to ARACHNOIDITIS, specially their impressions, experiences and sacrifices as they help or care for this patients.

CALL FOR LETTERS, ARTICLES, CONFESSIONS POEMS, DEBATES, etc.

Readers are invited to write short, but meaningful, articles on any subject related to Arachnoiditis. They may be submitted with the author’s name or anonymously, however, with the understanding that:

a. The Editorial Board reserves the right to modify them or alter them to conform with the style and the ”Objectives” of the ARC Newsletter.
b. The copyrights will be waived with the assurances that the Editorial Board will not derive any profit from any of these publications.
c. They are simple, constructive and civil.

Thank you.
The Editorial Board

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