



Find relief from
your pain

Grand Strand Spine & Neuro Center is located at 8170 Rourk St., Myrtle Beach, and a satellite office is open at 4367 Riverwood Drive, Suite 120, Murrells Inlet. To make an appointment for an evaluation, call (843) 449-2336 or visit spineandneurocenter.com for more information.

Back or neck pain?

Grand Strand Spine & Neuro Center can help

► **IF YOU HAVE BEEN REFERRED TO A NEUROSURGEON FOR YOUR NECK OR BACK PAIN, CHANCES ARE YOU'RE FEELING A BIT NERVOUS.** Does it mean that you'll need surgery?

In many cases, the answer to that question is "No." A minority of patients are actually surgical candidates.

When noninvasive treatments do not provide relief ...

Neurosurgeons Thomas Anderson, MD, and Eugene Giddens, MD, help steer patients to appropriate, oftentimes more conservative treatments, most of which are available on-site at the Grand Strand Spine & Neuro Center. These include pain medications (over-the-counter and stronger prescription options), steroid injections (epidural, facet joint and trigger point injections)



Thomas Anderson, MD, consults with Trish Jennings, RN.



and physical therapy, as well as referrals for chiropractic treatment and, in some cases, acupuncture.

Still, some patients may not find relief with these measures, and surgery could be the best option. Using imaging such as magnetic resonance imaging (MRI) and X-rays—also available at the center—Dr. Anderson and his colleagues are able to diagnose what disease processes may be present, assess the extent of damage and determine the best course of treatment.

Conditions treated with surgery include sciatica, radiculopathy, herniated disks, spinal stenosis, degenerative disk disease and “slipped spine”—just to name a few. “People come to us at various stages,” Dr. Anderson says. “They may have been suffering from injury for a week or for years before asking for help.”

Know your options

Many neck and back surgical procedures are performed routinely and have good success rates. A specialist, such as a neurosurgeon, can help patients determine which surgical option best suits them. Common neck and back surgeries include:

- **DISK REPLACEMENT SURGERY.** When a disk becomes diseased and begins pressing on the spinal cord or surrounding nerves (causing pain, numbness or weakness), it may need to be replaced with an artificial disk. Disks act as shock absorbers and lie between vertebrae in the spine. This

Continued on page 6 ▶▶



An end to years of pain

“Who gets excited about having surgery?” Kim Hardee says. “Well, I did.”

As she saw it, Feb. 1, 2012—the day of her procedure—was the beginning of the end of the 47-year-old’s decades of pain. Since the age of 25, Kim had been plagued with discomfort and numbness that eventually worked its way down her left arm. She had torn her rotator cuff falling down stairs back in the 1990s, and her work in the catering and restaurant business often entailed carrying heavy trays and other physical demands. Her discomfort became progressively worse as the years passed.

On Dec. 26, 2011, things came to a head. “I went to lie down and when I woke up two hours later, I couldn’t move. I was in excruciating pain,” Kim says. Her pain would come on suddenly, leaving the area under her shoulder blade feeling as though it was on fire. “I could never sleep on my left side, and getting dressed took an hour and a half,” she says.

The days that followed were spent trying to find someone who could help. A visit to a chiropractor offered no answers or relief, and more conservative measures, such as prednisone shots and applying heat and ice to the area, had no effect. She found Dr. Anderson while doing online research about area neurosurgeons.

Kim’s MRI told the tale: arthritis, bone spurs, severe degenerative spondylosis (a form of arthritis that causes abnormal wearing of the cartilage and bone in the neck) and severe left-sided foraminal stenosis, which causes a narrowing of the spinal canal and puts pressure on, or pinches, surrounding nerves. Her surgery—an anterior cervical discectomy and fusion—was a multilevel repair that would tackle disks and nerves in both the cervical and thoracic portions of her spine, removing the affected disks and fusing together vertebrae to stabilize the spine.

The other aspect of her care that impressed Kim was the efforts of Trish Jennings, Dr. Anderson’s nurse. “She works harder than anyone I know,” Kim says. She made sure appointments were always set up and was available—even during evenings—to answer any questions Kim had.

“I feel so much better. My neck is still sore in the mornings, but I’m not 25 anymore,” Kim says. The surgery alleviated her pain, and she was back in full catering swing at her Conway business, Dilly Beans Catering & Cafe, in less than eight weeks.

“Would I do the surgery again? Absolutely. Would I recommend it? Absolutely,” says Kim. “You have to think about your quality of life. Living with the pain wasn’t even an option for me.”

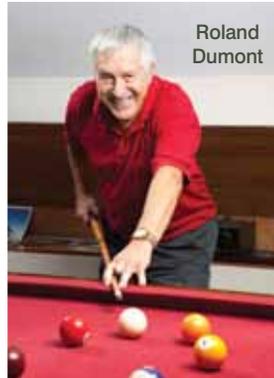


procedure may be an alternative to spinal fusion.

- **DISKECTOMY.** This procedure involves removing part or all of a herniated disk to relieve pain or irritation of a nerve.
- **LAMINECTOMY.** To widen the spinal canal and relieve nerve pressure, surgeons remove the bone over the spinal canal. Because this procedure can cause instability in the spine, a spinal fusion may also be needed.
- **FORAMINOTOMY.** Another way to relieve pressure on spinal nerves, a foraminotomy involves removal of bone on the sides of vertebrae to widen the spinal canal and reduce pain. It may also reduce stability in the spine, and a fusion may be performed as well.
- **FUSION.** During a spinal fusion, two or more bones are permanently connected. This can serve two purposes: lend stability to the spine or stop or restrict painful movement between bones of the spine (usually the result of a damaged disk).

Some people may put off seeing a doctor because they are afraid of complicated surgeries and long “downtimes.” The good news is that many procedures can be done minimally invasively, with smaller incisions, quicker recoveries, less overall pain and a lower risk of

Back on his feet



The simple act of walking was enough to bring pain to Roland Dumont’s days. “I felt it all the way down my legs, and I would have to stop walking,” the 74-year-old says. It was pain long in the making.

In 1995, Roland was working in construction when he fell off scaffolding. The damage was done but did not rear its ugly head until 2012. After chiropractic care and laser treatments failed to help, Roland was referred to Dr. Anderson by his primary care physician. Imaging tests revealed damage to his lower back, with surgery being the only real viable option.

“I was a little nervous [about surgery], but I couldn’t live like that,” Roland says. “I couldn’t do anything. I was born in Canada and always go back to visit, but with the pain, I couldn’t travel.”

On Nov. 1, 2012, Roland underwent decompression surgery, or a laminectomy—a procedure that removes a portion of vertebra and widens the spinal canal to relieve pressure on spinal nerves.

The relief was immediate. “I had no pain afterward, and I was ready to leave after the first day,” he says. He did not need a walker, nor did he require physical therapy. “I was expecting to be in pain for months, but I wasn’t.”

Now he is able to take walks on the beach, go to the mall and travel to places like Montreal. He speaks highly of Dr. Anderson’s skills and the procedure. “I’m glad I went through with it. The only thing I’m sorry about is that I didn’t do it sooner.”

infection, Dr. Anderson says. It marks a trend toward more restorative measures, where the focus is on returning function as well as alleviating symptoms, he says.

The experienced healthcare providers at Grand Strand Spine & Neuro Center offer patients the latest treatments for back and neck pain.

Front row (l-r): Neurologists Barbara Sarb, DO, and Jeff Benjamin, MD; Physician Assistant Aimi Dlaness, PA-C. **Back row (l-r):** Neurosurgeon Thomas Anderson, MD; Neurologists George Sandoz, MD, and Michael McCaffrey, MD; Neurosurgeon Eugene Giddens, MD.

