



"I had a lot of questions and they answered them all," said Robert Palmby of the neurosurgery program at CMH. "I was most impressed with the professionalism."

associate professor of neurosurgery at MedStar Georgetown University Hospital and is medical director of the neurosurgery program at CMH.

"He told me that it would not be long before I would end up with a walker and then a wheelchair," said Palmby. "All surgery has risks and he explained those but for me it was a simple decision to make." He chose to have minimally invasive spine surgery.

On Oct. 30, Dr. Voyadzis performed a minimally invasive two-level laminectomy to take the pressure off the irritated nerve and Palmby went home the same day. "The first couple of days were rough, but by the weekend I could get up on my toes," he said. "I wasn't allowed to do any lifting, bending or twisting for four weeks. Then, I started taking short trips around the neighborhood." This was followed by physical therapy for six weeks. "When I went back on Jan. 1st, he told me I was fully healed and 'to go live life.'"

Quicker Return to Normal Activities

"We use minimally invasive approaches whenever we can get equal or better results than open surgery," said Dr. Voyadzis. "In our experience, that's about 80 percent of the time."

According to Dr. Voyadzis, minimally invasive techniques – which involve significantly smaller incisions – have altered the landscape of spine surgery, improving a patient's quality of life more rapidly than conventional techniques.

Compared to traditional open back surgery, he said, these newer, more sophisticated procedures provide many advantages – less pain, quicker recovery, less scarring, less soft tissue damage and less blood loss during surgery. "In addition, this approach can decrease potential long-term problems or complications that occur after open procedures."

Equally important are the results. "A growing number of studies," he said, "are demonstrating that minimally invasive techniques are safe and effective when compared to traditional approaches, with a quicker return to normal activities."

Back in Motion

Minimally Invasive Spine Surgery Relieves Pain, Restores Quality of Life

AN AVID GOLFER AT 73, ROBERT PALMBY TYPICALLY PLAYED THREE TO FOUR TIMES A WEEK, OFTEN CARRYING HIS OWN BAG AND WALKING 18 HOLES. THEN, LITERALLY OVERNIGHT HE COULDN'T WALK A BLOCK DUE TO WEAKNESS IN HIS LEGS CAUSED BY SPINAL STENOSIS.

A very common condition in people in their 60s and 70s, spinal stenosis is a narrowing of the open spaces in the spine, which can put pressure on the spinal cord and the nerves that travel through the spine. If it gets too narrow, it can irritate the nerve, causing pain in the leg, numbness or weakness.

"The low back pain started a few years ago," recalls the St. Mary's resident. "I did physical therapy and back injections and that worked for a while. It gave me a good two to two and half years." Then the pain came back.

Upon the recommendation of a friend, he decided to consult with board-certified neurosurgeon **Dr. Jean Marc Voyadzis** at the Center for Neuroscience at Calvert Memorial Hospital. Dr. Voyadzis, who specializes in minimally invasive spine surgery, is



*Jean-Marc Voyadzis, MD
Georgetown neurosurgeon*

"The care provided was exceptional and incredibly thorough," said Robin Niosi. "Dr. Voyadzis was very precise in his explanation and that builds a lot of confidence."



When Back Pain Won't Go Away

Like other back pain sufferers, **Robin Niosi** had tried many options before she considered surgery. "I saw an orthopedic specialist and got cortisone injections and went the PT route," said the Huntingtown resident. "I also had nerve root injections."

"I did get relief but it was only temporary and the pain kept getting worse," said the 52-year-old mother of three. "I felt like a spectator in my own life." She was taking anti-inflammatory and pain medication when an MRI revealed she had a more significant problem. Niosi had a bulging disk that made walking extremely difficult.

In September, she opted to undergo minimally invasive lumbar fusion surgery with Dr. Voyadzis. "They inserted an artificial bone graft and two screws," Niosi said. "I had surgery on Wednesday and went home on Friday. At my two-week checkup I was standing straight up and was significantly better."

Initially, after surgery she wore a brace and used a walker. After one month, she started physical therapy but by eight weeks she was walking without a cane. "I would recommend him and the surgery without reservation," said Niosi. "It really changed my life."

What is a Physiatrist?

By Dr. Joseph Ferraro, Calvert Physical Medicine & Pain Management



A "physiatrist" may be part of your treatment team for back pain. This is a physician who has finished training in the specialty of physical medicine and rehabilitation (PM&R). He or she may also have further fellowship training in pain medicine including interventional injection treatments for pain. As a whole, physiatrists specialize in the treatment of acute or chronic muscle, skeletal, and/or neurological conditions designed to maximize long-term function and quality of life.

Together, with your other providers, your physiatrist may try various non-surgical treatment options when trying to treat your pain. These may include various medications, physical strengthening programs (such as through a physical therapist) or possibly injections (such as an epidural steroid injection).

Your initial evaluation would typically include obtaining a full history of the problem, discussing what you have tried already, what other medical problems you have, medications you are on or have tried before, as well as what treatments you have already done for the problem. The physician would then do a physical exam and review any imaging films you may have brought with you. Then, you and the physiatrist will discuss and determine a treatment plan tailored to your specific needs.

Your surgeon may ask you to see a physiatrist for treatment first. This may improve the pain without surgery; but if it doesn't or if your condition worsens, then the surgeon remains an available part of the team to provide those options, when needed.

Dr. Ferraro is board certified in physical medicine and rehabilitation and pain medicine.

Physicians and other medical professionals from across the region joined experts from MedStar Georgetown University Hospital and the Center for Neuroscience at Calvert Memorial Hospital for an educational conference on Feb. 21 that focused on the latest trends and advances in caring for patients with neurological disorders in the community setting.

