



Doctor's Journey: The Ultimate Patient Experience

What I learned being my own patient about treating back and neck pain.

When I was in high school, I was a swimmer. I enjoyed working out in the pools and in the master swim programs. I loved the competition, the team experience, and the workout. To augment my performance, I engaged in some lightweight training and occasional elliptical and cardiovascular exercises to augment my endurance.

Inevitably, there were strained muscles and other injuries. But when we're young, we believe we're invincible. We can walk away from almost any injury and shake off the aches. We learn to trust our body's ability to heal. In my case, I relied on it. Then, I hit my 40s, when reality became crystal clear. I was aging.

My body didn't respond as it had before after workouts or even after a long day at the office. The pain lingered longer and longer in my lumbar region (lower back) and gradually developed into a deep aching that emanated from my back's central to the low (lumbar) area.

I tried anti-inflammatories, core exercise strengthening and other fitness strategies that are designed to keep up metabolic rates to encourage my body's natural healing powers. But it wasn't enough. Everything that had worked before to alleviate pain soon worked less and less. Gradually, I couldn't mask the chronic and persistent pain in my back and the numbness and tingling sensation in my extremities. My symptoms grew more and more severe no matter what I did.

By this time, I was a practicing neurosurgeon specializing in spine surgery. I was building up my practice in Beverly Hills, CA and was also an attending surgeon at Cedar Sinai Medical Center in Los Angeles. I had some insights into what might be going on in my back. I suspected that I either had degenerative disc disease or facet disease. The discs are the "cushions" between the vertebrae bones in your spine. Facets are the joints of the spine.

One day, I was working out with my brother (who is also a swimmer and physician). He happened to look at my back and asked me how I was feeling. I said that I was "fine." I knew exactly what he was getting at, but I tried to wave off his concern.

He stopped, looked me square in the eyes, and said, "Todd, I can see your bones in your spine. They're sticking out. Something is wrong." His message: do something.

Days later, I took action. I prescribed an MRI scan for myself, which confirmed part of my original diagnosis: three severely degenerative discs. They were completely collapsed. Bone was riding on top of bone, starting at lumbar levels 1-2, 2-3, and 3-4. These are the top three lumbar discs. My bottom two disks were perfectly normal at lumbar 4-5 and lumbar 5 sacral 1. I also had a CAT scan to assess the health of my facet joints and found that these were normal.

By the time I was dealing with my own back pain problem, I had spent several years working with other physicians on artificial disc replacement technology. I determined that I met the criteria to be an early candidate for the procedure and entered myself under the care of one of my associate surgeons to perform the procedure.

Artificial disc replacement for the lumbar region usually requires going through the abdomen to work on the spine's anterior (front side). Hearing this often shocks and scares some patients. You want a good surgeon performing the procedure. I had a great relationship with my doctor and underwent surgery and was utterly confident of the outcome.

After ten years of suffering through chronic pain, I left the hospital with three artificial discs. After one week of recovery at home, I was back at my office doing light tasks, but I was



ambulatory and working! I had some discomfort in my abdomen from the incisions, but that all deep back aching pain was gone.

The best part was the way it affected my practice.

I noticed that I fit a pattern among my patients. Some were like me, athlete swimmers in high school or college who developed collapsed discs in the middle to the upper lumbar area, where competitive swimmers do a lot of flexing. Athlete runners and weightlifters tended to have problems in the lower lumbar and sacral levels (L4-L5; L5-S1) from all that lower body stress from lifting and hitting the pavement. Cyclists on standard bikes tended to develop problems in their neck (cervical region), usually levels 5-6 and 6-7, from craning their necks so they can see over the handlebars.

Nowadays, when I meet a patient with a significant pain complaint, one of the first questions I ask is if they've had any athletic experience – from high school to college to current. I'll ask them about their work, probing for evidence of consistent repeat movement or physical stress.

This very personal experience also helped me learn valuable lessons on what patients expect from me. They want to get rid of the chronic and persistent pain that I know so well. But also, like me, they want a treatment approach that preserves their mobility and natural flexibility. They are like me – they want to be greater than better.



Portfolio Sample

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DOCTOR'S JOURNEY: THE ULTIMATE PATIENT EXPERIENCE

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WHAT BEING MY OWN PATIENT TAUGHT ME ABOUT TREATING BACK AND NECK PAIN.

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Written by R Wyman

Task: Write a blog post about Dr being his own patient for back and neck from phone interview; create an accompanying blog post image that follows the brand.

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