



by S. Michael Tooke, MD, FRCSC

Maybe you're having trouble buttoning your jacket. Or perhaps you occasionally have the "dropsies," watching in amazement as a cup or a tool slips from your hands. Or maybe your husband says you're walking funny.

If so, chances are the last thing you would expect to find is that you have a problem so serious it could lead to paralysis. But the symptoms above — and other vague complaints that usually do not include pain — are classic signs of a serious condition called *spinal cord compression*.

What is spinal cord compression?

Spinal cord compression begins with a disc problem, such as a herniated disc or a bone spur. In most cases, the herniated disc or bone spur puts pressure on a single nerve root in the spine. This is a pinched nerve, a common problem that can typically be helped with nonsurgical treatments.

However, when the herniated disc or bone spur puts pressure on the spinal cord itself, it's a different, more serious story. This

Spinal Cord Compression

Rare Condition Can Lead to Paralysis

rare problem, spinal cord compression, can lead to neurological damage and quadriplegia if untreated.

To use an electronic analogy, imagine that each nerve is a piece of wiring that controls an area of your body. But the spinal cord is like a computer controlling a bundle of nerves throughout your body. When it is pinched or compressed, multiple bodily functions can short-circuit.

What are the symptoms?

The signs of spinal cord compression are often vague. They may include numbness, tingling or a "funny feeling," but usually not pain. Many people drop things, others have a tendency to fall and some develop a clumsy gait. Patients may not even mention the symptoms to their family doctor. They may just think, "I'm getting older."

How is it diagnosed?

Because they don't usually have pain, many patients go undiagnosed until symptoms become severe. But the diagnosis can be easily made through an examination, MRI scans, CT scans, and tests of the patient's reflexes. The scans allow us to see the area of compression; the reflex tests show us the neurological effect of the compression.

What can be done?

If the compression has caused neurological abnormalities — including hyperactive reflexes, problems with coordination, and weakness in both upper and lower extremities — then surgery

is the only treatment. We recommend that patients with these abnormalities undergo surgery as soon as possible. If surgery is not done, they can suffer permanent damage, and are at risk of paralysis and loss of bowel and urinary control.

If we can see compression on imaging studies but the patient does not exhibit neurological abnormalities, we may adopt a watchful waiting mode.

What is the prognosis?

Patients with severe compression can have lasting neurological damage. But the great majority of patients who have surgery are able to stop the progression of this condition and enjoy a return to a normal lifestyle.

For more information

If you are concerned that you or a family member may have spinal cord compression, you may schedule a consultation at **(336) 333-6306**, or at www.spineand-scoliosisdocs.com.



S. Michael Tooke, MD, FRCSC, is a physician at Spine & Scoliosis Specialists, the Triad's only medical practice devoted exclusively to spine care. Formerly on the medical staff at the Johns Hopkins and UCLA medical schools, Dr. Tooke specializes in complex spinal disorders and has extensive experience with artificial disc replacement. He is board-certified in orthopaedic surgery.



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'My recovery was miraculous'

Donald Foley wondered why he felt occasional tingling in his arms, had bal-

ance problems, and was dropping things. "I would drop a screwdriver at work," he says. "I would drop the pieces when I was building a model at home. It was maddening."

In October 2009, he made an appointment at Spine & Scoliosis Specialists. S. Michael Tooke, MD, FRCSC, soon delivered a frightening diagnosis: spinal cord compression. Bone spurs in his neck were compressing Donald's spinal cord. "His prognosis at age 50 was that eventually he was going to have neurologic deterioration, bowel and bladder problems, and become quadriplegic unless he had surgery," Dr. Tooke says.

A second opinion confirmed the diagnosis, and Donald proceeded with surgery in January 2010. Dr. Tooke removed three discs, bone spurs and a vertebra, then performed a cervical fusion between C3 and C7. Within three weeks, Donald was back at work on light duty. Soon afterward, he returned to his hobby: building intricate Star Trek models. No longer does he feel tingling, experience balance problems or drop the tiny parts of his models.

"I didn't want to end up incapacitated in any way," he says. "My recovery was miraculous."

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Max W. Cohen, MD, FAAOS • S. Michael Tooke, MD, FRCSC • Thomas R. Saullo, MD

2105 Braxton Lane, Suite 101 • Greensboro, NC 27408