Optimal Health University™

Presented by Dr. Joseph Baker

Why to Get a Second Opinion From a Doctor of Chiropractic Before Considering Back Surgery

Surgeons dramatically overestimate the effectiveness of surgery. Specifically, surgeons predict at least moderate improvement for almost all patients undergoing back surgery, yet nearly 40 percent of patients experience little or no improvement one year after their operation. These findings are from a just-published study in the journal Spine.

Are any of your friends, family members or coworkers considering back surgery? If so, Dr. Baker urges you to share this vital research with them.

Who Conducted the Study?

The new study was conducted by a team of researchers at the University Hospital of Lausanne, Switzerland. The study was led by Dr. Bertrand Graz.

Who Was Enrolled in the Analysis?

The study's subjects consisted of 197 patients with low-back pain, sciatica or both conditions who underwent low-back surgery.

What Outcome Did the Surgeons Predict Compared With Actual Improvement?

Before the operation, surgeons were asked to predict how much the surgery would improve each patient's quality of life. The surgeons predicted "a great deal of improvement" for 79 percent of patients and "moderate improvement" for 20 percent.

In total, the surgeons predicted at least moderate improvement for 99 percent of patients. However, 39 percent of the patients reported no "clinically important" difference in their quality of life (including level of disability and pain) one year following surgery.

And, of patients whose surgeon predicted "a great deal of improvement," 56 percent reported no significant improvement.

Alarmingly, the researchers found a significant subset of the patients were not even appropriate candidates for back surgery (based on strictly defined criteria). Not surprisingly, the surgeons had higher expectations for these patients, and these patients showed greater improvement on subjective measures of mental health and general health. Bottom line: Some of the surgeries deemed most successful may have been so because the patients didn't really need the surgery in the first place. This factor indicates that not only are a significant number of back surgeries inappropriate, but that surgery, when deemed appropriate, may be even less effective than the study's findings suggest.

How Can I Access the Study?

The study, *Prognosis or "Curabo Effect?": Physician Prediction and Patient Outcome of Surgery for Low Back Pain and Sciatica* was published in the June 15, 2005 issue of the medical journal *Spine*, which is carried by most chiropractic and medical school libraries. The article appears in volume 20, issue 12, pages 1448 to 1452. The study may be ordered at the journal's Web site (www.spinejournal.com).

Why Should Patients Considering Back Surgery Get a Second Opinion From a Doctor of Chiropractic?

If you are considering back surgery, it's vital to get a second opinion from a doctor of chiropractic — even if you have already obtained second, or even third or fourth opinions, from medical professionals.

Unfortunately, medical schools do not provide adequate education about the benefits of chiropractic care, so physicians remain unaware as to just what chiropractic is capable of, and why. Chiropractors like Dr. Baker help many patients return to full functioning after they have been told by medical practitioners that surgery is their only option. So, if you are contemplating back surgery, make an appointment today for a chiropractic consultation.

Is There Additional Research Showing Surgery May Not Be Effective?

Yes. Simply flip the page for an outline of research from prestigious medical journals, which will make you think twice before agreeing to go under the knife.

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Research to Know About Before Agreeing to Back Surgery

The following studies — all published in prestigious, peer-reviewed medical journals — indicate that back surgery is not as effective as many people believe.

- One study, which pooled data from 30 studies on the effectiveness of spinal surgery, found that spinal surgery does not improve spondylosis — degenerative changes due to arthritis in the spine of the low back (lumbar spine). "There is no scientific evidence on the effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative management." (*Spine* 1999;24:1820-32.)

- A study published in the *British Medical Journal* tracked 349 individuals who suffered from low-back pain for at least one year. All of the participants were considered good candidates for spinal fusion surgery. A total of 176 patients underwent surgery while 173 were enrolled in an exercise program based on the psychological principals of cognitive behavior therapy. After two years, the patients were re-assessed. No significant difference in disability was seen between the groups (*BMJ* 2005;330:1233).

The inquiry concludes that "the statistical difference between treatment groups in one of the two primary outcome measures was marginal and only just reached the predefined minimal clinical difference, and the potential risk and additional cost of surgery also need to be considered. No clear evidence emerged that primary spinal fusion surgery was any more beneficial than intensive rehabilitation." (*BMJ* 2005;330:1233.)

- A cost analysis of the above study revealed that surgery also exacted a greater financial toll. The study's authors caution that "surgical stabilisation of the spine may not be a cost effective use of scarce healthcare resources." (*BMJ* 2005;330:1239.)

- Another study suggests that back surgery is big business, which may result in excessive procedures. According to the report "the rate of back surgery in the United States was at least 40 percent higher than in any other country and was more than five times those in England and Scotland. Back surgery rates increased almost linearly with the per capita supply of orthopedic and neurosurgeons in the country. Countries with high back surgery rates also had high rates of other discretionary procedures such as tonsillectomy and hysterectomy." (*Spine* 1994;19:1201-6.)

- An analysis looked at 64 chronic low-back pain sufferers who either underwent surgery or exercise and cognitive therapy. After one year, "improvements in back pain, use of analgesics, emotional distress, life satisfaction and return to work were not different.. . ." The success rate, according to an independent observer, was 70 percent after surgery and 76 percent after cognitive intervention and exercises. The early complication rate in the surgical group was 18 percent (*Spine* 2003;28:1913-21).

- It is estimated that the United States averages 25,000 to 50,000 cases of failed back surgery syndrome per year (*Orthop Clin North Am* 1985;16:417-44). Other countries also have growing rates of the disorder.

- A significant percentage of back-surgery patients return home without relief. Worse yet, the pain may exhibit traces of neuropathy: a disease or abnormality of the nervous system (*BMJ* 2003;327:985).