



The Beacon

The Newsletter of
Med-Cert, Inc.
Volume 1
Issue 23
April, 2007

Med-Cert Medical Management Resources

“Guiding your way to better health management”

SURGERY-FREE BACK REPAIR

Spinal discs are like small gel-filled balloons that rest between the vertebrae, sort of like little cushions separating the bones. But when something goes wrong with a disc -- that is, it bulges or worse *herniates* -- the pain can be terrible. A disc herniates (or ruptures) when pressure on it causes a tear in the fibrous outer capsule and the soft inner part (the nucleus pulposus) protrudes out and often presses against a nerve. A lumbar herniated disc (lower back) is a common cause of sciatic pain, which radiates down the buttocks and into the legs, typically to one side. But it can press on other nerves as well. Rarely the disc presses on a nerve that controls the bowel or bladder, resulting in a loss of bladder or bowel control, but when it does, this is *always* a medical emergency that calls for an immediate trip to the emergency room. For all of the pain herniated discs might create, the patient is usually not in danger of long-term damage.

A disc can herniate suddenly, as in the case of an accident or other trauma. Most of the time, though, it is the result of gradual degeneration. A portion of the disc deteriorates over time without symptoms until one day, the person bends over to tie his/her shoes and bam, that small amount of pressure on the spine is just enough to make the disc herniate into the spinal nerves,

sometimes with excruciating pain following. People most at risk include those who have a genetic predisposition to the problem. **Smoking** can cause spinal discs to degenerate. Disc degeneration can start early. Herniated discs are most common in people between the ages of 30 and 50. In older people, most spinal discs have flattened out too much to herniate, although the older spine is vulnerable to other problems.

FIRST AID FOR DISC DAMAGE

Many people assume that having a herniated disc means that they will eventually require surgery, but surprisingly, up to 90% of people with herniated discs recover without surgical intervention. The idea is to get the patient through the pain comfortably enough for healing to start. To reduce pain and inflammation, patients can take nonsteroidal anti-inflammatory drugs (NSAIDs) as the first line of treatment and ice the area in the immediate aftermath. Further treatment generally includes chiropractic adjustments or working with a physical therapist or both. Patients learn, among other things, to relieve their back pain by not doing the intuitive motion of bending forward, which actually adds to stress on the disc, but rather by arching the back as in a pelvic tilt.

EXTREME MEASURES

Often these efforts are sufficient, but if not, the patient goes to a specialist who assesses the disc and its location with an

MRI. If the disc is taking up a large amount of space in the spinal canal, it may be necessary for the patient to have epidural corticosteroid shots around the spinal nerves. Within two to three days, they reduce inflammation and pain and that allows the patient to get back to other healing practices such as an exercise program.

SURGERY SECRETS

If the inflammation and pressure on the nerves cannot be relieved with non-invasive methods, the patient may opt for surgery. This is totally up to the individual with guidance from his/her medical team. When the pain is so severe it interferes with daily life, many patients make that choice. Research is extremely active in this area, but there are already several procedures available. The classic one is **discectomy** (micro surgery or endoscopic), still considered the gold standard. The surgeon makes a small incision over the area and removes the material that is causing pressure on the nerve tissue. Endoscopic discectomy is a procedure with a small scope through an even smaller incision with the use of a scope to visualize the area. The other, more radical procedures are disc replacement and spinal fusion, and there is much discussion and controversy in the world of spinal specialists right now concerning which is better. Replacement discs are made of hard plastic, metal or metal and plastic combinations, and doctors who prefer this method like it because of the motion the new disc

preserves in the spine. However, there is also concern about the longevity of the disc prosthesis. If the disc fails in the future, how does the surgeon remove it without damaging the spine? Fusion, in which two adjacent discs are fused together using bone grafts, does not present this problem, of course, but there is a different risk. Eventually the pressure that caused the first herniated disc often simply moves up another level, leading to another rupture and a second fusion.

Recovery varies according to procedure. Both involve an overnight stay and patients are not to bend for at least several weeks. After that they can resume exercise and strengthening. Replacement surgery requires two or three days in the hospital and no bending or exercise for three weeks. Fusion is also two or three days in the hospital, but patients are told to avoid bending for six to 12 weeks (and are often in a brace) to allow the bone the time it needs to heal. Back surgery is far from a guaranteed fix so it is far better to find non-surgical options before taking the drastic -- and not guaranteed -- surgical measure



Health Information Nurse

Q: My husband likes to sleep on his stomach.

Isn't this bad for your back?

A: Yes. **Sleeping on your stomach twists the neck**, distorts the pelvis and results in excessive strain on the joints, muscles and nerves of your neck and lower spine. For most people, side sleeping, with the knees partially flexed to reduce strain on the lower spinal muscles, is preferable. The arms should be kept below the shoulders to avoid compressing nerves and blood vessels that feed the arms and hands. Back sleeping is acceptable if you use a supportive pillow for your neck.

"Procrastination is the art of keeping up with yesterday."

Matthew Mittleman

GETTING THE SALT OUT



When it comes to sodium intake, the danger lies not so much in the salt shaker as in the hidden quantities of salt in processed foods. As a result, your best bet is to limit processed foods to the absolute minimum. Sodium in canned beans, added as a preservative, can be easily rinsed away by placing beans in a colander and rinsing in running water. Unfortunately, there's often no practical way to remove excess sodium cooked into most processed food.

The take-home message is to spend the majority of your time in the outer aisles of supermarkets -- home of whole foods, from fresh produce to meats and fish.

The best recipe: Prepare more meals at home, using as many fresh ingredients as possible, and make foods in their natural state as large a part of your diet as you can. That is advice that's consistent with all other health messages, and it's within everyone's means to control. The greater the degree of processing and convenience of the prepared food, the lower the nutrient value and the greater the potential the food is a health risk.

Med-Cert provides:

Utilization Management, Maternity Management, Large Case and Wellness Disease Management, Transplant Coordination and Stop Loss Assessments

For information on any of our services, please call

866-261-5657 (toll free).

We are on the Internet. Visit us at:

www.medcertinc.com

What Whole Grain Really Means on Food Labels



Don't be misled by labels on cereals, bread and other foods made from grain...

- "Made with whole grain" means that the food contains some whole grain, either a little or a lot.
- "Good source of whole grain" on a cereal box means as little as eight grams of whole grain per serving, and "excellent source" means as little as 16 grams. Since the typical cereal serving is as large as 55 grams, a "good source" may be as little as 15% whole

grain, and an "excellent source" as little as 30%.

- "Whole grain" means that at least 51% of the flour is whole grain -- up to 49% may not be.
- "100% whole grain" means that no refined flour is used.

Note: These terms are being used this way voluntarily by cereal makers until the government makes an official rule.

Recipe Corner

"Tian"

A *Tian* is a type of earthenware gratin dish which also gives its name to the food cooked in it. They are generally vegetable oriented; and often rice is added to the dish

Serve this vegetable casserole with your favorite roasted or grilled meats. (Serves 4)

- 3 tablespoons Olive oil
- 1 pound Spinach, rinsed, stems removed, and chopped
- 2 medium Zucchini, sliced
- 1 medium Onion, chopped
- 1 teaspoon Garlic, minced
- ¼ cup Basil, chopped
- 3 Eggs
- ¾ cup Parmesan cheese
- ¾ cup Bread crumbs
- Salt and pepper to taste

Heat the oil in a heavy skillet. Add the spinach and cook until just limp. Remove with a slotted spoon. Set aside.

Add the zucchini, onion, and garlic to the pan. Cook until just soft. Remove from the heat. Return the spinach to the pan. Add the basil. Lightly oil a medium casserole dish.

Add the vegetable mixture. Lightly beat the eggs and pour over the vegetables. Sprinkle on the Parmesan and bread crumbs. Bake at 350 for 18-25 minutes or until the egg is set and the cheese melted.



This newsletter is brought to you courtesy of Med-Cert, Inc. Our sources for this edition were the Bottom Line's Daily Health News and Secrets, Recipes From Around the World cookbook, and RealAge.com