

— Your Health —

Arm pain: a pain in the neck

Neck problems are common and arm pain is commonly associated with a neck problem. In the absence of injury, pain, numbness or tingling in the arms can be related to a neck problem. Conditions such as carpal tunnel syndrome, where there is pinching of a nerve in the wrist, usually don't have neck pain. About 80 percent of us will have some sort of neck problem as we get older.

Why do we get neck problems? There are probably two different causes related to age. At the younger spectrum, patients aged 20-45 typically tear the outside of a disc in the neck. The discs are the shock absorbers and these shock absorbers have a firm outer gristle. If this outside tears (typically with a twist or shear) the inside can squeeze out like toothpaste. Initially neck pain and stiffness occur. If a nerve is pushed on, pain, numbness, tingling or weakness (or a com-



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bination) can occur down one or both arms. In older patients, bone spurs develop as the neck wears out. The spurs are like training wheels that the body forms to stabilize things once the disc wears out. If these spurs push on a nerve, they cause irritation and pain.

Why do we get pain? Two things, irritation and/or pressure cause pain. Just as toothpaste squeezed out of a tube shrivels away, so can a fresh disc hernia-

tion. Seventy to 80 percent of patients with symptoms from nerve pinching (so-called 'radiculopathy') settle within 6 weeks.

Once arm pain (radiculopathy) develops, treatment is aimed at treating the irritation. If symptoms continue beyond a few weeks, or if there is weakness or symptoms down both arms, typically an MRI of the cervical spine is ordered. If pressure on a nerve is found at this stage, and initial conservative therapy has failed, the next step is a cortisone injection.

Cortisone is a potent anti-inflammatory that is placed into the space around the nerves and spinal cord (the epidural space) and this takes the irritation away. One or two cortisone injections are safe but too many can have side-effects and we try and avoid this. The injection is done in an x-ray machine for precision and is performed by a pain specialist skilled in these procedures.

If there is pressure on the

spinal cord, persisting pain that is not controlled, severe or persisting weakness surgery comes into the picture. New technologies such as artificial discs are useful in some patients and used instead of bone substitutes and spacers, but this technology is new and not for everyone. To schedule an appointment, call 323-2080.

Lali Sekhon, MD, PhD, FACS, is a board certified (FRACS) and double fellowship-trained spine neurosurgeon at Sierra Neurosurgery Group. Dr. Sekhon is a highly skilled spine neurosurgeon whose practice includes motion preservation techniques and technologies, artificial discs, dynamic stabilization, interbody fusion, and other procedures including minimally invasive spine surgery.

Dr. Sekhon received his medical degree at the University of Sydney in Sydney, Australia. Clinical sub-internships in neurology and neurosurgery were completed at Yale-New Haven Hospital in New Haven, Connecticut. Dr. Sekhon received advanced training during two different neurosurgical fellowship programs. The first at the Mayo Clinic in Rochester, Minnesota and a combined orthopaedic/neurosurgical spinal fellowship at Toronto Western Hospital in Ontario, Canada. In addition, he received a Doctor of Philosophy (PhD) from the Department of Surgery, University of Sydney, Australia.



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