

Back To The Future

45-Minute Spinal Surgery Resolves Nearly Two Decades of Back Pain

By: Roxanne Jones



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In 1994, then-23-year-old Gloria Sotomayor injured her back at work.

"I used to work serving banquets at a hotel, lifting those big trays," she relates. "I had a herniated disk and was told I needed surgery to fix it. I had heard bad things about back surgery so I was reluctant to have it. So I just went to [physical] therapy."

Over the years, however, Sotomayor's back issues worsened.

"I was in a lot of pain, sciatic pain, and my back would go out," she says. "I was taking painkillers and after awhile, even the medications didn't work. I tried a chiropractor, but that didn't help."

By the end of 2012, Sotomayor was in so much pain that she was confined to bed, getting up only to use the bathroom. She'd been unable to work at her much-loved job as a retail manager for three months.

"I had to go to the emergency department for pain management," she says, referring to epidural steroid injections. "But it just wasn't working anymore."

Because her injury was work-related, Sotomayor had received a settlement that provided for medical treatment for as long as she needed it.

"I got in touch with the Division of Workers' Compensation about needing medical treatment and they said they'd send me a list of doctors I could see," she says. "Before I received the list, I got on the Internet and started researching orthopedic surgeons, their credentials and what patients had to say about them. When I read about Dr. Tahernia, I decided that he was the one I wanted to see. Fortunately, he was on the list."

A. David Tahernia, MD, is a Board Certified, fellowship-trained Orthopedic Spinal Surgeon and director of the Comprehensive Spine Center at Eisenhower Desert Orthopedic Center.

"When I first saw Gloria, she was very debilitated," Dr. Tahernia recalls. "She was in severe sciatic pain from a herniated disk. As a result of the pain in her leg, she'd developed a limp and had essentially become non-functional."

"She had failed every other form of conservative treatment including physical therapy, medications and epidural steroid injections," he continues. "Surgery was really the only option at that point because she was getting progressively worse. In fact, progressive worsening is an indication for surgery independent of any conservative measures tried."



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"When I saw Dr. Tahernia, he explained everything about the surgery and educated me about after-care and not hurting myself," Sotomayor says. "I had a fear of back surgery, wondering if I'd continue to limp or even be able to walk afterward. But he was very professional and caring, and I felt very comfortable."

At the end of January 2013, Sotomayor underwent a procedure called a microdiscectomy — surgical removal of herniated disk material that presses on a nerve root or the spinal cord.

"We make a small incision a couple of centimeters in length, expose the appropriate segment of the spine, and remove a little bone and soft tissue to access the herniation, using an operating microscope," Dr. Tahernia explains. "There were no surprises once we got in there — just a big herniated disk." The procedure took about 45 minutes.

Once she healed from the surgery, Sotomayor participated in three weeks of physical therapy. On June 6 she returned to work full time, which for this self-admitted workaholic is 50 to 60 hours a week.

"I have a mortgage and need the benefits," the Cathedral City resident says of her desire to get back to work as soon as possible. "I live with my parents but pay half the mortgage. And I love my job. The first couple of weeks were a little rough because I'm on my feet nearly all day, but my body adjusted," she continues. "I take precautions with lifting and I think I'm doing well; I'm no longer taking strong painkillers...no steroids or opiates...just Tylenol® with codeine at bedtime sometimes."

"Patients tell me that the nerve pain from a herniated disk is so much more severe than an arthritic hip," Dr. Tahernia says. "And the relief of that pain with spine surgery really is remarkable." Was there anything that could have been done for Sotomayor when she first hurt her back in 1994 that might have prevented the progressive worsening of the pain she experienced?

"The first thing is to intervene to control the pain," he says. "It could be medication and a short period of rest, then a slow resumption of activity and a good exercise program with core training. With many patients, there's a good chance they'll do well with this regimen. Physical therapy is a big piece of it."

"Surgery is appropriate when there's a mechanical problem that requires fixing," he continues. "You have to be clear about the diagnosis and have imaging studies that corroborate it."

"The vast majority of patients we see don't need surgery; they need properly directed care in a timely and efficient manner," he adds. "Unfortunately, workers' compensation patients can get lost in the shuffle; their disability stretches out and, like Gloria, they get worse over the years."

Dr. Tahernia commends Sotomayor for her commitment to getting back on her feet.

"She was a great patient and did very well," he says.

"I felt real peace of mind putting my back in Dr. Tahernia's hands," Sotomayor says. "When I first met him, I felt confident I was going to be OK."