

Ouch! My Back!

Sometimes back pain is no big deal and sometimes? It is a Very Big Deal. What might seem like a weird tweaky feeling or a “creaky back” could be a Vertebral Compression Fracture...which sounds incredibly scary but is also (usually) incredibly treatable!

What is a Vertebral Compression Fracture?

Vertebrae are the bones that cooperate to form our spines. When one of those vertebrae breaks or “collapses” the resulting injury is called a “vertebral compression fracture.” Some doctors call it a “spinal compression fracture.”

How do These Injuries Happen?

Vertebral compression fractures can be caused by a few different things. Trauma is one of them--but, because of the strength of these bones, the trauma must be substantial and/or severe to cause a fracture. For younger people, trauma is the most common cause of vertebral fractures.

For people who are older, however, fractured or collapsed vertebrae are typically the result of illness, not injury. Osteoporosis, for example, can weaken the strength of the bones. Over time, this causes tiny cracks to form in the vertebra which weakens the bone even further. Eventually the bone becomes so weak that it crumbles or “collapses.” Cancer patients are also at risk of developing these injuries, either from the cancer itself or due to the side effects of cancer treating drugs.

How Will You Know If You Have a Vertebral Compression Fracture?

Trust us, you’ll know. Spinal injuries are not subtle. The most obvious sign of a vertebral fracture is pain. Because most of these injuries happen in the lower back, that’s where the pain will be localized, though it can radiate outward to affect your hips and thighs as well. You might also feel some abdominal pain. If the injury happens higher up on the spinal column, however, the pain will be localized in your neck or shoulders.

Another common symptom associated with vertebral injuries is a combination of weakness, tingling sensation and, eventually, numbness. If these sensations happen at the same time as the pain, it might be a sign that the compression fracture has compressed your nerves, too.

And, for the especially unfortunate among us, incontinence and losing the ability to urinate can also be a sign of a spinal injury.

What is the Prognosis for People Suffering from These Injuries?

There is no universal or “usual” prognosis for spinal injuries. So, despite what you might see during a rerun of ER or while watching Chicago Med or Grey’s Anatomy, a spinal injury does not automatically mean paralysis or death. At the same time, the prognosis for these injuries will depend on what type of compression has occurred and your medical history and current health.

There are three primary types of compression fractures.

Crush Fractures: This is when the entire vertebra breaks apart.

Burst Fractures: A burst fracture will affect both the front and the back walls of the vertebra. The vertebra will also lose some height. This type of fracture can be worrisome because if left untreated or treated improperly, it can result in physical deformities and even in some neurological impairment (remember the numbness and tingling we talked about? That's just the beginning).

Wedge Fractures: A wedge fracture is the name given to spinal compression fractures that only affect the front of vertebra. The front of the vertebra collapses but the rest of the bone is fine and a wedge-shaped vertebra is left. These are the most common types of spinal fractures.

As we've already said: your prognosis is going to depend upon which type of fracture you have, your individual health factors and cause of the injury. A traumatic injury, for example, has a darker prognosis than an injury caused by osteoporosis. This is because traumatic injuries are rarely limited to just the spine. Other parts of the body are affected as well and those issues will have an impact in the overall recovery time for the patient.

When to See the Doctor

Most of us have learned how to deal with a fair amount of back pain so we are unlikely to run to the doctor whenever we feel a twinge...even if that twinge lasts for a few days. It is important, though, to watch for the other symptoms we talked about and to pay particular attention to your temperature. If your back pain is accompanied by incontinence, tingling, weakness, numbness or a fever, see your doctor ASAP.

If your back just feels generally achy, however, it's okay to try to wait it out. Most of the time the pain will subside with over the counter anti-inflammatories (Advil) and rest. If the pain lasts for more than a few days or keeps coming back, however, it's a good idea to get checked out. If you don't, you run the risk of developing a hump. If you're already starting to see signs of rounding or find yourself stooping when you try to stand, it's time to stop procrastinating. Call your doctor and get checked out before you get worse!

Diagnosing a Fracture

Your doctor will do an external physical examination and talk with you about your current lifestyle to find out whether any of those factors could be contributing to your pain or other issues. You will also likely have to have a few X-Rays taken as this is the only way to definitively diagnose fractures.

Treatment Options

Again, this will depend as much on you and your overall health as it will the type and severity of your vertebral fracture(s). They are both surgical in nature but are minimally invasive so don't freak out. And maybe stop watching Medical Dramas until after your treatment. The two most commonly applied treatments are Vertebroplasty and Kyphoplasty.

Vertebroplasty is a procedure in which a thin cement is injected into the fractured vertebra(e) while the area is under high pressure. The goal of this treatment is to “rebuild” the vertebra(e)’s structural integrity and, hopefully, relieve the pain associated with the injury. This is commonly used for traumatic/sudden injuries.

Kyphoplasty is more common for people who suffer from osteoporosis and whose vertebrae have been slowly wearing down over time. Kyphoplasty is a procedure in which a surgeon inserts a balloon into the injured vertebra and inflates it to shift it back into its original shape and to reveal the cracks/softer patches on the inside of the bone. While the balloon holds the vertebra in position, the surgeon places a cement like substance (PMMA) to fill in the bone and keep it stable.

Post Treatment

After you’ve been treated you might be fitted with a brace to help keep the injury stable while you heal. You might also need to spend some time with a physical therapist to rebuild your posture and regain any motor functions that might have gone wonky because of your injury.

Vertebral Compression Fractures aren’t anybody’s idea of a good time but they are treatable and when treated early, are injuries from which you can recover!

Book a one-on-one evaluation to find out if kyphoplasty is right for you:

<http://precisecare.com/get-started/>