

# MOMENTUM

Enhancing Quality of Life Through the Science of Orthopaedic Medicine • Summer 2008

## Spinal surgery helps septuagenarian resume his vigorous lifestyle

JAMES GOOGE NEVER PLANNED TO SPEND HIS RETIREMENT YEARS SITTING DOWN. WHEN SPINAL STENOSIS THREATENED TO CRIPPLE HIS COMMITMENT TO REMAINING ACTIVE, GOOGE TURNED TO CAMPBELL CLINIC FOR LAMINECTOMY SURGERY.

In his 72 years, James Googe has led a rich and varied life. He's been a Naval officer, lawyer, bank counsel, husband and father, runner, and sailboat skipper on excursions at sea with family and friends. Working and playing with vigor have always been part of his daily routine.

So when Googe began to notice 10 years ago that he was losing the "push off power" he once had in his left foot during his daily run, he visited a doctor. "It's part of the aging process; there's not much you can do," Googe said his internist told him.

For Googe, the news was hard to swallow. Through the years, he had continued to exercise and work out in the gym with the discipline you'd expect from a Naval Academy graduate.

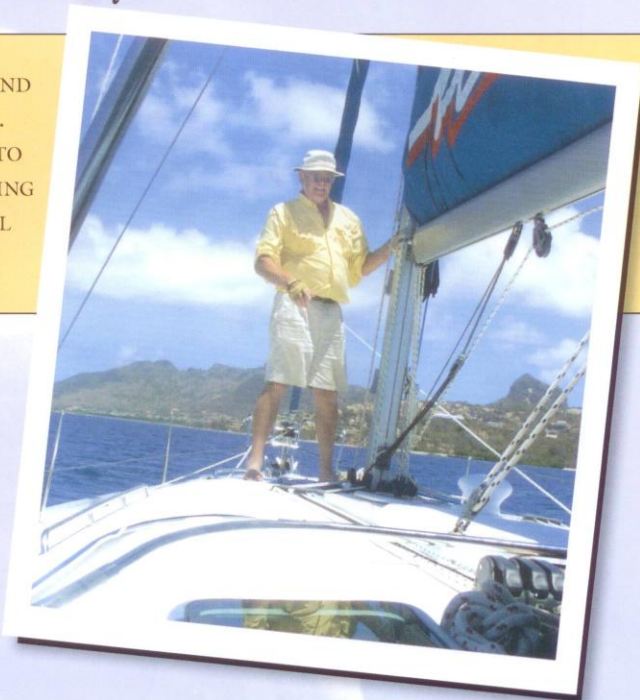
The problem grew progressively worse. Googe gave up running for jogging, then had to switch to race walking. The loss of function in his left leg became so troublesome that it affected every aspect of his life.

### Surgery corrected a common problem

In November 2006, Campbell Clinic surgeon Dr. Keith Williams performed spinal decompression and fusion surgery on James Googe. Today, the pain and numbness are gone from his leg.

"I've been able to walk and not have my leg go dead on me," Googe said. "Now, it's a question of doing more exercises and trying to get stronger in my leg and body."

Googe is one of thousands of Americans who undergo surgery each year for problems related to the spine. *The Journal of the American Medical Association (JAMA)* recently reported that spending



on spine treatments in the U.S. rose 65 percent between 1997 and 2005. That same report indicated that about 26 percent of adult Americans suffer from spine or neck problems.

For James Googe, the loss of function in his left leg was the result of spinal stenosis. Googe described the condition accurately: Over time, the joints and ligaments in his spine had thickened, narrowing the opening for the spinal cord. The resulting constriction of the spinal cord can lead to chronic pain, numbness and muscle weakness.

### "My leg just quit on me"

James Googe rarely felt shooting pain. Occasionally, he had a dull backache. But the frequency of episodes when his leg went numb increased with age.

"My left leg would just quit on me," Googe said. "I'd be walking, and I'd have to just sit down."

James Googe's career included serving as a Naval officer on guided missile destroyers and as commanding officer of the legal services office at Millington Naval Base outside Memphis. At 72, he's still sailing.

Trainer Tonya Tittle with Energy Fitness coaches Googe using exercises to increase his core strength and balance.



“When Mr. Googe returned for his one-year checkup, he showed strength in his lower extremities, no irritability of the hip or knee, and no instability. His commitment to exercise and fitness is certain to have been a factor in his recovery and continued progress.”

— Dr. Williams

Sitting down was not how Googe had envisioned himself spending life after age 65. Although he had retired from his full-time position as counsel in the legal department of First Tennessee Bank, he continued to work with First Tennessee part-time. He and his late wife, Lynda, loved to travel. And Googe had dreamed of doing more sailing when he didn't go to the office every day.

“Sailing can be very demanding physically,” said Googe, who was on the Naval Academy's national championship sailing team and is a member of the College Sailing Hall of Fame. “I love ocean racing, and that's really strenuous. You need to move quickly, jumping from side to side. With any kind of sailing, you have to be able to support yourself on a shifting deck.”

When spinal stenosis is diagnosed, doctors initially recommend a conservative treatment and prevention plan which may involve medication, physical therapy, daily exercise, proper posture, maintaining a healthy weight and other measures.

“Like most people, I avoided surgery as long as possible,” Googe said. “In the end, pain was not the issue. The question was, do I want to be crippled?”

### A textbook recovery

Dr. Williams performed decompressive laminectomy along Googe's lower (lumbar) spine. The lamina is the bone that forms the backside of the spinal canal. Thinning the lamina, ligaments and other tissues results in more room for the spinal cord. Googe's surgery included fusion from the L3 to L5 vertebrae to help stabilize the lower spine and help prevent spinal stenosis from recurring.

“Mr. Googe's general physical condition was excellent, so he withstood the long surgery well,” Dr. Williams said. “He had good bone density, which regular physical exercise can help maintain. He followed all my directives, including a physical therapy routine. Overall, he was an exemplary patient.”



Dr. Keith Williams

“My goal is to be physically active for as long as possible. I have a lot more sailing to do.”

— James Googe

Following the surgery, Googe spent three days in the hospital, then recovered for two weeks at his daughter's home. “I was a Naval officer, so I'm not a wimp,” Googe said. “I was back to my normal routine in three weeks. I had a textbook recovery.”

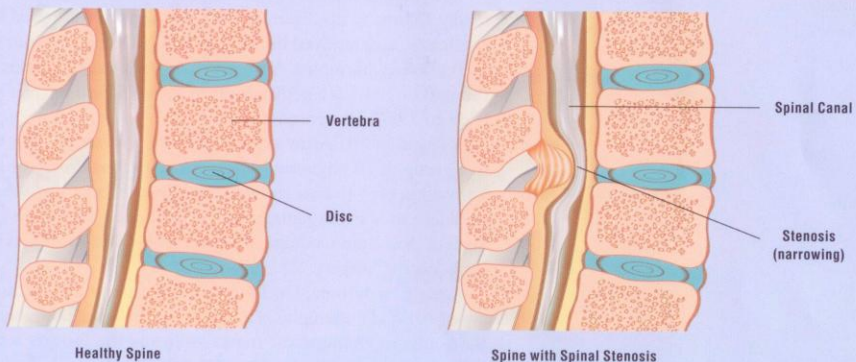
“When Mr. Googe returned for his one-year checkup, he showed strength in his lower extremities, no irritability of the hip or knee, and no instability,” Dr. Williams said. “X-rays indicated the instrumentation implanted was in excellent position, and the fusion was well-healed. Mr. Googe's commitment to exercise and fitness is certain to have been a factor in his recovery and continued progress.”

Today, Googe continues to work out with a personal trainer. He's doing weight training, building core fitness and working to strengthen his lower body.

“My goal,” Googe said, “is to be physically active for as long as possible. I have a lot more sailing to do.”



### Spine with and without Spinal Stenosis



## Spinal Stenosis Facts

- One of the most common causes of back pain and neck pain is disc degeneration.
- Over time, the discs in the spine may harden and thicken, pushing into the spinal canal. The narrowing of the lumbar spinal canal is known as spinal stenosis.
- Symptoms of spinal stenosis include pain or numbness in the back and/or legs, as well as cramping and weakness in the legs. Symptoms may worsen with prolonged standing or walking.
- Non-surgical treatments of lumbar spinal stenosis may include anti-inflammatory medications, physical therapy, and spinal injections, or “blocks,” used to relieve symptoms of pain. These treatments do not correct the spinal canal narrowing but can provide pain control and improved life function.
- Surgery may be advised for patients whose pain cannot be relieved by non-surgical treatment methods. The goal of the surgery — which is termed “lumbar decompression surgery,” or “laminectomy” — is to open up the bony spinal canal to improve available space for the nerves.

SOURCE: *North American Spine Society*