

By Beth Ashley | IJ senior features writer

WHEN YOUR BACK'S TO THE WALL

If your back is killing you and you're afraid you'll never walk normally again, there are surgeons who probably can help you.

One of them, Dr. Kenneth Light of Mill Valley, has a reputation for curing back patients who have given up hope. Though his ex-patient say he does "miracle-surgery, Light may be unwilling to do the same for you. Ninety nine percent of back patients don't need surgery at all, he says.

"Back problems aren't taught in medical schools," he says. Medical schools are more interested in AIDS, cancer, lupus, not something as mundane as back pain. But 75 percent of the people that came to me had back pain — and there weren't many choices as to what we could do."

In 1984, Light left his orthopedic surgery practice in San Francisco for a spinal fellowship with Dr. Edward Simmons, a renowned spine surgeon at the State University of New York at Buffalo. He returned with advanced training in back surgery which allows him to remove tumors, bone fragments and painful disc herniation.

Light, 41, is co-founder of the San Francisco Spine Center at Saint Francis Memorial Hospital, where patients are evaluated and often receive physical therapy, diet modification or back-strengthening exercise — as alternatives to surgery.

But if surgery is indicated, Light can do it.

"He's a miracle worker," says Sarah Oppenheimer of Mill Valley, a ballerina who woke one morning in January unable to move.

The mother of two young girls, Oppenheimer had trained with American Ballet Theater and danced with Dallas, Chicago and San Francisco companies before taking a time-out of several years. After resuming dancing, she made 14 guest appearances in December. She felt fine until she awoke in January with searing pain, unable to move her shoulder or neck.

On vacation in Costa Rica a few weeks later, she lived on pain pills and muscle relaxers. Still in pain, "it dawned on me this wasn't an ordinary stiff neck." She called Light, who was her neighbor, from Costa Rica and made an appointment for the day she returned.

Light recommended a collar brace and twice-daily traction — stretching her neck in a sling-like device.

Still no relief: "I couldn't lie down; I sat up all night and watched 'Nick at Night.' I couldn't even read."

How to save your back

There are innumerable activities where you should be extra-careful to protect your back.

Home-improvement and do-it-yourself projects

These require a lot of bending and lifting. Either let your quadriceps do the work or, better yet, call someone to do the work for you. That could be cheaper in the long run.

Gardening

For sure a gentle endeavor, it's amazing how bad gardening can be for your back. Perform limbering exercises before starting work and stretching exercises afterwards. Never keep at it for more than three hours.

Airline travel

Hard seats and heavy luggage are the culprits here. Walk up and down the aisle every half-hour and try not to fall asleep in a position that will strain your back. Better to check your luggage.

Golf

Anything that produces abnormal posture is a threat to your back. Warm-up exercises can help, but planting your legs in the ground and twisting your body is an unnatural act.

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Light decided to give her an MRI and found two severely herniated discs, with bone spurs jutting out into the spinal cord.

Light told her she was at serious risk of paralysis “if I got jolted in a car or a fall.” He decided to operate in early March.

Two days before the operation she was in tears. “My chiropractor said I was ‘tampering with my spine,’ I’d never be the same again.”

But two other doctors had recommended surgery, and “I had absolute faith in Dr. Light — I knew I was with the right person.”

He went in through the neck — “I begged him to make a small incision, and he said afterward, ‘I made the incision too small, I could barely do the operation!’” — and removed the extruding disc material. Then he took bone from her hip to fuse the vertebrae together.’

After a five-hour operation, she was hospitalized four days and wore a “horrible-looking” four-poster neck brace for three months.

Today she is “100 percent, except for a little stiffness from holding my neck still like that.” She is already dancing again, and hopes to dance at the Seville World’s Fair in October.

Stephenie Hendricks of Inverness is still wearing her neck brace after a similar operation March 30.

Frazzled mom

The “frazzled mom” of two young girls and a self-styled type-A television producer (“People Are Talking,” “P.M. Magazine”), Hendricks blamed chronic neck and shoulder pain on her stressful lifestyle. But a year ago it began getting worse: “We were at Drakes Beach and a giant wave came in and I scooped up my 2-year-old and threw her over my shoulder. An insidious pain burst forth in my neck and shoulder. It was a pain that wouldn’t go away, and with it came an aggressive numbness in my arm.”

She began to lose strength in her hand.

She tried various therapies, but the pain always came back. “It was so bad I’d get up at 2 a.m. and watch weird movies on TV — David Lynch movies about severed ears, the only things that captured my attention.”

She was often in tears, always in pain. “If I could drag myself to the grocery store, I’d have to come home and sleep for an hour.”

She had X-rays, but the radiologist spotted nothing. She took pain pills, but finally decided, “I just couldn’t continue being that out of it.” Her chiropractor recommended an MRI and found a herniated disc and bone spurs. “The spinal cord was pinched shut in two places in my neck.”

Her chiropractor recommended Light — who scheduled an operation six days later. “He was worried about permanent nerve damage to my left arm.”

Hendricks had heard all the horror stories about back surgery — “you can’t believe how much hostility I’ve gotten from people who believe the myth of the horrors of back surgery. Only it’s not really a myth — there’s so much botched surgery out there.”

She praises Light because “he listened. He was respectful, he was clear, he was never patronizing.”

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In a six-hour operation, Light removed the disc material, made a template from bone in her hip, and used it to fuse two vertebrae. He “sanded” the offending bone spurs.

When she awoke from anesthesia, she had regained the strength in her hand, the neck pain was gone. The hip pain was different — “Dr. Light said it would hurt like hell and it did, but it’s bearable because you know it will go away.”

She was out of bed the next day. “Five weeks afterward, my husband and I were in Moraga, mamboing to Tito Fuente.”

Too much tennis

Carl Mani of Novato is a walking sales pitch for Light.

A radiologist, Mani says his life was “trashed” a year ago: His back pain had gotten so bad he “slithered down the stairs” to lie on the family room floor to eat meals and watch television, then “slithered back upstairs to bed.”

The pain in his lower back began three years ago after a rigorous day of tennis. Mani “stomped around” in pain for eight months before a CAT scan found a herniated disc.

He tried therapy and an epidural injection of steroids and Novocain for temporary relief. But he didn’t get better and embarked on other treatments — a percutaneous disconnect (“a long needle is inserted into the disc to suck out the liquid center”) which was unsuccessful, and two surgeries that gave temporary but impermanent relief. The pain returned after the second operation and his right leg grew numb.

Always athletic, he gave up tennis and golf. He found it difficult to sit more than an hour at a time. “Going to the movies or driving to Tahoe was out of the question.”

In March last year he sought another epidural injection, his third. This time the injection, which itself causes swelling, only increased his pain. “This time I was really hurting. I was on the floor.”

As a radiologist, he sees all the problems and few good results of back surgery. He recoiled at the thought of more surgery, but his pain was so intense, “I’d have let the garbage man operate.”

On a doctor friend’s recommendation, he saw Light.

His surgery, involving bone grafts at two levels of his spine, took seven hours. Immediately after, he had “big-time pain, like someone had a poker in my back.” Nausea forced him to abandon all pain medication, so his ordeal was severe. But the pain gradually diminished; he was using a walker by the end of the first week.

Back to work quickly

He had surgery on July 1 last year. He was back at work (in a plastic brace) by mid-August.

Today he has “a little pain in my right hip (where the bone was removed when I get up, but if I stretch a little, I’m just fine.” Mani plays tennis and golf, though he limits himself, and hikes in the hills “with no trouble at all.”

Mani urges others who have had unsuccessful back surgery to seek expert help. “There are more and more people in the field. Find someone who is doing this kind of surgery all the time.” (After Light, he mentions Arthur White of Seton Medical Center on the San Francisco Peninsula.) “With MRIs, a good doctor can see exactly what’s going on.”

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Light stresses that most back pain can be overcome through exercise by building up the muscles that support the spine. “The spine is analogous to the mast on a ship, which is supported by para-spinal musculature. The muscles are like the stays on a ship. If they’re deconditioned, the spine starts to wobble. The pain comes from deconditioning.”

Sometimes of course, it comes from fractures or tumors or infections; most of the time, it comes when the discs, which cushion the vertebrae, begin to flatten and wear out.

Light insists there’s nothing magic in what he does: “The most important thing is evaluation, listening to the patient. We treat people, not MRI scans.”

Once problems have been identified, “things can be done that couldn’t have been done 20 years ago. We can stabilize the spine with screws. We do more successful fusions. We can remove tumors and diseased vertebrae. We can replace vertebrae with bone from a bone bank.”

Some problems he can’t cure. Sometimes the injuries are too widespread, he says: “It’s not reasonable to think you can remove four discs and do fusions and expect perfect healing.”