

**Andrew M Cash**  
**Orthopedic Spine Surgeon**  
**State of the Art**  
**Non-Operative & Operative**  
**Treatments of the Neck & Back**



Andrew M. Cash, M.D.



**PERSISTENT LOWER BACK PAIN AFTER PREGNANCY**

Persistent pregnancy-related lower back pain and pelvic girdle pain (or postpartum pelvic girdle pain, PPGP) is a major health issue among postpartum women.

**PREVALENCE**

About 50% of women have pelvic girdle pain during pregnancy. In most women, the pain stops after giving birth, however, there are cases where it can continue on afterwards. About 25 % of women experience pain after pregnancy.

Approximately 5% of all pregnant women continue to have pain (PPGP) 3 years following delivery.

The pain may be due to sacroiliac joint (SI) dysfunction.

SI joint pain is a component of pelvic girdle pain and is primarily located between the posterior iliac crest and the gluteal fold. SI joint pain is a component of pelvic girdle pain and is primarily located between the posterior iliac crest and the gluteal fold.

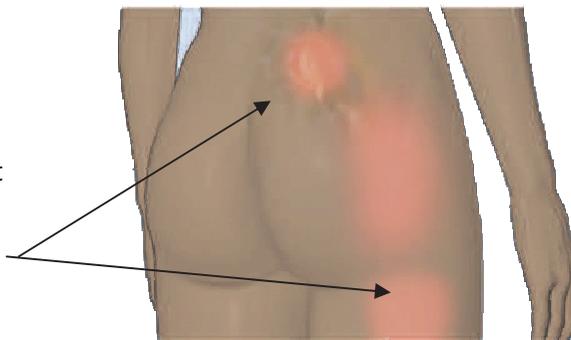
**SYMPTOMS MAY INCLUDE:**

- Lower back pain (below L5)
- Sensation of lower extremity: pain, numbness, tingling, weakness

- Pelvis / buttock pain
- Hip / groin pain
- Disturbed sleep patterns due to pain
- Feeling of leg instability (buckling, giving way)
- Disturbed sitting patterns (unable to sit for long periods, sitting on one side)
- Pain going from sitting to standing
- Sciatica like symptoms

**NON-SURGICAL MANAGEMENT**

Treatment goals for SI joint pain include reducing symptoms and improving patient function.



Non-surgical treatment options may include:

- Oral pain medications NSAIDs, opioids, etc.
- Physical therapy
- Chiropractic therapy
- Therapeutic SI joint injections

If a patient experiences ongoing or recurrent pain, this may be due to an underlying disruption. For chronic PPGP lasting more than 6 months due to a sacroiliac joint disruption, fusion of the sacroiliac joint may be an option.

Patients whose pain does not respond to non-surgical management may benefit from minimally invasive surgical (MIS) fusion of the SI joint.

The implant system deployed by DISC has demonstrated safety and effectiveness, improving, pain, patient function, and quality of life.

**Andrew M Cash, MD** is a board-certified and fellowship-trained orthopedic spine surgeon who began practice in Las Vegas in 2006. Dr. Cash is the founder and director of the Desert Institute of Spine Care and the Minimally Invasive Center of Excellence (MICOE). He studied under Dr. Robert Watkins, a world-renowned spine surgeon who has operated on countless professional, collegiate and Olympic athletes. Prior to his Spine Fellowship, Dr. Cash completed a five-year orthopedic surgery residency at the Atlanta Medical Center and received his medical degree from the prestigious University of North Carolina at Chapel Hill.