



## Harold J. Cordner, MD

# Promising new therapies for chronic back pain

So often, people with severe, intractable back or neck pain are told they are just going to have to learn to live with it," observes Harold J. Cordner, MD, who is board certified in pain management and anesthesiology. "Fortunately, that's usually not true. No matter what the pain is, there is a good likelihood that it can be alleviated."

As Dr. Cordner explains, it's important to determine the cause of pain in order to treat it correctly.

"At Florida Pain Management Associates, our specialty is diagnosing *where* your pain

is coming from and then eliminating it. People think that all back pain is the same, and it isn't; whether it's from disc herniation, arthritis or a torn muscle or ligament, we will find the source and treat the pain appropriately."

For **disc herniation**, there are now three different procedures that can alleviate chronic, debilitating pain.

"Each of these procedures is done percutaneously," informs Dr. Cordner, "which means 'through the skin.' We can actually take out the herniated disc through a needle, either using a laser to vaporize the disc or manually extracting it through a needle. Alterna-

tively, we can use radiofrequency (RF) energy to vaporize the tissue in the disc."

The success rate for these percutaneous procedures is about 80%, notes Dr. Cordner, comparable to conventional surgery. More importantly, unlike conventional surgery – which has a complication rate of about 10-15% – non-surgical percutaneous procedures present virtually no complications.

"The non-surgical procedures are performed under local anesthesia, take about thirty minutes, and you go home with a Band-Aid®," emphasizes Dr. Cordner.

### Disc regeneration

Three procedures for **disc regeneration** are also proving to be critical in the fight against back pain, notes Dr. Cordner. The first is the SpineCATH™ IntraDiscal ElectroThermal™ (IDET™) procedure.

"IDET™ is a thermal (heat) therapy," he explains. "When this precisely controlled energy is applied to the affected disc wall, it induces a contraction and thickening of the collagen fibers in the wall. The fissures in the wall contract and thereby close. This reduces the bulge of the disc material and desensitizes the pain sensors within the disc."

"A second, comparable therapy is called discTrode™, and this involves a radiofrequency electrode. The discTrode™ procedure is quite similar to IDET™, except that the wire or electrode is introduced into the *outer* part of the disc, whereas the IDET™ goes to the inner part. Depending on the patient, this may be a more appropriate procedure than IDET™."

"Lastly, we provide a therapy involving disc injection," says Dr. Cordner. "We are now able to inject medications and nutritional supplements that actually appear to help disc tissue to regenerate, and we are one of the few centers in the country that will be doing these disc regeneration procedures."

### Other treatments

"If patients have permanent nerve injury," explains Dr. Cordner, "they are almost always told there's nothing that can be done about the associated chronic pain. Fortunately, we have a very effective tool: the spinal cord stimulator (SCS). It is also used for RSD, neuralgias, pain from failed back surgery, peripheral neuropathy or any other conditions that may cause intractable pain. With SCS treatment, a



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stimulating electrode is placed in the epidural space that overlays the pain fibers in the spinal cord. "We position that electrode very precisely over the portion of the spinal cord that covers the area where they have pain," the doctor explains.

For arthritis pain in the back, Dr. Cordner may recommend periodic radiofrequency treatments.

"Once arthritis is there, you cannot reverse the process," he notes. "What we have done now is to isolate the source of pain. There are tiny nerves called medial branch nerves that lead to the facet joints in the lumbar spine. With a special needle, we can isolate the nerve. Radiofrequency energy is then transmitted from the needle tip to the nerve, putting it 'to sleep' and eliminating the pain." Relief may be permanent, but if additional treatments are required, RF is safe and predictable, and can be repeated as often as every six months.

For many patients, post-surgical pain is a problem, including those who have already had back surgery.

"Post-laminectomy pain may include the leg or back," observes Dr. Cordner. "Typically, it is due to one of three things: scarring, disc pain or myofascial pain from the surgery itself."

For disc pain, Dr. Cordner employs the percutaneous therapies such as IDET™ and discTrode™. For scarring, a small arthroscope can be placed into the epidural space in the spine. "This allows us to directly visualize the scarring, and we can free up the scar tissue in the spinal canal and get rid of back pain. This is accomplished under local anesthesia."

"For myofascial pain, if the patient does not respond to physical therapy, we do prolotherapy, or regenerative injection therapy. This involves injecting a dextrose-based solution, a non-toxic medication

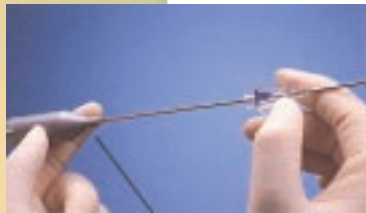
with no side effects, that causes the body's own immune system and circulation to help heal the tissues. The medication causes an inflammatory response, and the body's natural defenses heal that area, regenerating and rebuilding the tissues."

Lastly, Dr. Cordner reminds that BOTOX® is successfully used to alleviate the pain from chronic muscle spasms, particularly of the back and neck. "BOTOX® has a high safety profile, and is effective at eliminating pain, not just wrinkles," he says.

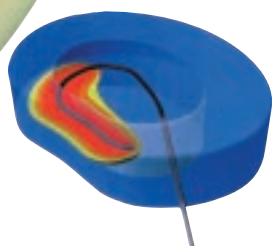
"Whatever the source of your pain, we can find a solution to greatly reduce or eliminate it," assures Dr. Cordner. "Many promising treatments have come out in the past year or two, and every six months something better comes out, or there are refinements in techniques. The overwhelming majority of our patients have good to excellent long-term results, so even if you are being told, 'There's nothing we can do for you,' we encourage patients to investigate their options." **FHCN**—Michael J. Sabno

### Make a note...

*Pain management allows individuals who experience chronic pain to enjoy life and get back into the swing of things. Dr. Cordner treats a variety of painful conditions, some of which include: arthritic back pain; cancer pain; whiplash injury; arthritis; bursitis; vascular disease; reflex sympathetic dystrophy; herpes zoster (shingles); intercostal neuralgia; sacroiliac joint arthropathy; failed back surgery syndrome; post-laminectomy syndrome; scoliosis; diabetic neuropathy and headaches. Dr. Cordner welcomes your questions about pain management. To schedule a consultation, please call Florida Pain Management Associates, located at 13837 U.S. Hwy. 1 in Sebastian, at (772) 388-9998.*



There are many causes of pain that other physicians may not have the experience to fully appreciate but that usually can be diagnosed by a pain specialist. "You do not have to live with your pain," assures Dr. Cordner. "I encourage anyone who has chronic pain to seek help from a Board Certified Pain Specialist."



**YES!** I'd like to know more.

Please send me additional information about pain management.

Please contact me to schedule an appointment with Dr. Cordner.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Mail to:** Florida Pain Management Associates, 13837 U.S. Hwy. 1, Sebastian, FL 32958

\*The American Board of Anesthesiology is the only Pain Management Board recognized by the American Board of Medical Specialties (ABMS) for certification in Pain Management.