

## **Foreword**

Much of my practice in spine surgery consists of giving a second opinion regarding the necessity of a proposed spine surgery. This chapter is written by a patient that I saw once for a proposed surgery suggest by two other surgeons. He figured out most of his successful healing process on his own and he wished to share his story.

### **Mark's Journey Out of Pain**

One early evening back in the summer of 2006, my neighbor Sam and I were riding horses out of the mountains near Libby, Montana. We'd been looking for grizzly bears high up in the Cabinet Mountain Wilderness and were done for the day. My horse, Whiskey had been working hard for hours, and his cocked ears, snorts, and blows let me know that he wasn't happy about it. I urged him onward, anxious to get back to civilization before the night got too cold and dark.

Suddenly Whiskey dropped his head, stripped the reins from my left hand, and took off bucking down the boulder-strewn trail. On his fourth snap-roll, Whiskey launched me out of the saddle. "This is going to hurt," I remember thinking as I flew through the air. I had no idea how badly.

Just before I hit the ground, a log about eight inches in diameter caught me high up on my side, just under my left arm. My ribs – all of them on that side – cracked and then caved as they tried to rupture through the front wall of my chest. Almost immediately after my ribs gave way, my spine broke in two places. A tsunami of white-hot pain – the most intense I have ever known – shot through my body, as though I was being stabbed over and over again by a dozen daggers.

Sam went for help. By the time he got back to me and covered me with blankets, I'd been on the ground in the thirty-six-degree cold for five hours, wearing little more than jeans and a

light shirt. Most of the heat in my body had escaped me; I was so numb that I couldn't even feel the warmth of the blankets.

An hour and a half after Sam arrived, seven men appeared, some on foot, others on horseback. They stuffed me in a heavy bivvy sack and began carrying me, stumbling and falling on the dark, rocky trail. Our destination: a high alpine meadow one-and-a-half miles back up the mountain. At sunrise four-and-a-half hours later, we staggered into Moose Meadow, where all my bearers immediately fell asleep in the lush green grass. Finally, a Life Flight helicopter came and took me to hospital in Kalispell, Montana.

There, surgeons fused a foot-long section of my spine by installing a ladder of titanium steel from my eighth thoracic to my second lumbar vertebrae. The next morning, two nurses stood me up to take my first post-surgical "walk," and I passed out from the pain. It was so extreme that nothing, not even a cocktail of morphine, OxyContin, oxycodone, and Norco were enough to quell it.

As I lay there going in and out of consciousness, I couldn't help but be in a state of disbelief. As a wildlife field biologist and conservationist, I'd worked in Africa with my wife Delia for 23 years in two of that continent's most remote wilderness areas. During my time there, I'd been charged by a number of animals: lions, elephants, Cape buffaloes, and some antelope. Poachers plotted to assassinate me in my camp and shot at my Cessna and helicopter. I'd also survived more than my share of near-misses while flying. Like most people speeding through life like a bullet on a mission, I felt almost invincible during all those years, and in 1996, I returned from Africa to the wilds of Idaho with hardly a scar. But that night high on a mountain above Libby, Montana, my luck had run out, and now I lay there bruised, broken, and vulnerable.

After a week, I was sent home from the hospital to begin my two-year-long recovery. With a crushed chest, a collapsed and re-inflated lung, and a veritable hardware store installed in my back, my pain levels ranged from six to ten for the first two months. Despite my efforts to limit the number of drugs I was taking, I was (unbeknownst to me) already becoming dependent on the suite of analgesics, sleep aids, muscle relaxants, and laxatives that had been prescribed for me. One night I took seven different drugs to help me sleep, not including vodka and Contac for colds. When I told this to my surgeon's nurse she was surprised that I'd survived.

About six weeks post-surgery, my pain had dropped to about a level four. I was walking a mile a day and began trying to transition from prescription narcotics to over-the-counter drugs. But to my surprise I realized that I now had another problem to add to my recovery: I was addicted to my meds. Realizing this, I went "cold turkey" and sleepless for ten days, cold sweats soaking my bed. Tremors made me jump and twitch all over for hours. I was finally able to sleep a little and manage my pain using over-the-counter drugs and a little vodka from time to time.

Two years after my surgery, I was considered fully recovered, yet I still felt as if I was carrying a chimpanzee on my back, its weight pressing me forward and making it impossible for me to stand up straight. My pain levels had crept back up to levels five to six most of the time, and my lower back was getting more painful, not less.

My body maintenance was nearly a full-time job: I hung from an inversion bed two to four times a day; I practiced yoga and did various other stretches; I lay across exercise balls, foam rollers, tennis balls, and a football. I walked two-to-four miles daily, did pull-ups in my doorway, lifted weights, danced, and did anything else I could do to keep moving. There was too little time for anything else and my career as a writer and field biologist was mostly moribund.

I was working hard to heal my body, but the truth was, I had descended into the perfect hell of acute chronic pain. In the years after my accident, I had stretches of times where I felt like I was healing, but for the most part, my pain was relentless: It attached itself to my body, mind, and spirit, sucking away my essence, a leech that was never sated and would never let go. It was a pain so severe that its spasms caused me to collapse onto dinner tables, to hold onto furniture so that I wouldn't fall as I moved about my home; a pain so all-consuming that it alienated some of my friends who couldn't stand to see me suffer. It was stupefying and isolating, crippling and confining. Over time, it literally caused my brain to shrink because it couldn't focus on anything else. It never forgave or forgot. It was the last to say goodnight and the first to greet me on waking in the morning. In the end, it made me want to die. I almost did, on purpose.

By 2012, six years after my accident, I again had so much pain in my lower back that I had another surgery to fuse L2 and L3. I had barely recovered from that when, driving with too little sleep and under the influence of muscle relaxers and sleep aids, I wrecked my truck and broke my back at L4.

By the spring of 2013, my legs were collapsing under me, I was holding onto furniture to keep from falling, and my pain levels were constantly between eight and ten. I began looking for another surgeon who could release me from this hell, and I found one in eastern Washington who explained that he had been a General Motors auto engineer before going to medical school.

“Your back has seen too much trauma,” he said. “You really don't have any good options, and most of them would not relieve you of your pain or improve your range of motion. The only hope for you is what I call the Blue Plate Special.” He went on to explain a two-day surgery during which he and another surgeon would filet me like a salmon, incising me from my clavicle to my pelvis in order to remove the titanium steel hardware that was buried in the

straight, stiff fusion mass that spanned from the 8<sup>th</sup> thoracic to the 2<sup>nd</sup> lumbar vertebra. After breaking my spine through the fusion in two places, they would then replace the existing construct with a longer, more curved one that would better conform to the natural curvature of my original spine. Finally, they would remove calcium deposits (stenosis) in my spinal canal and extend the fusion to my pelvis. Most of my spine would become one solid piece of bone and hardware.

He presented all of this with what seemed to me to be fairly unrestrained glee, confidence bordering on over-confidence, and an air of certitude that defied his words when he said, “This will be quite a complicated surgery with a fair amount of risk and a long recovery, but frankly, any more conservative surgical options are bound to fail, leaving you worse off than you are now.”

This wasn't the first time a surgeon had recommended this type of radical operation to me: before my fusion in 2012, another doctor had proposed something similar. Still, to hear it again was tough. At that point my mood could best be described as somber; his words were like lead weights pulling my head under water for the last time. He was so good at selling this surgery, however, that I felt strongly inclined to sign up for it right there and then, especially when he said that he could schedule the procedure within six weeks of that date. But in the end I left, telling him I'd have to think it over.

I walked out with the friend who was with me and before we even got to the parking lot, it hit me. I couldn't just go by this doctor's word for such a drastic procedure. I turned to my friend and said, “What if this is more about ego than what would be good for me? I need another opinion.”

Two days later we entered the office of Dr. David Hanscom at Swedish Medical Center in Seattle. Seconds after coming through the door he announced: “I’ve looked at the images of your back and I’m afraid I cannot recommend you for surgery. I don’t see a one-to-one correspondence between any dysfunction in your spine and the pain you are experiencing.”

My mouth fell open in shock. Dr. Hanscom went on to explain that only about twenty to thirty percent of fusion surgeries for low back pain are successful, meaning that seventy to eighty percent are not. Furthermore, many of these surgeries leave patients worse off than they were before.

“Not only are they not successful,” David explained, “but the fusion results in more force being placed on the healthy vertebrae above and below it, causing them to break down. Subsequent fusion surgeries may be needed every few years to lengthen the construct. Because of this, I quit performing spinal fusion surgeries for low back pain about twelve years ago. Nowadays, I do them only where I can identify a structural problem in the spine that is directly and obviously causing the pain. In your case I see nothing of the sort.”

I felt strangely deflated and disoriented – as though I’d been given bad news, not good. “But what am I supposed to do? I am not imaging this pain, and that my legs are collapsing.”

Dr. Hanscom agreed: “Your pain is real; it’s just not coming from your spine.”

“But my back is a mess; it must be causing my pain.” Like so many other chronic back-pain sufferers, I could feel myself growing desperate to be sliced and diced because I had been programmed by ten different surgeons to believe that this was my only option.

“Actually, I’ve seen many backs much worse than yours. And in fact yours shows some wear and tear, but it is quite stable and nothing in your images suggests that it is causing your pain.”

“You don't understand, Dr. Hanscom, I cannot live with this level of pain.”

“Actually, I do understand,” he replied. “Eighteen years ago I was much worse off than you. I was experiencing such severe chronic back pain and was so depressed that I was suicidal. My career, my marriage, my friendships – everything was in shambles. My life as I had known it was over.”

I looked at this athletic and obviously fit and healthy man standing before me and could scarcely believe what he was telling me.

“But how...”

“I think you are suffering from what we call **neurophysiologic disorder (NPD)**: Your brain is creating its own endogenous pain stimuli, rather like it does in the ‘**phantom limb**’ **syndrome**, registering pain even though the offending appendage has been removed.” David went on to explain that research in neuroscience has confirmed that after about three months, chronic pain sufferers’ brains are rewired with neural connections to newly developed brain centers that generate their own pain signals. These signals are independent of any dysfunction in the body below the victim’s head.

I was candid with the doctor: I wasn’t convinced. “To be honest, this sounds a little like snake oil to me,” I said.

“Well, you can choose to go under the knife again with all of its associated risks and limitations, or you can read my book and learn about using simple techniques that even a grade-schooler can master, and maybe rid yourself of your chronic pain forever. You can start right away with ‘**expressive writing**.’ You simply spend fifteen to thirty minutes in the morning and again at night, writing down, in longhand, any thought that comes into your head. After you’ve written out each one in graphic and descriptive language, you immediately tear it up.

Neurological research has shown that this creates a separation between the brain and the thought, so that you can begin re-training your brain to lay down new more positive **neural pathways** that wire around the old destructive ones. Some people experience remarkable pain relief almost right away, and some actually get rid of their pain altogether. Maybe you will be one of the lucky ones.”

David then invited me to a “Rewire Your Brain” workshop being held at the Omega Center in Rhinebeck, New York about three weeks later.

My friend and I left David’s office feeling that this was too good to be true, but I was also resolved to try this “Neurophysiologic Disorder” approach to pain control before submitting to radical surgery. We drove south along the coast from Seattle, found a motel for the night, and I immediately tried my hand at expressive writing. I was quite sure it would never work for me. David explained that different types of expressive writing, as well as other techniques used in his program, are being supported by a growing body of peer-reviewed scientific research, but I had not yet seen this work. As a scientist, I am skeptical by nature. Nonetheless, at that point I was willing to give anything a try.

The next morning when I awoke, I noticed that my lower back hadn’t greeted me with a shot of pain before I even moved my legs to get up from bed, something that had occurred for years.

“No way; this cannot be,” I said to myself as I stretched out my legs, fully expecting the usual lightning bolt of pain. But all I felt was a comparatively mild discomfort. I stood up and walked to the bathroom. Yes, it hurt as I walked, but nothing like it had since my accident in 2006. Still, I refused to credit the writing I had done.



We drove on into Oregon that day, and by late afternoon found ourselves lying on a nearly deserted beach with our heads on a chunk of driftwood, watching gulls wheeling overhead as the surf caressed our feet.

“I am afraid to believe this,” I said to my friend, “but for the very first time in nine years I am virtually pain-free – and happy. It’s as if a veil of agony has lifted from my face and I can see the world clearly again.” I estimated that over the course of just less than two days I had somehow gotten rid of about eighty percent of my chronic pain.

It took me a while to trust this sudden release from the hell of chronic pain, but today, over a year later, I am going as much as an entire week at a stretch without needing to take any analgesics at all, not even Tylenol. Gradually my world has expanded again, and as I write this, I am planning a horseback ride back up the Cedar Creek trail where I nearly died nine years ago. It has become a regular pilgrimage for me, I think because I still cannot fully comprehend how I managed to escape the grip of soul-destroying chronic pain that so many others are enduring – many of them needlessly. If you are one of them, read on: this book will save your life. I know, because it surely saved mine.

We are on the cusp of a revolution in treating chronic pain, whether it is emotional or physical. Dr. David Hanscom and his colleagues in this pioneering effort are risking a great deal and sacrificing much to lead the charge against the profit-oriented medical establishment in promoting a treatment that costs nothing more than a little time, commitment, and the price of a notebook and a pencil. Oh yes, and the suspension of disbelief.

David and his cohorts are truly modern day heroes in this struggle.

Mark Owens