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## Cortisone injections spine procedure

CCO/StockSnap/Pixabay Severe stenosis of the spine can destroy lives, leading to paralysis and other complications, such as incontinence, weakness and numbness. It’s therefore important to recognize the signs and symptoms early on and seek treatment as early as possible.Of course, prevention is the best medicine there is and this article will look at that too. Although stenosis of the spine mostly afflicts people over the age of 50, it can affect younger people too. Here’s everything you need to know—from what it is to how to treat it and more.What is Stenosis of the Spine?Essentially, stenosis of the spine (or spinal stenosis) refers to the narrowing of the spaces within it. This in turn puts pressure on the nerves, causing tingling sensations, numbness, weakness and pain. As a degenerative condition, symptoms can worsen over time.There are actually two forms of spinal stenosis, differentiated according to which part of the spine they affect. Cervical stenosis refers to a narrowing of spaces within the neck, while lumbar stenosis refers to a narrowing of spaces in the lower back. Lumbar stenosis is the most common form of spinal stenosis, but it is possible to have both types simultaneously.Symptoms of Spinal StenosisAs mentioned, symptoms include numbness and tingling, weakness, balance problems, pain and (in severe cases) incontinence. But symptoms depend on the type of stenosis of the spine in question.Whereas lumbar stenosis is associated with numbness or tingling in the feet or legs (one or both of each), cervical stenosis can give rise to these symptoms in the hands and arms as well. The same goes for weakness.Similarly, whereas cervical stenosis may cause localized neck pain, lumbar stenosis is more likely to cause pain in the back—especially the lower back. Generally, bowel or bladder dysfunction (e.g. incontinence) is only associated with cervical stenosis.Causes and Prevention of Spinal StenosisStenosis of the spine is caused by something narrowing the space within the spine. This could be bone growth, or overgrowth, related to Paget’s disease (for example). Or it may be caused by herniated disks—the cracking and drying out of the soft shock absorbers between the vertebrae.Thickened ligaments, i.e. the cords that hold the bones of the spine together, may also expand into the spinal canal to cause stenosis. Similarly, tumors or displaced bone (such as from injury) may cause swelling that narrows the spinal canal or puts pressure on the spinal cord and nerves.As stenosis of the spine may also have something to do with being overweight, one preventative measure is to maintain a healthy weight. Another is to exercise. Flexing and stretching, for example, can help to open up the spine.Stenosis of the Spine TreatmentYou should see your doctor immediately upon experiencing any of the symptoms above. The sooner you catch it, the less invasive treatment may be required.Physical therapy can help to build your strength, endurance and spinal stability, for instance, while also improving your balance. Steroid injections can also help to reduce inflammation, though they won’t fix the stenosis on their own. To alleviate pain and discomfort generally, doctors may prescribe medications such as pain relievers, antidepressants, anti-seizure drugs and opioids.Stenosis of the Spine SurgerySurgery may be seen as a last resort degenerative spine treatment, suitable in cases where nothing else has worked. There are several types:Laminectomy: The removal of the back part (lamina) of affected vertebrae. Laminotomy: The removal of just a small portion of the lamina to relieve pressure. Laminoplasty: The creation of a hinge on the lamina (in the neck or cervical spine) using metal hardware. Another option is minimally invasive spine compression treatment or percutaneous image-guided lumbar decompression (PLD) therapy. This involves the removal of thickened ligament portions using needle-like instruments without any general anesthesia. MORE FROM QUESTIONSANSWERED.NET Dixit R. Low back pain. In: Firestein GS, Budd RC, Gabriel SE, Koretzky GA, McInnes IB, O’Dell JR, eds. Firestein & Kelley’s Textbook of Rheumatology. 11th ed. Philadelphia, PA: Elsevier; 2021:chap 50.Mayer EAK, Maddela R. Interventional nonoperative management of neck and back pain. In: Steinmetz MP, Benzel EC, eds. Benzel’s Spine Surgery. 4th ed. Philadelphia, PA: Elsevier; 2017:chap 107.Narayan S, Dubin A. Nerve blocks: spine. In: Arloff CE, Dubin A, Pliitsis JG, eds. Pain Management Secrets. 4th ed. Philadelphia, PA: Elsevier; 2018:chap 43.Page 2Hernandez A, Sherwood ER. 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