## Back In Action

ast November, 65-year-old Ann Mark's back pain was a 10 out of 10. Most days, Ann couldn't get up or walk because the pain was just too severe.

After trying several medical specialists and medications, Ann was directed to Mariam Ghobriel, MD, board-certified pain management physician on staff at CentraState Medical Center, and chair of the division of pain management. Although no previous efforts had worked, Ann was desperate to find relief.

"She came here crying," Dr. Ghobriel recounts. "Ann was pleading with me to do an injection that day, but I couldn't touch her."

## A DIFFICULT WAIT

Although prior tests had confirmed two herniated disks in her lower spine, Ann was on a blood-thinning medication for a cardiac condition, complicating Dr. Ghobriel's treatment. An invasive procedure, such as an injection, might risk excessive bleeding. However, Ann was in unbearable pain.

Dr. Ghobriel turned to Ann's cardiologist for additional input, as she promotes a multidisciplinary approach to pain management. "Pain management is only one aspect of the entire patient's health," Dr. Ghobriel says. "If I hadn't had direct conversations with her cardiologist, we probably wouldn't have given her many options."

Ann's cardiologist then researched the risks of removing Ann from blood thinners temporarily and was comfortable with a brief cessation. After informing Ann of any remaining risk factors and waiting for the blood thinners to be out of Ann's circulatory system, Dr. Ghobriel performed an epidural injection into Ann's lower spine.

The pain management specialty offers a range of options for treating spine pain, starting with the most conservative treatment of physical therapy, but Ann had tried that with no relief. While many injections are available for spine pain, such as facet injections for arthritis, sacroiliac joint injections for specific joints, and trigger point injections for muscle pain, the epidural injection is the most appropriate for pinched or compressed nerves.

## A DIFFERENT PERSON

"Oh my God, I waited for those remaining days," Ann says, reflecting on her pain and limited functionality at that time. "When the day [of the injection] finally came, I walked out of there a completely different person. I felt like I was 30 years old again." According to Ann, relief was immediate and amazing.

Eliminating the back pain allowed Ann to realize that she also had pain in her right hip that was radiating from her spine. According to Dr. Ghobriel, 60 to 70 percent of patients experience complete success with epidurals, but some may need another intervention. Ann needed one more epidural to alleviate her remaining pain.

Ann is now back in action and has her life back. She has returned to an active lifestyle of exercise, travel, and grandchildren. Her only regret is that it took several weeks to locate effective help.

"Go get help," Ann urges. "There is absolutely no reason to be in pain. The relief was immediate; I should have gone to Dr. Ghobriel on day one."

For more information about pain management services at CentraState, call (866) CENTRA7 (866-236-8727). HD



- Joint problems that do not yet require surgery
- · Partial rotator cuff injury (shoulder)
- · Moderate miniscus tear (knee)
- Anterior cruciate ligament (ACL) tear (knee)
- · Scar tissue from a prior surgery
- · Nerve damage at the site of a scar
- · Pain arising from cancer