

# Lumbar canal stenosis

Clinical syndromes

Webinar for GPs:

22 November 2023 // 8am to 8.30am



# Dr Ralph Stanford

## ORTHOPAEDIC SPINE SURGEON



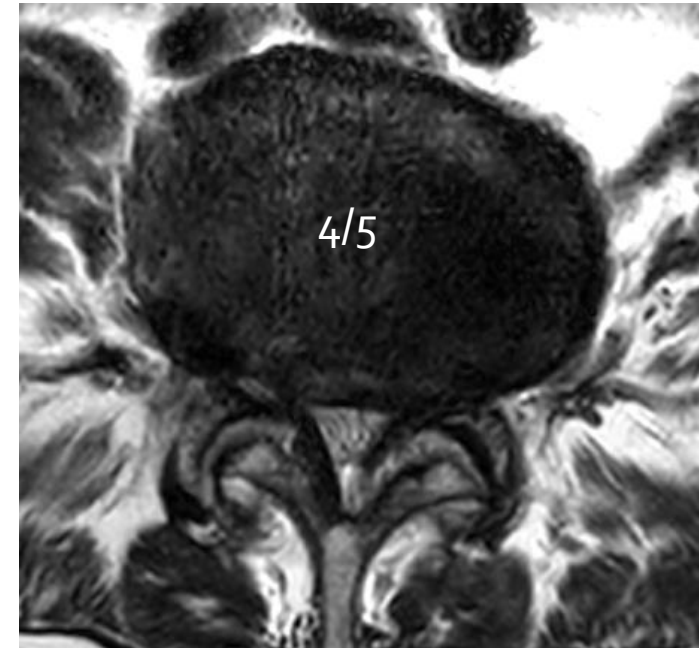
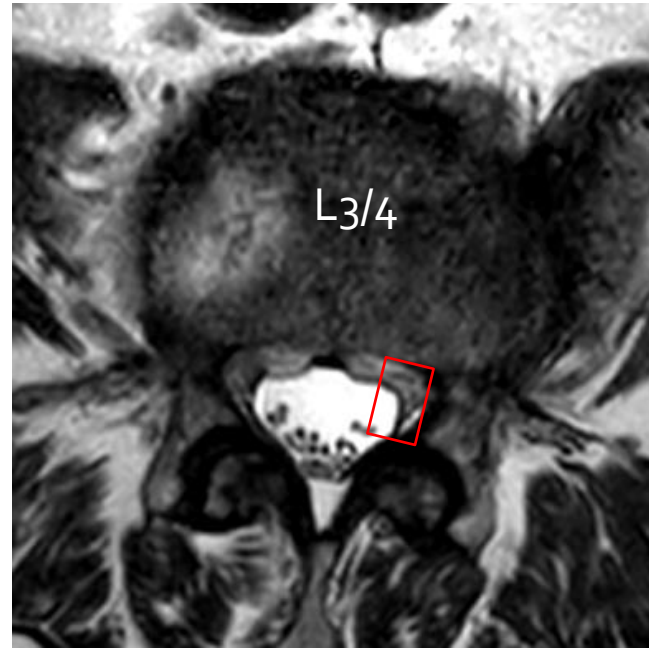
- Spinal surgeon with over 20 years' experience
- Conjoint Senior Lecturer at the University of New South Wales
- Supervisor of Training for Orthopaedic Trainees, Prince of Wales Hospital
- Education Secretary for the Spine Society of Australia
- Honorary Senior Scientist at Neuroscience Research Australia (NeuRA)

Dedicated to lifelong learning and sharing my expertise with others, I attend spinal conferences worldwide and regularly consult with colleagues about successful treatments.

**If you have any questions about a patient, please feel free to call me on 02 9650 4893. I will return your call and discuss how we can help.**

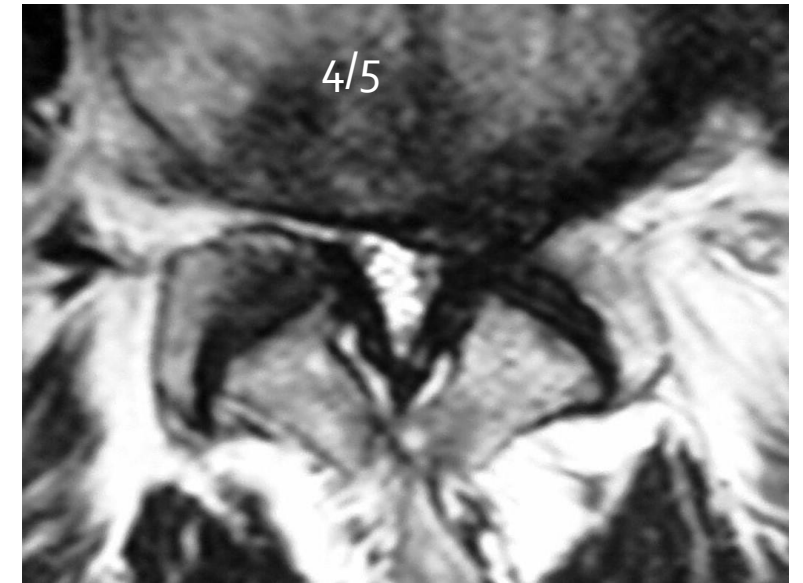
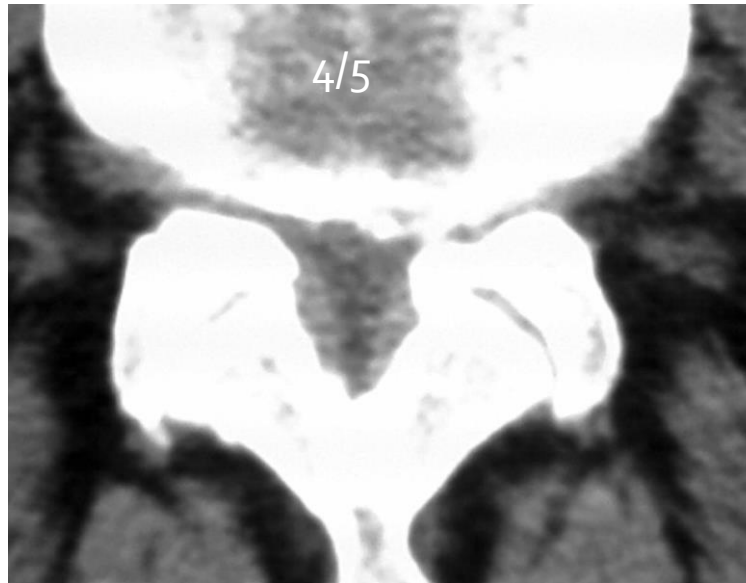
# Lumbar canal stenosis

1. Radiculopathy (sciatica)
  - Lateral recess stenosis
2. Neurogenic claudication
  - Central canal stenosis



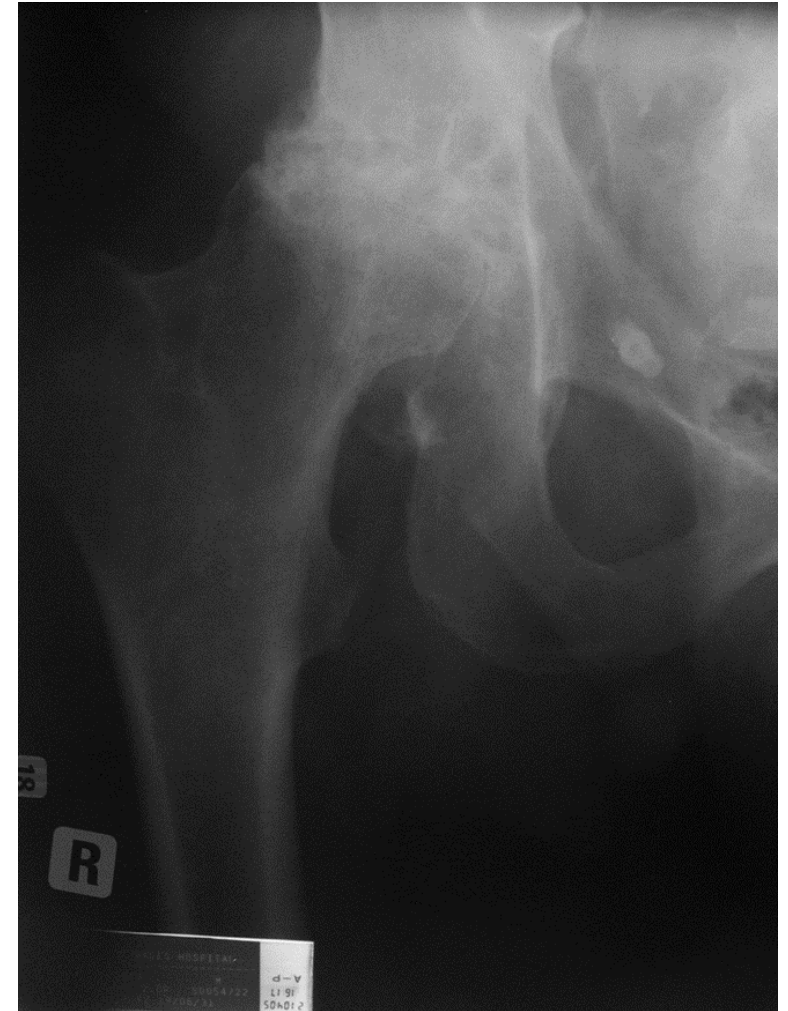
# Radiculopathy (sciatica)

- Single nerve root compression (often L5)
- Sharp pain lower limb
- Buttock to lateral side of calf (usually)
- Relief sitting
- Aggravation standing and walking



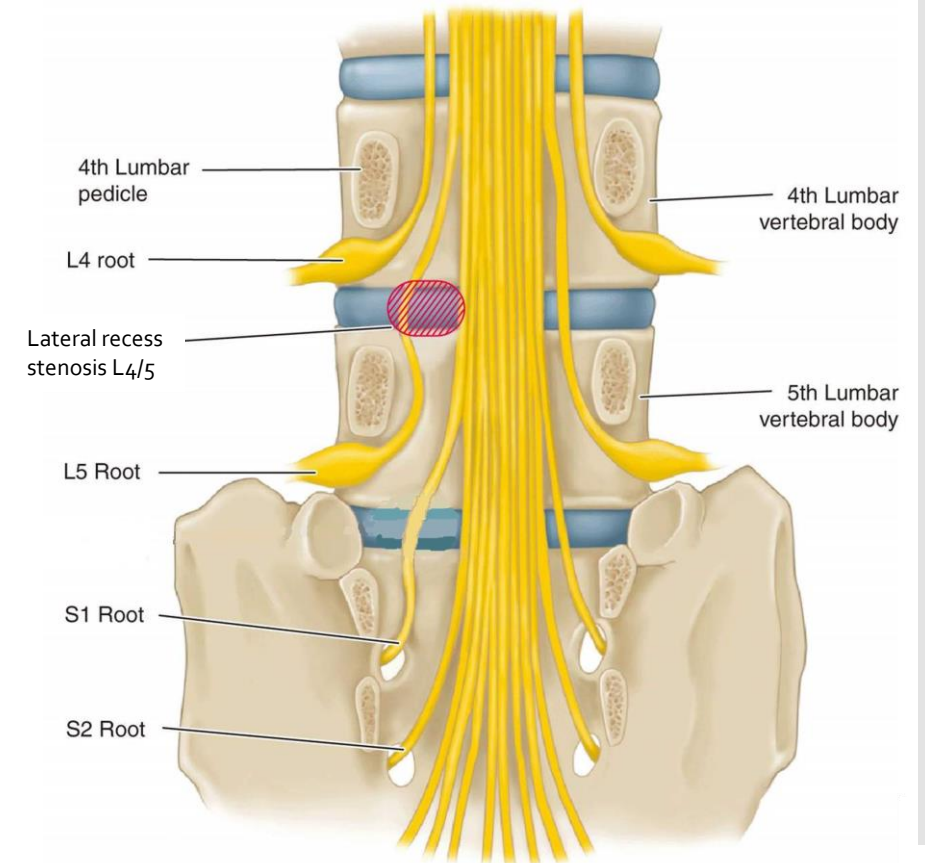
# Differential diagnosis

- Hip joint arthritis
  - Walk with limp
  - Painful rotation of hip joint



# Natural history and treatment

- Persistent, progressive
- Corticosteroid injection
  - L<sub>5</sub> nerve root sleeve in L<sub>5</sub>/S<sub>1</sub> foramen
- Decompression surgery



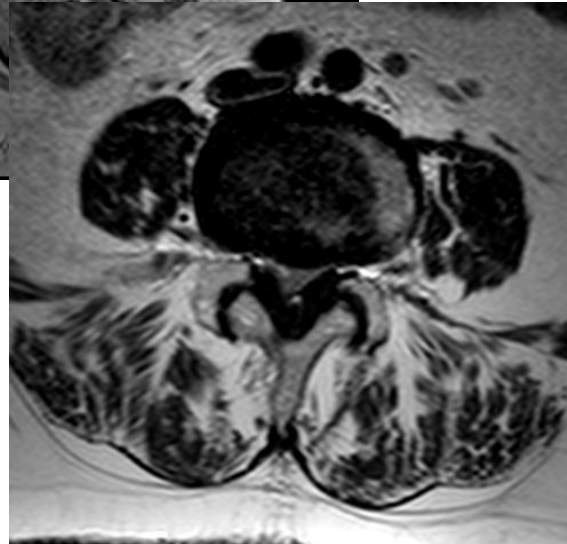
# Neurogenic claudication

- Pain, tingling, numbness lower limbs
- Often with back pain
- Brought on by walking
- Relieved by sitting
- Older age group, >60 yrs



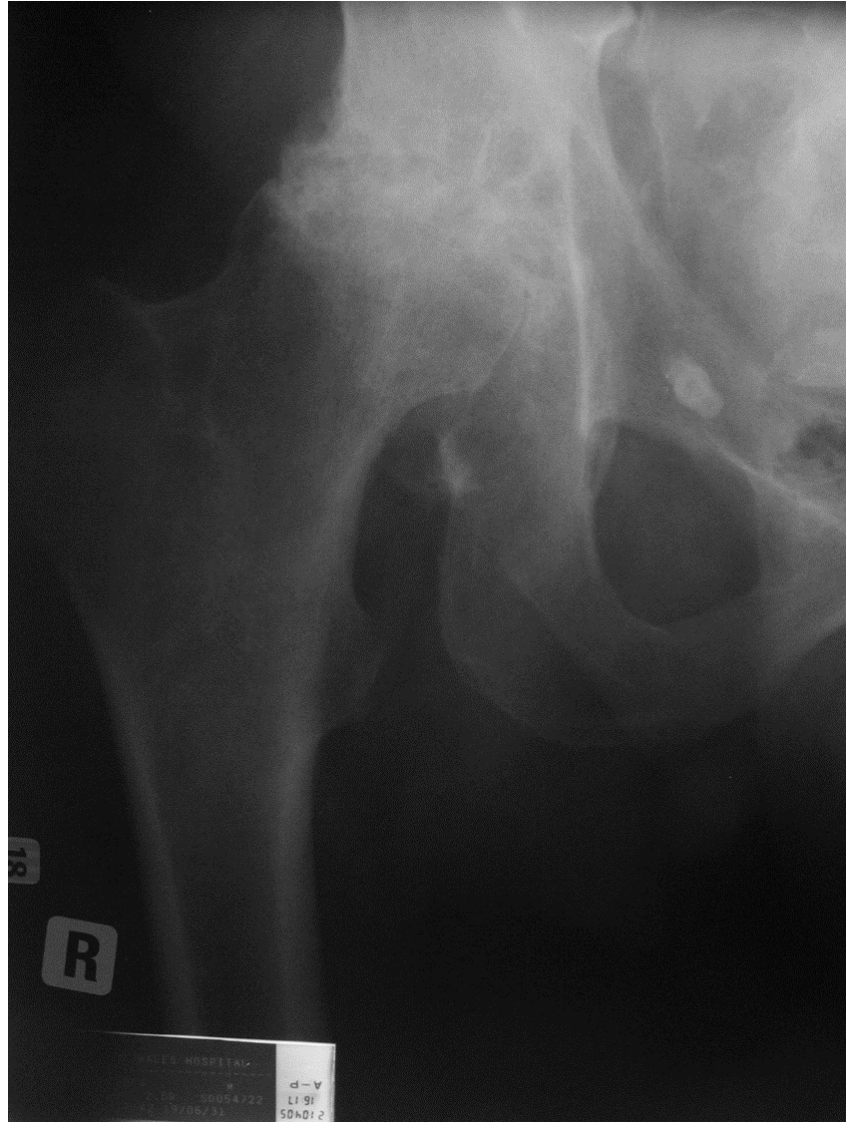
Chronic  
compression of  
the cauda equina—  
Neurogenic  
claudication

Verbiest 1956





# Differential diagnosis



History –  
diagnosis can be  
difficult

Spinal stenosis	Vascular disease	Hip arthritis
Neuropathic pain	Cramping pain	Aching/sharp pain
<i>Back of both lower limbs</i>	<i>One lower limb</i>	<i>Groin – thigh – knee</i>
Claudicating distance	Claudicating distance	Immediate pain rising from sitting
<u>Stop and sit</u>	<u>Stop and stand</u>	Rest
Like to lean on a trolley	No aid	Stick

## Examination and investigations

Spinal stenosis	Vascular disease	Hip arthritis
Often normal	Absent/weak pulses	Painful motion of hip joint
Pulses good	Trophic changes feet	Limp
Lumbar MRI	Doppler/ CT angiogram	Hip X-ray

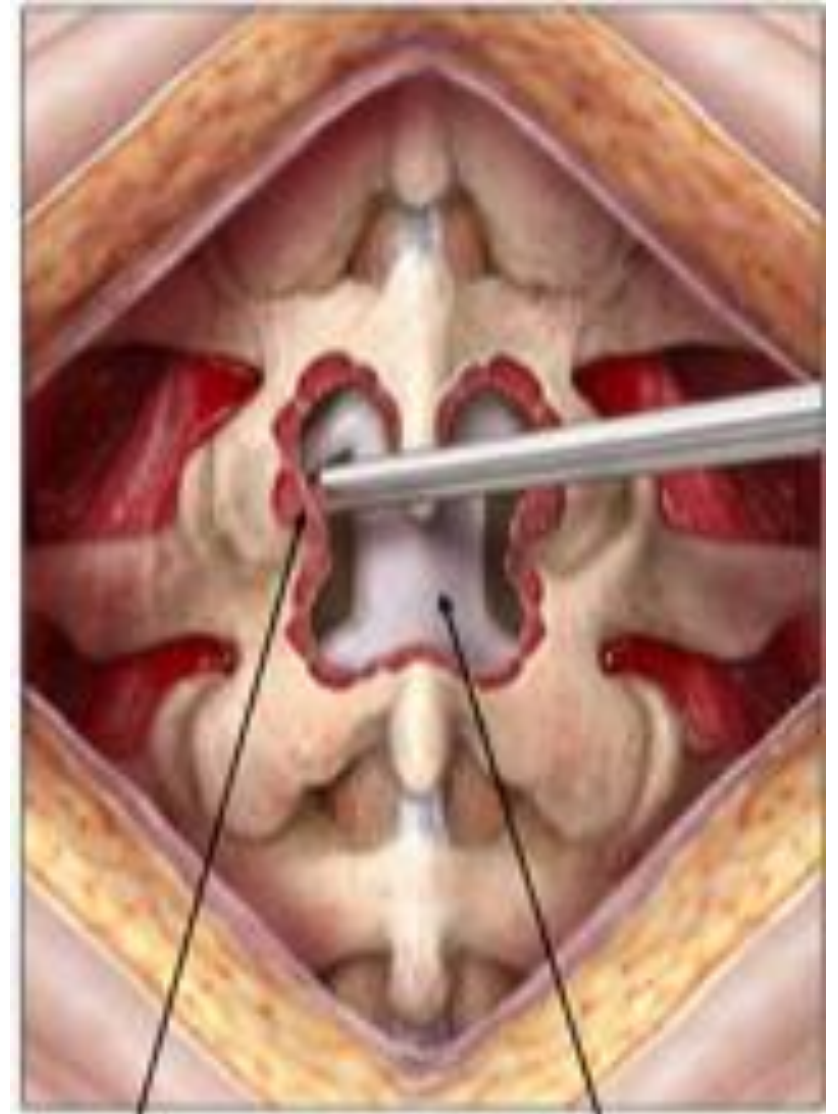
# What do we know?

- Many people live with stenosis satisfactorily
- Often symptoms are stable over long term
- 5 – 10% deteriorate



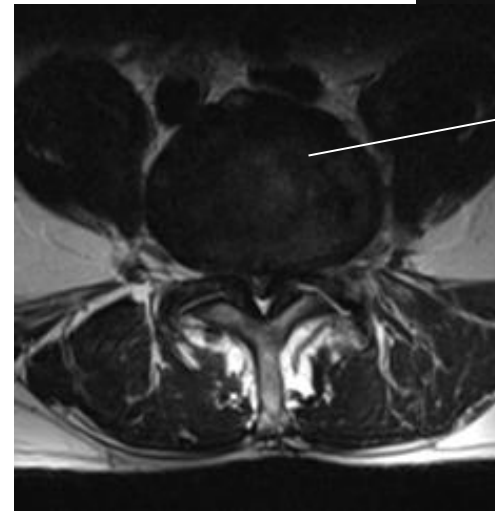
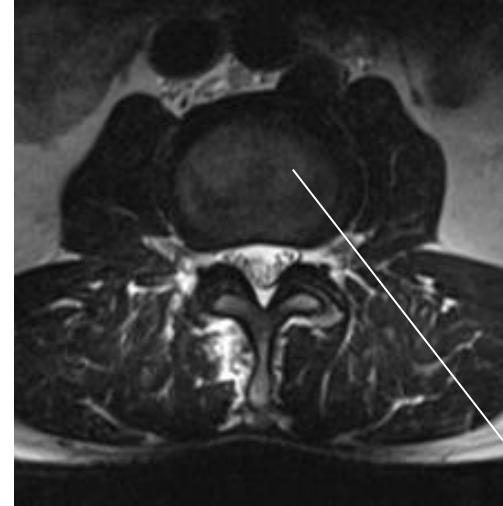
# Lumbar decompression surgery

- Reserved for when walking is severely limited
  - Functional impact
- Success rate ~70%
  - Available studies of limited quality
  - Shouldn't this be better?
  - Spine more complex than the hip joint



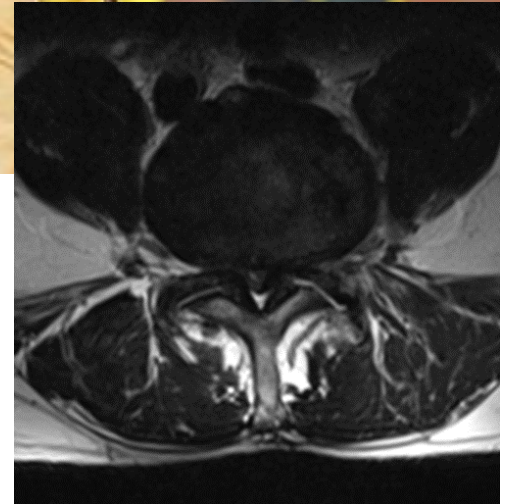
# Careful selection

- Confounding factors
  - Age related debility
  - Diabetes
  - Alcoholism/peripheral neuropathy
- Clear cut symptoms
- Severe stenosis on MRI



# Surgical patient

- 71 years old
- Medically well, relatively fit
- Steady decline in walking
- Tingling pain in lower limbs with walking
- Walking limit now 150m
- Has to sit for relief
- Frustrated
- Examination unremarkable



# Q & A

- A **recording** of the webinar will be available on my website
- **Further resources for GPs** are available at <https://spinalsurgeonsydney.com.au/for-referrers>
- **To receive future resources via email** send your name and email address to [info@powspine.com.au](mailto:info@powspine.com.au)

As always if you have any questions about a patient, please feel free to call me on 02 9650 4893. I will return your call and discuss how we can help.

You can also reach me via [ralphstanford@powspine.com.au](mailto:ralphstanford@powspine.com.au).



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