

Dr Warnke

Posted by frankenspine - 01 Apr 2009 20:11

DocSarah,

You recently visited with Dr Warnke. You mentioned his hope to provide relief through his surgical procedure.

Did you get a chance to meet with any of his Arachnoiditis surgical patients?

You did not indicate that you are thinking of having the procedure done on yourself. Is this because there are still too many risks and the sample is too small to make a judgement?

The procedure appears to offer hope, yet, anytime the thecal sack is entered, one must remain cautious.

In short, do you think the risks are worth the reward at this time?

Thank you,

frankenspine

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Re:Dr Warnke

Posted by Kim - 19 Apr 2009 14:44

Had an additional question posted:

Thank you the reply. I guess caution is the best option at this time. Hopefully, time will give us a realistic assessment of Dr Warnke's surgery. It will also be interesting to see if other surgeons decide to use his method, and if they can duplicate his success.

I did have one question about his procedure that I should have asked in my original post. How does he separate the nerves from the scar? I cannot fathom how a surgeon can separate the two using an endoscope without doing damage to the nerve? This has nothing to do with my decision to seek the surgery. It just seems a near impossible feat. I would sure like to know how the nerve, which seems "glued" to the scar, can be freed. It is a "mental" exercise for me, I guess.

Thanks,

DocSarah's reply~

Reply is:

Firstly, I must point out that actually I met Prof Warnke here in UK not where he works: he flew over specially to meet me.

From the information I have, based on the papers he has published, there is some evidence of short-term benefit from his thecaloscopy procedure, but it is too early to tell whether this will be confirmed at follow up. I continue to have strong reservations about ANY invasive procedure, because of the potential for exacerbating the inflammation.

There is in fact another issue here that is more about the effects of chronic pain, which are many and various, affecting all parts of the body. My opinion is that there is no single treatment, invasive or otherwise, that will successfully alleviate pain on a long-term basis, because of the complexities of chronic pain. I've been running an audit of medication given to patients I see at Bath Centre for Pain Services: all types of chronic pain, often of long duration. Some patients are on incredibly high doses of several medications and are STILL in severe pain. Often we work on reducing the medication and usually people don't have more pain in the medium to long term despite lower doses: but they feel a lot better and don't need to take more meds to counter the side-effects.

I have just attended a 3 day conference at the British Pain Society and it is clear that the emphasis on looking at the whole patient is becoming much stronger. Incidentally, I heard some good reports for use of Versatis, a local anaesthetic patch which is good for surface pain and hypersensitivity which can be a problem in AA. There are also some new morphine drug preparations which work very quickly under the tongue/in the cheek (within 10-15 minutes and last up to 2 hours, which could be useful for 'incident' pain: severe pain coming on when doing activity, but background pain is relatively well controlled (usually on a Fentanyl patch). And there is a new drug that combats opiate-induced constipation (Targinact). I mention these to let people know that I am keeping an eye on what medication is becoming available.

So overall,going back to your post, I have to say that whilst I feel it is important for people to be aware of Prof Warnke's work, I feel it's importance lies more in raising awareness of AA (note that some of the patients he treats have not had AA diagnosed on MRI scan...but it is clearly present at operation...which confirms that MRI scan is not an absolute diagnostic tool) than giving us a big step forward in terms of treatment.

On a personal note: no, I won't be going for treatment for now: I have other health issues such as arthritis, cauda equina problems etc. so I don't see it as a helpful option to me at present. What the future holds...well, my crystal ball is a bit hazy...

Best wishes,

DocSarah

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