

Doctor demystifies nervous system disorders

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August is Neurosurgery Awareness Month, according to the American Association of Neurological Surgeons to make the point that neurosurgeons diagnose and treat disorders of the entire nervous system, including the brain, spine and neck.

"There are many fronts of neurosurgery and we do different things and some handle specialized problems," said Dr. Evan M. Packer, managing partner of the Brain and Spine Center South Florida in Boca Raton.

The practice also covers brain trauma at Delray Medical Center, a level 1 trauma center, and is affiliated with the Marcus Neuro Institute at Boca Raton Regional Hospital.

"Most people don't understand what a neurosurgeon does and most people think it's trauma to the brain or head trauma. Most of my practice is focused on spines and brain tumors," said Packer, an affiliate assistant professor of surgery at the Charles E. Schmidt College of Medicine at Florida Atlantic University, a diplomate of the American Board of Neurological Surgery and a Fellow of the American College of Surgeons.

What are you seeing in your 20-year practice?

I treat mostly spinal disorders. It's not necessarily a disease of old age. Some people are physically active. Apart from trauma, in younger people it can be herniations of disc material.

How does that happen?

The spine is composed of vertebrae, which are bones, and shock absorbers are discs, the soft material between the bones. You can be at the gym and injure a disc in your neck. Athletes like Peyton Manning [a Denver Broncos quarterback] had a disc [herniation] in his neck. We see everything. I see a lot of young patients [who have been] in an accident.

Do older patients have the same problems?

Older patients seem to have chronic changes that lead to collapse of the spine. The disc begins to lose hydration or water as you get older. When the soft part of the disc compresses the spine, almost like toothpaste, it can cause pressure on the normal structure of the spine. Patients can get symptoms such as in the neck disc herniation. They will sometimes get pain in the neck and the shoulder and they can be confused.

How does a patient know which specialist to see?

That's the intersection between the orthopedist and what we do. Tingling in the fingers or part of the arm. Burning or nerve-like electrical kind of pain in the arms, hands or legs. Usually in the legs it's related to the lower back. Weakness. Any of these types of symptoms can present in different ways, so it's not always straightforward.

What about surgery or not?

When patients age, the fluid dries up in the disc spaces and that leads to the disc spaces collapsing and the support structure has to shoulder more of the burden. As a result, whether it's in the neck or the back, you get compression of the nerves, so the symptoms come and go. Not everyone needs surgery. The vast majority don't. Most of the surgery is geared to taking pressure off the spinal cord or nervous system.

Is most surgery minimally invasive now?

All surgery is going to be minimally invasive. We can do much bigger surgery with little blood loss, small incisions and shorter hospital stays. I do a lot of outpatient surgery.

When should you see a neurosurgeon or your primary for a referral?

Anytime there's persistent pain, discomfort or loss of function. For example, patients will drop things or can't feel their fingers. Typically the time to go is when the symptoms are not getting any better. Most short-term symptoms respond to rest or anti-inflammatory medication.

As we age, are these symptoms inevitable?

A lot of patients get compression fractures and we put cement in, and that's done as an outpatient procedure in the office. A source of back pain can be the bones in patients over 65. When this occurs, it can generate a lot of pain. There are solutions out there.

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