

With new spinal cord stimulator, Army veteran is finally free of pain

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Good news: Craig Hoffman separated his shoulder. Wait. Why is that good news? Let's back up.

Three months ago the 49-year-old Lansing, Ka., man couldn't do much of anything without wincing in [pain](#). His lower back hurt too much. He tried massages, chiropractic and steroid injections. He popped [pain pills](#) like Tic Tacs.

Nothing worked. Then, in August, surgeons implanted a [spinal cord stimulator](#) near his left hip. The pocket-watch-sized device interrupts [pain signals](#) on their way to the brain.

It did the job. So much so that Hoffman decided to play indoor kickball with his church's youth group, for which he serves as a mentor. Everything went great, until a thrown ball tripped him up and sent him sprawling to the ground and into a wall.

"Craig!" a friend said, rushing up to him. "How's your back?"

"Oh, my back's fine," he said. "But I think I separated my shoulder."

OK, so Hoffman's not exactly glad he separated his shoulder. But just the fact that the 6-foot-4-inch former Army sergeant is again able to do something physical enough that could separate his shoulder is enough to make him smile.

"I felt good enough to play kickball with a bunch of high schoolers," he said. "That should tell you something."

And, by the way, his team won.

Neurostimulators have been around for decades. Early models were bulky and difficult to maintain. But the latest technology has given them new life in the world of chronic pain relief.

Hoffman's stimulator, which comes with a 10-year rechargeable battery, is the first that can receive software updates wirelessly without having to be removed, said Mindy Ladatto, spokeswoman for manufacturer St. Jude Medical of Plano, Tex.. Most insurance companies cover it.

Hoffman's wife, Kimberly, knows how much it has meant to her husband.

"He has always been the strong guy, the big guy able to pitch in and help anybody," she said. "And over the years the pain has prevented him from doing that."

"We've also got two sons. Craig still wants to prove that he's the big dog around the house, and you can't do that when you're hurting. I don't know if any of us know the extent of the pain that he has been in."

People at his church can tell he is better.

"He plays bass in our worship band," said the Rev. Lance Coffman, pastor of Wallula Christian Church in Lansing. "And sometimes I felt bad because he was standing there in obvious pain. And with the surgery he is now able to do those things he likes to do without pain."

He can now work in his yard and garden again. And he can walk his two

dogs, Doug and Dallas, without pain.

Hoffman, who retired in 2010, hurt his back during his 26 years in the Army. Since he was one of the bigger soldiers, he carried the heaviest loads. He further damaged his back by regularly driving armored vehicles over rugged terrain.

"No shocks for the driver's seat," he said.

As the years built up, so did the pain in his lower back. Doctors called it lumbago.

In college he had been so athletic, playing intramural football and softball. He played volleyball in the Army. But by the late '80s he had to stop.

An MRI showed a line on some vertebrae.

"That's a break that has fixed itself," the technician said. "You broke your back at one point."

While serving in Germany about 10 years ago, the pain became constant and almost unbearable.

"We were in a headquarters element, and guys would come by my desk and ask about me," he said. "They'd go, 'Hey, Sarge, are you OK?' And I'd be like, 'No. As a matter of fact I'm not. Thank you for asking.'"

"It just felt like somebody was squeezing, and I'm not talking about just a little squeeze. I'm talking like you're trying to get the last bit of juice out of that lemon, and you are squeezing that sucker for everything it's worth.... It was like a vise; I couldn't breathe. I was taking Tramadol, Flexeril and hydrocodone. I was taking all these things that were not

getting it done. And I was doing my best not to cry."

In May his doctor sent him to a pain specialist, who suggested a [spinal cord](#) stimulator.

"He was at the end of his coping ability," said Vincent Johnson, a board certified pain doctor in Kansas City. The first step: a five-day trial.

Johnson inserted a needle in the spine's epidural space and passed two electric wire leads - each with eight contact points - through a catheter onto Hoffman's spinal cord. He taped the stimulator to Hoffman's back.

"The same fibers that carry pain signals also carry touch and vibration," Johnson said. "They can't carry both at the same time." The stimulator blocks the pain by sending vibrations up the spine.

Neurostimulation works well on lower-back pain but is less effective on [neck pain](#), he said. And it doesn't work for everyone. Some dislike the vibratory sensation.

Hoffman loves it.

"This is fantastic," he said.

Another surgeon then permanently implanted the stimulator.

He uses a small magnet to turn it on first thing in the morning, and he leaves it on all day. A black remote with an antenna lets him wirelessly adjust the intensity of the stimulation. Every Tuesday, for an hour, he recharges his battery.

"This thing is just rocking the free world inside of me," he said. "I mean, I am totally diggin' this thing."

Now he wants others to know that a spinal cord stimulator might help them, too.

"If I can get one person to try this, and it changes their life the way that it has mine, then I'm happy. I can go meet my maker with a smile on my face."

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