



THE SACROILIAC JOINT CAN BE A REAL PAIN IN THE BUTT

▶ WRITTEN BY KIM O'BRIEN ROOT

THAT PAIN IN YOUR BACK MIGHT BE because of a joint that is sometimes overlooked.

Yet by addressing this joint—in a minimally invasive procedure performed by a handful of doctors in Hampton Roads—people might be able to help their pain without major surgery.

The sacroiliac, or SI, joint located at the base of the spine connects the tailbone to the pelvis. It becomes damaged over time from injury, and sometimes from childbirth. The resulting pain can radiate from the lower back to the buttocks and upper leg.

“It drives people crazy,” says Dr. John Aldridge, an orthopedist at Hampton Roads Orthopaedics & Sports Medicine in Newport News, Virginia. “It causes terrible pain. Most people don’t treat the SI joint because they don’t know what to do with it, so they just manage the pain.”

Fusing the SI joint can help.

Low back pain can have many causes, and sometimes can be difficult to pinpoint. Determining if pain is caused from the SI joint requires specific diagnostic testing that can include X-rays, CT scans or MRIs and most reliably, injecting the joint with a local anesthetic to see if it brings relief. If symptoms are relieved with this anesthetic, it might mean the SI joint is the culprit.

Up to 30 percent of all lower back symptoms are said to be due to the SI joint, but diagnosis is somewhere around only 1 percent, according to Mike Francesca, the Mid-Atlantic regional manager of SI Bone, the 6-year-old company that developed an SI joint

implant system called iFuse.

“You really have to pay attention to the signs” of an SI joint issue, Francesca says. “It’s probably the least diagnosed pathology.”

Historically, fairly major operations were needed to fuse the SI joint—requiring a big incision in the back, Aldridge says. Other surgical back procedures done to alleviate pain require fusing vertebrae together to keep the bones from slipping against each other.

Since April, Aldridge has performed about 60 SI fusions—a method that surgically places three small titanium implants across the joint. The method immobilizes the joint and causes bone to grow and fuse over the following months. Described as a minimally invasive surgery, the procedure requires only a 1- to 2-inch incision and avoids disruption to the surrounding soft tissue.

Some 11,000 of these procedures using the iFuse Implant System have been done around the world. The procedure began to see widespread use in the United States early this year.

On the Peninsula, Aldridge and Dr. Jeff Moore with TPMG are doing the iFuse procedure at Bon Secours Mary Immaculate Hospital, along with Dr. Mark Kerner with The Spine Center of Hampton Roads in Portsmouth, Virginia. Several surgeons affiliated with Sentara are also performing the procedure in South Hampton Roads, according to Francesca.

Aldridge, however, has done the most.

On a recent Thursday, Aldridge was

prepped for surgery in an operating room at Mary Immaculate Hospital. On the table was 46-year-old Tina Patron, who was hoping to get relief from pain she had had for nine years—pretty much since her daughter was born.

Aldridge was pretty sure that Patron’s SI problems stemmed from childbirth. The SI joint is designed to expand during childbirth. If it doesn’t go back in place correctly, it can cause pain that mimics sciatica, which runs through the buttocks and down the leg.

Patron, of Yorktown, Virginia, described the pain as “just uncomfortable all the time.” She had dealt with it with heating pads, massages, physical therapy and steroid shots, but the pain always came back. She finally decided she couldn’t take the pain anymore and decided to pursue surgery.

Aldridge spent about 20 minutes on Patron’s surgery, watching several X-ray screens positioned around the room as he worked to make sure he was in just the right place. He hammered in the implants after first making sure that he wasn’t near any nerves.

“And we’re good,” he announced.

Patients so far have been very happy with the procedure, Aldridge says. A week out of surgery, Patron reported being almost pain free—except for in the glute area—and able to walk without a walker.

“I’m pretty happy I did this,” she says. “I’m already not feeling that shooting pain down my leg every day. I know each day it’s going to get better. And I know by the end, I should be pain free.” ☐