

Patient's Choice Takes Him to Surgery ... Still Has Radiculopathy Post-Surgery



I have chosen to send a case that may first look peculiar to be mailing to you. However, everyone of us has had this case in our office and felt its frustration. This is the case of a 44 year old accountant with right leg pain in the S1 dermatome. He has no sciatic list. He has pain on sitting, and Dejerine Triad is positive. His motor strengths are all 5/5 in the lower extremities, gluteal muscles, and spine. His deep tendon reflexes are plus 2 globally. He has not urinary or bowel complaints, not perineal or testicular pain, and no groin pain.

You will note on the MRI that he has a significant L5-S1 disc herniation on the right paracentral area of the vertebral canal with patent osseoligamentous and vertebral canals. The facet joints are normal appearing, and there is no significant high intensity zone noted.

What is special about this case? He went to surgery. Not on my recommendation, but because he wanted it fixed quickly. Sometimes we must sit by and observe such decisions. And yet, we see patients who have signs requiring surgery, and they choose not to go and get well under our care. Our responsibility is to give the patient their options of care so they can choose. We get differing responses at times.

I did see this patient at a restaurant, and he still comes in for massage at our clinic, and he still has radiculopathy. The significance of this case is that our decision often is not followed, and we must go with patient desires, regardless of the outcome. I wonder if we could be litigated for failing to stop a patient from following their own decision?

Respectfully submitted,
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