Margaret Luttrell could barely walk because of the intense pain that gripped her lower back and ran down her right leg. “One morning, I got up and said, Oh, my back hurts so bad. It sent pain down my leg, and my right foot was numb. I couldn’t feel part of my foot and my toes,” she recalls. It was the start of an ordeal that would go on for months.

“It felt like someone was trying to kill me. I couldn’t sleep. I couldn’t lie down. I couldn’t stand up or sit down,” she laments. “The only way I felt halfway decent is if I leaned over like a monkey and walked like a monkey. I had to hang over the sink to brush my teeth, and taking a shower was excruciating.”

“I had a recliner and as long as I pushed it back and hiked my leg up on the arm, I could almost stand it. That’s how I lived, in that chair.”

Margaret, who is 75, had experienced a similar onset of pain twice before. Seeking treatment from a walk-in clinic, where she was prescribed muscle relaxants, grew her relief. Muscle relaxants didn’t work this time. Neither did pain medication from her primary physician.

Margaret was at a follow-up appointment with her primary care doctor when she was told about Florida Pain Medicine by one of the doctor’s associates. Florida Pain Medicine is a medical practice, with locations in Brandon, Wesley Chapel and Zephyrhills, where highly trained physicians specialize in interventional pain management.

By then, Margaret had been in agony for several months, and her husband, Edward, didn’t want to waste any time. Instead of going home after her appointment with the primary care doctor, Edward drove her straight to a Florida Pain Medicine office, a distance of about 10 miles.

“His pain was radiating from the arm, I could almost stand it. At the front desk, they was very helpful because he got me out of pain.”

PAIN RELIEF WITHOUT OPIOID MEDICATION

At Florida Pain Medicine, the approach is comprehensive pain care based on the most up-to-date knowledge of pain and how to alleviate it.

All of its doctors are fellowship trained in the subspecialty of pain medicine. They go beyond relying on one or two methods to treat patients. Instead, they are able to administer a large spectrum of treatments, singularly or in combination, including multiple medications that don’t have to be habit forming or narcotics based, physical therapy, TENS units, braces and much more.

Most importantly, their goal is to restore function as well as alleviate pain. Their motto, in fact, is Restore Function, Relive Life. The aim of treatment is helping patients become functional again so they are able to do daily tasks and activities they once enjoyed.

During her appointment at Florida Pain Medicine, Margaret saw Navdeep Jassal, MD.

“Margaret’s main complaint was low back pain with lower extremity pain, which is called sciatica pain,” notes Dr. Jassal. “Sciatica pain is actually a symptom because the sciatic nerve has so many branches. It’s literally a big nerve bundle. The question is, what nerve is actually irritated or pinched or inflamed, and where?”

Dr. Jassal thoroughly evaluated Margaret’s medical history and conducted a detailed physical examination.

Margaret could hardly walk or do anything. She had been from being an active person who took care of her home and garden to not really doing anything except hobbling around with severe back and leg pain,” he describes.

“She is a very active person who took care of her home and garden, to not really doing anything except hobbling around with severe back and leg pain,” he describes.

“She reviewed her CT scan with her,” continues Dr. Jassal. “In our practice, we always recommend that patients bring a copy of their MRI or CT scan instead of a summary report. That way, we can review the image with the patient so they can understand what is going on in a more meaningful way.”

Dr. Jassal showed Margaret where she had degenerative disc disease in her lumbar spine from arthritis. He noted that she didn’t have symptoms that indicated the need for surgical repair, such as neurological weakness or instability of the vertebrae.

“I diagnosed her as having L5 radiculopathy. Her pain was radiating from the L5 vertebra and a compressed nerve that was causing inflammation,” says Dr. Jassal.

Dr. Jassal increased Margaret’s pain medication as a temporary measure. He also recommended that she return for a transforaminal epidural steroid injection, which is an injection placed into an opening in the spine where a nerve root exits. Once the injection took effect, she would no longer be in pain. And she could quit taking opioid pain medication.

An epidural steroid injection can stop inflammation, but a successful outcome depends on the precise placement of the injection. Dr. Jassal uses live x-rays, called fluoroscopy, during the procedure in order to attain the most precision. The minimally invasive treatment can be done in his office or in an outpatient center.

“Where the needle is placed is the most important part of epidurals,” educates Dr. Jassal. “Patients will tell me, You know doc, I’ve had four epidurals in the past, and they did nothing for me. It comes down to who did it and where did they place the needle.”

The Right Spot

“We completed two injections, and Margaret experienced about twenty to thirty percent pain relief in her back and leg,” notes Dr. Jassal. “She was doing a lot better, and I said, Margaret, you need one more.”

Dr. Jassal placed the third injection in the center of Margaret’s back.

“It hurt a little, and the third one did the trick,” reports Margaret. “I haven’t had any pain for nearly six months now. I’m able to do everything. I cook and clean my house and do things like I used to.”

Margaret and her husband are renovating a house they purchased, and she also works in their yard.

As Dr. Jassal predicted, she has been able to stop taking opioid pain medication.

“This could have been a long-term pain cycle if it wasn’t nipped in the bud, which is why it’s better that we see patients earlier when they are experiencing pain,” he explains.

“It’s important for patients and primary doctors to recognize that you don’t need long-term narcotic therapy. You need something that’s early intervention. In Margaret’s case, it was an epidural so she could live her life again without having to take narcotic medication over a long period of time.”

Margaret is thrilled about having her life back, as well as thankful for and appreciative of Dr. Jassal.

“Dr. Jassal was very straightforward with me and told me what to expect,” she reports. “He’s an awesome doctor. I like him as a person, too. I think he’s wonderful because he got me out of pain.”

Margaret is thrilled about having her life back, as well as thankful for and appreciative of Dr. Jassal. She is very straight forward with me and told me what to expect,” she reports. “He’s an awesome doctor. I like him as a person, too. I think he’s wonderful because he got me out of pain.”